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African Identity in Architecture: Guiding Principles for the Architectural Design of Traditional Health Practices in Gauteng, South Africa

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Submitted in fulfilment of part of the requirements for the degree of Philosophiae Doctor in Architecture in the Faculty of Engineering, Built Environment and Information Technology at the University of Pretoria

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ABSTRACT

The practice of traditional medicine, in its various forms and to varying degrees, has always been an integral part of the majority of South African's lives. Among indigenous people, the practice of traditional medicine is highly revered, however, these African traditions were not valued under colonial rule. This has resulted in the largely informal, underdeveloped, and unregulated traditional healthcare sector that persist today. Currently, there are no purpose-built spaces for traditional health practices. The aim of this study is to assess the state of the practice of traditional medicine in South Africa, and through semi-structured interviews, develop guiding architectural design principles for the construction of consulting spaces for traditional health practitioners in an urban context in Gauteng. The following research question guided the study: What are the guiding principles for the spatial and material design of consultation spaces for traditional health practices in Gauteng that can enhance meaning response through a strong African identity?

A qualitatively inductive and deductive content analysis of the interviews provided rich primary data for interrogation guided by the research question. The findings reveal that, firstly, the practice of traditional medicine is still pertinent to the indigenous people, including those in an urban setting such as Gauteng. Secondly, there are guiding principles that define the practice of traditional medicine. These include location, orientation, preferred indigenous fractals, steaming and bathing facilities, storage of *muti* (traditional medicine), outside spaces and landscape, and *amabhayi* (printed cloths with strong cultural motifs). Thirdly, there are unique colours, materials, and artefacts that are significant to the practice of traditional medicine. Lastly, indigenous healers are facing unique challenges when practicing and performing rituals in urban settings. In conclusion, the study makes recommendations regarding the design process, the arrangement of internal spaces, indigenous symbols, construction materials, the interior décor, the design of the landscape, the construction process, and post-construction maintenance.

Keywords: Traditional medicine, traditional health practitioners, architectural design, African identity, Gauteng, South Africa.

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ETHICS STATEMENT AND DECLARATION

Ethics Statement:

The author, whose name appears on the front page of this dissertation, has obtained, for the research described in this work, the applicable research ethics approval. The author declares that he has observed the ethical standards required in terms of the University of Pretoria's Code of Ethics for Researchers and the Policy Guidelines for Responsible Research.

Declaration:

I declare that the thesis, which I hereby submit for the degree at the University of Pretoria, is my own work and has not previously been submitted by me for a degree at this or any other tertiary institution.

. . . .
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ABBREVIATIONS AND ACRONYMS

ADAUA	Association for the Development of Traditional Urbanism and Architecture
AU	African Union
CAM	Complementary and Alternative Medicine
GP	Gauteng Province
IKS	Indigenous Knowledge System
KZN	Kwa-Zulu Natal Province
MCC	Medicines Control Council
MP	Mpumalanga Province
MRSC	Medicines and the Related Substances Control
NEPAD	New Partnership for Africa's Development
NW	North West Province
THO	Traditional Healers Organisation
THP	Traditional Health Practitioner
TM	Traditional medicine
UN	United Nations
WHO	World Health Organisation
ZCC	Zion Christian Church

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GLOSSARY OF INDIGENOUS TERMS

Amabhayi: Ancestral cloths.

Badimo: Ancestors, people who are dead and regarded as guides.

Bongaka: The practice of traditional medicine.

Ditaola: Mixture of small animal bones, shells, dice, and other objects like bottle cap and toy car. These are kept in an animal skin sack and used during divination.

Gobela: Teacher of the practice of traditional medicine. He or she trains *mathwasa* to become *sangomas* or *dingaka*.

Ngaka: Traditional healer, he or she is usually trained in therapeutics, divination, and rituals, but specialises in the domain of therapeutics.

iGedla: Herbalist, he or she has in-depth knowledge of *muti*. It is common for *ngaka* or *sangoma* to consult him or her for patient's *muti* prescription.

Iingcibi: Traditional surgeons.

Imphepho: Traditional incense which is burnt during consultation or when cleansing the room from evil spirits.

Indumba: Consultation room of traditional healers.

Ishoba: Fly whisk made from wildebeest or cow tail. In African spirituality, chiefs and traditional healers wave it as a sign of authority when speaking.

Koma: A sacred principle in the practice of traditional medicine. The principle of *koma* refers to *badimo*, the drum, and the impartial truth. During initiation, traditional healers pledge to the principles of *koma.*

Mathwasa: Initiates of traditional healers.

Mmamorapelo: Indigenous prophet.

Mobelegisi: Traditional birth attendant.

Mocholoko: Doctoral student or practicing the doctoral knowledge of medicine, cosmology, philosophy, and various forms of logic. He or she is on the doctoral domain of therapeutics.

Moralo: Indigenous design.

Mosiki: A ritualist who is trained in the domain of performing rituals.

Muti: Traditional medicine, it has three categories, namely, botanic medicine (plants), volcanic medicine (stones, soil, and crystals), and ritualistic medicine (used mainly for cleansing).

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Ndawu:	Water based spirits. Traditional healers who initiate using *ndawu* spirits perform rituals at sacred bodies of water.
Nguni:	Land based spirits (in this context, it has nothing to do with languages). Traditional healers who initiate using *nguni* spirits do not necessarily need water bodies to initiate. For example, the Khoisan use *nguni* spirits for their healing practices.
Sangoma/Mo*koma*:	Diviner, specialises in the domains of divination, rituals, and totems.
Sanusi/Senose	High level traditional healer who specialises in the domains of divination, rituals and totems. He or she deals more with matters of the spirit, mind, foreseeing, and the relationship with others and the ancestors.
Twasong:	School of the practice of traditional medicine.
uGogo:	*Badimo* or ancestors from the maternal side.
Ukuphahla:	The process of offering prayers to *badimo*.
Ukuthwasa	Initiation ceremony to become *ngaka (inyanga)* or *mokoma (sangoma).*
uMkhulu:	*Badimo* or ancestors from the paternal side.
Umsamo:	A sacred space inside *Indumba* where the ancestors are seated. The healers would burn *imphepho*, light candles and offer prayers to the ancestors.

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GLOSSARY OF TERMS

Africa	Refers to the African continent
African	In this context, African refers to black indigenous people of Africa
Apartheid:	A racial segregation, from 1948-1994, which was implemented by the ruling all-white National Party in South Africa. Laws were implemented which prohibited non-whites to live in white-only areas.
Calabash:	A traditional African bowl which has a round bottom and is made from hard wood. A calabash is usually used to drink water and indigenous beer.
Indigenous language:	Refers specifically to South African languages which are Setswana, Sepedi, Sesotho, IsiZulu, IsiXhosa, IsiNdebele, Tshivenda, Xitsonga, and Khoekhoe.
Indigenous people:	Refers to black South Africans who speak indigenous languages.
Kraal:	A round enclosure for safekeeping of livestock, usually made up of tree sticks.
KhoiSan:	They are believed to be the oldest human inhabitants of Southern Africa. They are made of two distinct groups, namely, the Khoe and the San. They speak Khoekhoe even though they have many dialects.
Rondavel:	A cylindrical, single cell house made of mud walls with conical thatch roof.
Township:	A residential area on the outskirts of a town that was established during apartheid for black people. During curfew, usually at night, blacks were not allowed in towns or suburbs.

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CHAPTER 1: INTRODUCING THE PROBLEM AND IT'S CONTEXT

1.1 THE BACKGROUND AND RATIONALE

The practice of traditional medicine has long been marginalised and discriminated against by the South African apartheid government. African traditional health practitioners were not treated with the same respect as biomedical healthcare professionals. Unlike biomedicine which has proper healthcare facilities, the apartheid government never recognised nor built facilities for traditional health practitioners. The earliest formal act of suppression was in 1895 when the Witchcraft Suppression Act (1895) of the Cape Colony, was enforced. This was based on the Witchcraft Act 1735 of Great Britain. In 1957, part of this legislation was revised by the apartheid Government, and it became the Witchcraft Suppression Act (Act 57 of 1957), later amended to Witchcraft Suppression Amendment Act (Act 50 of 1970). In the eyes of the colonial and apartheid government, witchcraft, the target of the aforementioned legislation, and traditional medicine were synonymous resulting in the suppression of the practice of traditional medicine in South Africa. Africans who were caught practicing traditional medicine would be fined and could be imprisoned through enforcement of the Act.

After the dawn of democracy in 1994, the South African Government published the Traditional Health Practitioners Act (Act 35 of 2004) to regulate the practice of traditional medicine in South Africa. The act received a lot of criticism from the traditional health practitioners as they were never consulted. The government repealed the act due to relentless pressure from the traditional health practitioners. A few years later, after much consultation with the traditional health practitioners, the government published the Traditional Health Practitioners Act (Act 22 of 2007). The act was widely accepted and approved by the traditional health practitioners. It was seen as a major step in recognising the practice of traditional medicine in the country. Figure 1.1 below, shows the timeline of the act:

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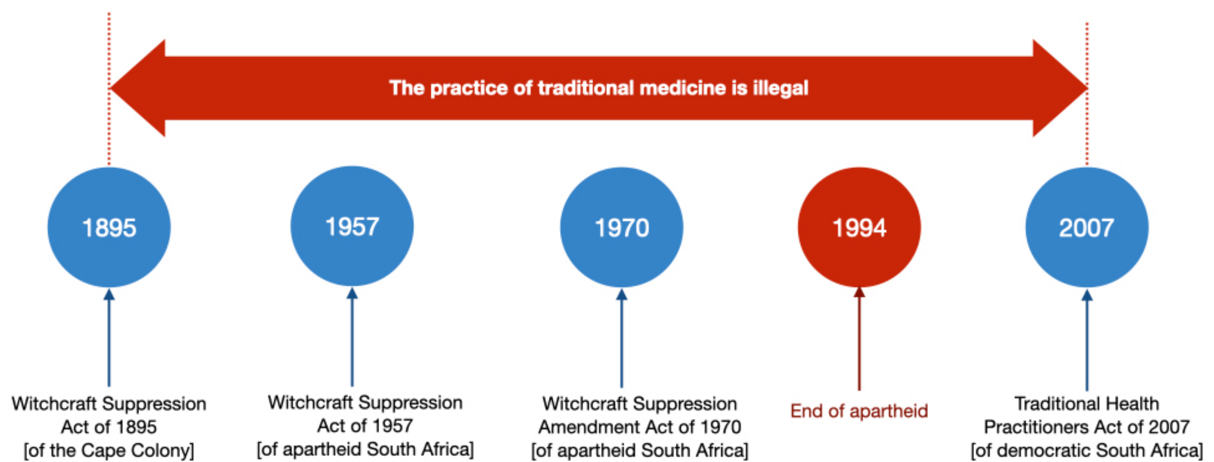

Figure 1.1: Timeline of the legislation of traditional medicine in South Africa (Source: author, 2023).

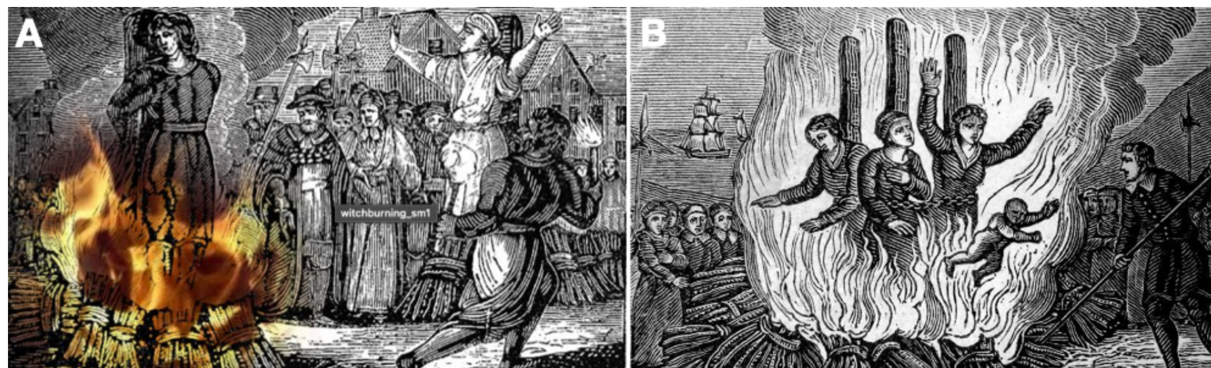

Figure 1.2: Witch doctors being burnt (Source: Catholic World Report, 2023)

It is worth noting that African traditional medicine is almost as old as the existence of mankind (Normann, 1996: 42), and certainly existed before the introduction of what we refer to as western medicine, which in of itself is strongly informed by non-western ideas and knowledge and thus should more correctly be referred to as biomedicine. As with many forms of traditional medicine, these healing practices are situated with the culture and worldview of the patients receiving them, and as such African traditional medicine is often well suited to the needs of African cultures (Makinde, 1988: 91). Every village in Africa has a traditional healer within reach, who is the 'friend of the community' (Mbiti, 1969: 166). The World Health Organisation's Traditional Medicine Strategy 2014-2023 states that across the world, traditional medicine is either the mainstay of healthcare delivery or serves as a complement to it (WHO, 2015). Traditional healing practices are spatially, and culturally specific and traditional medicine is varied and evolving; it is place specific and often includes modern

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principles (Bignante, 2015: 702). However, the term traditional medicine continues to be used widely by both the healers and the patients.

African indigenous healing practices were originally an integral part of the indigenous tribal societies who used these practices for the provision of their health care needs (Letsholo & Mdakane, 2016). In many African societies the healers are considered the "greatest gift", and the "most useful source of help" (Mbiti, 1969: 162). The nature of traditional beliefs is that they permeate every aspect of African identity, including lifestyles and customs. Places of healing are sites where there is an intention to provide the means of alleviation or improvement, as well as possible cure (Perriam, 2014). African beliefs and religions did not have many scholarly champions to advocate their case, or modernise their content and expression (Mbiti, 1969: 268). Due to marginalisation and illegalisation of the practice, this led, not only to the secrecy in the practice of traditional medicine by the indigenous health practitioners, but also to the complete lack of infrastructure and planning. This has resulted in the largely informal, undeveloped, and unregulated nature of traditional health practices in South Africa that persists today.

In South Africa, traditional medicine is not currently integrated within the national healthcare system, yet the practices are informally and spontaneously integrated into people's daily lives. It is not uncommon to find THPs operating in places like taxi ranks, where there is high pedestrian traffic. In the past, traditional medicine was largely not tolerated, if not criminalised, hence it was not regulated, and no attempts were made to support these cultural practices as part of the healthcare system. This has not only left it underdeveloped and isolated in the informal sector, but a great deal of misunderstanding and mistrust exists between practitioners and those situated outside of traditional African culture.

"Every race, nation, community on earth, no matter how high or how low it stands on the laser of 'civilization', clings to a belief, a philosophy, a religion, or call it a superstition" (Mutwa, 1967: 448). It is not possible to understand traditional healing without understanding the culture, customs, traditional religion, and the role of the ancestral spirits in the lives of the healers and patients (Makinde 1988: 91). In Sub-Saharan Africa, the practice of traditional medicine has a long history. Traditional

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medicine is the sum-total of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness (WHO, 2015). According to Wally Serote, the principles of traditional medicine are, firstly, “finding a way to understand the human health and secondly, how we relate to the health of animals” (Serote, 2015). This is underpinned by the belief of animal totems in African traditional beliefs.

Traditional medicine is as important as western medicine, and both must be treated equally. The two systems of medicine need not clash and/or compete with each other as both systems of healthcare can easily co-exist and complement each other to achieve universal coverage as is the case in China, Japan, and India. The acceptance and recognition of Complementary and Alternative Medicine (CAM) is wildly applied throughout the ‘western world’ although to varying degrees. There is a large body of scientific evidence supporting the various therapeutic claims made under traditional medicine, some that disputes it. However, most claims remain untested. As Harvey (2008) asserts, nature is still a major source of modern pharmaceuticals, for instance in 2008, of the 225 drugs being developed, 164 were of natural origin, with 108 being derived from plants, many of the later discoveries based on their use in traditional medicine. Some critics of traditional medicine might argue that African medicine has not led to any discoveries in the medical sciences. The main reason for this is that while the genuine traditional healers use purely African remedies that are often wonderfully effective, they usually do not reveal their secrets to anyone except their children or immediate relatives, so that one finds no textbook on traditional medicine (Makinde, 1988: 91). In some African societies there have been special keepers of the oral traditions, whose duty was to memorise and recite historical and other relevant information (Mbiti,1977: 4).

In his seminal book, *Indaba My Children,* traditional healer, and author Credo Mutwa (1967) says traditional healthcare practitioners carry the secrets of the village hence they are held in high esteem. It is widely accepted that almost all the medicinal lore of the San has been irretrievably lost and while the medicinal plant knowledge of the Zulu, Sotho, Tswana, and Xhosa people is less urgently threatened, because strong

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traditions of apprenticeship still exist (Normann, 1996: 42). Unfortunately, stewardship of traditional medicine remains weak in most countries, because of insufficient documentation, little evidence of efficacy and safety of traditional medicines and a lack of knowledge of its practices and behaviours (WHO, 2015). This is underpinned by the fact that Africans were not writers, they were storytellers and that's how they have lived for generations. From a western epistemology, it was difficult to understand and comprehend the practices of African indigenous people. In the words of Mutwa (1967: 434), no race of mankind has been so misunderstood; no race has been more misrepresented; more abused and misused than the black race of Africa.

In South Africa there has never been a facility that has been designed and built specifically for the practice of traditional medicine. In rural areas the healers' homestead would also be used for the practice of traditional medicine and initiation ceremonies. What we have in urban areas are buildings that have been converted, repurposed, or rented for the practice of traditional medicine. Most of these buildings are located in less affluent areas like Marabastad in Pretoria and Kwa Mai-Mai market in Johannesburg. Kwa Mai-Mai was originally a horse stable but was made available to the healers by the city of Johannesburg. It is regarded as one of the oldest traditional healers' markets and a leading tourist destination in Johannesburg (Joburg, 2007). Many people in Johannesburg and the surrounding areas call it *"Ezinyangeni"* or "The Place of Healers" (Joburg, 2007).

In his book, *African Identity in Post-Apartheid South Africa*, Jonathan Noble (2012: 7) states that colonialism and apartheid stereotyped, marginalised and at times liquidated the indigenous architectures and forms of urban life. He further explores the concept of "African identity" and African "expression"; and the relationship between architecture and racialised identity (Noble, 2012: 8). The late art critic Colin Richards (1990: 35) described post-apartheid desires for the invention of a South African identity style as a "desperately seeking Africa syndrome." On a large scale, African settlements have shown unique design patterns or fractals that are not accidental but intentional. According to Ron Eglash (1999: 3), fractal patterns are surprisingly common in traditional African designs, and some of its basic concepts are fundamental to African knowledge systems. Therefore, we can conclude that African fractals are not simply

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due to unconscious activity (Eglash, 1999: 6) but are intentional designs by the African indigenous people.

Noble quoting French philosopher Frantz Fanon wrote, "the promotion of a positive black identity is staged in response to the demeaning stereotypes of the colonised world" (Noble, 2012: 264). The author argues that architects and planners have a moral responsibility to strive to create architecture that reflect the identity of the people they are designing for. However, as Jonathan Noble (2012: 265) alluded, architects can only "create architecture of identity" if they know and understand communities they design for. Achieving inclusivity has required themes of African material tectonics, climate, landscape, patterns of dwelling, long-surviving figures, types, and symbols including imaginaries of the prehistoric and the precolonial, cultural metaphors and handcrafts, both modern and traditional – elements and imaginations that have been layered onto the architectural object (Noble 2012: 265).

The author concurs with the late Alan Lipman (2003) who in his book, *Architecture on My Mind*, wrote the following:

> Architecture - as a practice and as a product - does not simply reflect the societies in which it is produced. Buildings are not merely images of what it is, of how people live presently. On the contrary, via its material presence as embodied human action, architecture can and does speak of what might be, of how we humans live. Appropriate architecture must then help to shape, to educate people's desires.

1.2 The Statement of the Problem

Most Africans in rural areas look for the treatment of diseases and illnesses (including mental illness) from traditional healers who share the same experiences with them and so understand their problems (Makinde, 1988: 103). According to the Traditional Healers Organisation (THO), there are approximately 250 000 traditional health practitioners in South Africa, and most of them are based in rural areas (THO, 2020). There has been an increasing need and demand for traditional healthcare practitioners in urban areas due to urbanisation and migration to cities.

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With many traditional health practitioners migrating to the cities, many of them have experienced several challenges. It must be noted that some have tried to make the most of the places they found themselves in. The first challenge is being forced to practice in spaces that were not designed for the practice of traditional medicine. For example, in Marabastad in Pretoria, traditional health practitioners rented shops for the practice of traditional medicine. Kwa Mai-Mai in Johannesburg, is a facility that was used as a horse stable in the past. After democratic elections in 1994, the city of Johannesburg donated the building to the healers for the practice of traditional medicine.

The second challenge is being forced to operate in an unfamiliar environment with lots of restrictions and having to adhere to the local by-laws. The South African Government has tried to make traditional health practitioners aware of a list of endangered animal and plant species. Some have not adhered to the call especially those practicing in rural areas. Animal sacrifice, which is an integral part of traditional medicine, is not allowed by the authorities including the Society for the Prevention of Cruelty to Animals (SPCA).

The third challenge is the difficulty in accessing herbs and animal products in the city. There are more than 4000 plant species in South Africa that are used for medicinal purposes (Health24, 2018). In the villages, the healer would just walk in the bush or forest and pick part of plants he or she needed. In the city, the healer would have to place an order for the medicinal herbs to be delivered to his or her home, or travel to the nearby *muti* market to buy the herbs. One of the biggest problems that has led to the endangerment of numerous plants is an uncontrolled and unregulated market for traditional herbal medicines. The South African Medicines Control Council (MCC) states, every animal and plant species must be regulated before it can be sold to the public. The MCC ensures that all registered medicines are of required “quality, safety, and efficacy”. In compliance with the Medicines and Related Substances Amendment Act (Act 72 of 2008), manufacturers and wholesalers of complementary or alternative medicine must have a license.

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The fourth challenge is the restrictions when it comes to celebrations. Singing and beating the drum is an integral part of traditional medicine, especially during the traditional healer's initiation process and singing to the ancestors. The local by-laws are strict when it comes to making noise, especially after hours in residential areas. Therefore, the healers are being forced to be circumvented during their celebrations.

The researcher's interest in exploring this topic is mainly related to the first challenge, which is, the need for spaces of THPs to be specifically designed for the practice of traditional medicine. The researcher's interest is threefold, namely, (a) to study the spaces of the THPs, (b) the materials and artefacts THPs prefer in their spaces, and (c) the similarities and differences of spaces of between four different recognised categories of traditional health practitioners in South Africa, which are: Diviners, Herbalists, Traditional Birth Attendants, and Traditional Surgeons (Traditional Health Practitioners Act, Act 22 of 2007). Even though traditional healers used to operate in rural areas, the study will consider their operation in urban areas due to increased demand and the projected exponential increase due to urbanisation. The study will therefore also ponder this adaptation to the urban environment and the associated restrictions mentioned in the challenges above.

In conclusion, some healers perceive their healing activity as a way to carve out space in the city, acquiring visibility and searching for a new status (Bignante, 2020: 98). They see it as an attempt to be integrated into the towns and cities and hence become visible. Like biomedical health professionals, traditional healers also want to 'be seen' and recognised for their role in society. Cases of integration in several countries show a tendency to favour the selective integration of herbal remedies into modern medicine (Bignante, 2015: 702). Yet, this selective integration can undermine other more complete spiritual and cultural practices that traditional healers associate with the use of medical plants (Bignante, 2015: 702). Therefore, traditional medicine integration into mainstream urban practices must be done with the sensitivity it deserves and consultation with different traditional healers must be done widely.

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1.3 Research Questions

1.3.1 Introduction

As THPs relocated to urban areas, new challenges arose, and they had to adapt to practice in new environments that were neither built with them in mind nor environments they were familiar with or comfortable in. Therefore, the inquiry is related to the generalisation of THP preferences across the Gauteng Province in South Africa. The study looks into the formulation of architectural design guidelines for the spatial and material design of traditional health practices in urban areas in Gauteng and makes use of four research questions:

1.3.2 Question 1: What is the current state of traditional medicine, what impacted the urban response to healing spaces, and what can be learned from architectural responses?

This question is directed at the currently available literature and is divided into three sub-questions; (a) What is the current state of the practice of traditional medicine in South Africa? (b) What impacted its current architectural and urban spatial aspects of healing spaces? (c) What can be learnt from architectural responses to existing places and elements of healing in Africa?

1.3.3 Question 2: What are the guiding principles for the spatial design requirements of healing spaces?

The second research question investigates the common design guiding principles of healing (consulting, practices, and trade) spaces of various indigenous health practitioners in an urban context in Gauteng, South Africa. The Act (Traditional Health Practitioners Act, Act 22 of 2007) recognises forms of practitioners, which are, diviners, herbalists, traditional birth attendants, and traditional surgeons; the research question is therefore expanded further to interrogate the similarities and differences between these THP groups. To develop a set of guidelines that will be inclusive and cognisant of the different cultural groups and the various forms of practice, we need

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to be aware of the differences and commonalities of the people involved and their spatial requirements.

1.3.4 Question 3: What meaningful materials, artefacts, symbols, and colours must form part of the architectural design of the traditional healer's practice?

In the words of Credo Mutwa (1966: 334), traditional healers regard art as not a luxury but something magical, a power possessed by a few. In support, Pitika Ntuli wrote that art grows from a ritual (Ntuli quoting Thomson, 2009), thereafter, the ritual becomes an art form.

1.3.5 Question 4: What are the challenges facing traditional healthcare practitioners when performing rituals in an urban setting and how can the architectural design mediate these challenges?

This inquiry is about the freedom of traditional health practitioners to perform rituals in an urban setting as compared to villages and what design responses could mediate the challenges.

1.4 Definitions

1.4.1 Identity

Identity is referred to as "people's source of meaning and experience" and as "the process of construction of meaning on the basis of culture" (Bekker, 2001:2). Oxford Dictionary describes identity as "the fact of being who or what a person or thing is" or "the characteristics determining who or what a person is and distinguishing them from others."

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Steve Biko (1978: 46) wrote the following:

> [Western society] seems to be concerned with perfecting their technological know-how while losing out on their spiritual dimension. We believe that in the long run the special contribution to the world by Africa will be in this field of human relationship. The great powers of the world may have done wonders in giving the world an industrial and military look, but the great gift still has to come from Africa - giving the world a more human face.

1.4.2 Place Identity

Place identity describes the person's socialisation with the physical world (Moshaver *et al* quoting Proshansky, 2015). Urban spaces should compromise the 'sense of place' that lead to emerging a liveable social and cultural spaces (Ziyaee, 2018). Urban spaces should provide users with the sense of belonging and identity through time (Ziyaee, 2018)*)*. A well-designed urban space is the one with meanings, memories, and identities for their users (Ziyaee, 2018)*.* Components of 'sense of place' are: (a) physical settings, (b) activities, and (c) meanings or images (Ziyaee quoting Montgomery, 2018).

1.4.3 Rootedness

Rootedness is described as "a place is not a place until people have been born in it, grown up in it, lived in it, known it, and died in it" (Harun *et al*, 2015). This high level of bonding is indicated by an individual's elevated sense of security in a place and by sense of possession over the place. Rootedness is also described as a "psychological state of being in a mood, or a feeling that resulted from long habitation at one locality" (Harun *et al* quoting Tuan, 2015).

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1.4.4 Artefact

For an artefact to be recognised, the people must attach meaning to it as culturally or spiritually significant. An artefact refers to any cultural agent within the socio-cultural realm (Osman, 2004). An artefact acquires meaning, that is, it is interpreted as standing for something other than itself (Osman, 2004). Signs indicate or portray a perceived quality; thus, any artefact can act as a sign depending on the context and social interpretation (Osman, 2004). The common understanding of the symbolism of artefacts creates the cultural identity of a community (Osman, 2004).

1.4.5 Traditional Medicine

Traditional medicine is the sum of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement, or treatment of physical and mental illness (WHO, 2015). Often the term ‘indigenous medicine’ is preferred as ‘traditional’ implies that it is ‘old fashioned’ or sub-standard and is incapable of modernising.

1.4.6 Traditional Healing Practices

Traditional healing practices are spatially, and culturally specific and traditional medicine is varied and evolving; it is place specific and often includes modern principles (Bignante, 2015: 702). A single traditional medicine does not exist and what is currently defined as traditional or indigenous knowledge is the historical product of exchange and interaction between people and groups, with strong, external influences (Bignante, 2015: 702).

1.4.7 Therapeutic Landscapes

Therapeutic landscapes are a sub-discipline of health geography or human geography, which deals with the interactions between people and the environment

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(Dummer, 2008: 1177). The term therapeutic landscapes were first introduced by Wilbert Gesler and he defined it as "places with an enduring reputation for achieving physical, mental, and spiritual healing" (Gesler, 1993: 171). It refers specifically to sites with long-established reputations of healing or spiritual significance like Lourdes in France. The nature of the therapeutic landscapes may vary, but the performative nature of the quest in each case has similarity (Bignante, 2015: 23). People attach meaning to the therapeutic landscapes due to their ability to enhance well-being and help maintain physical and emotional health.

1.4.8 DECOLONIALITY

Decoloniality should not be confused with decolonisation (Bekithemba & Dipane, 2017). The latter refers to political liberation from colonisers, whereas the former deals with the aftermath of colonisation, and for which the thrust is to challenge colonial systems that have remained in place long after the apartheid or colonial rulership has been 'displaced' (Bekithemba & Dipane, 2017). In Oxford English Dictionary, the word *decolonise* means "withdrawing from a colony, leaving it independent." Decolonising, however, does not mean and has not meant a total rejection of all theory or research or western knowledge (Smith, 2006: 39). It also means embracing traditional or indigenous knowledge systems that have been in place for generations. Regarding architecture and urban design, it means designing buildings and public spaces that are representative of indigenous people, their beliefs, and their cultures.

1.4.9 COLONIALITY

Coloniality refers to long-standing patterns of power that emerged because of colonialism, but that define culture, labour, intersubjective relations, and knowledge production well beyond the strict limits of colonial administrations (Maldonado-Torres, 2004). Coloniality survived colonialism, as it is maintained alive in books, in the criteria for academic performance, in cultural patterns, in common sense, in the self-image of peoples, in aspirations of self, and so many other aspects of our modern experience (Maldonado-Torres, 2004).

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1.5 Research Aims and Objectives

The practice of traditional medicine in South Africa has endured a long history of abuse and marginalisation. The Traditional Health Practitioners Act was adopted by parliament to address the wrongs of the past and officially recognise the practice of traditional medicine. Unfortunately, the government fell short in developing architectural guidelines for spaces of traditional healers. The aim of the study is to develop spatial guiding principles for the design of consulting and ritual facilities of THPs in Gauteng. This study has four objectives that are set out and briefly discussed below:

1.5.1 Investigate the practice of traditional medicine in South Africa

The first objective of the study is to dispel the myths and misinformation about the practice of traditional healing. It is to show that, just like biomedicine which has developed through research and funding, traditional medicine can also develop and contribute to the healthcare of the nation and reduce the pressure on South African healthcare system. This is especially important in Gauteng which is highly populated and has limited healthcare facilities. This inquiry will also consider the similarities and/or differences of current and imagined spaces for the four recognised traditional health practitioner groups. It will also inquire whether these four groupings are indeed the overarching and only categories that exist.

1.5.2 Identify spatial guidelines for consultation and ritual spaces

To seek the general spatial guiding principles for traditional health practitioners for consultations and rituals in Gauteng Province.

1.5.3 Identify physical and material requirements

The purpose of the study is to identity physical and material requirements for consulting and ritual spaces of traditional health practitioners. The study will also

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explore what goes inside those spaces in terms of materials, colours, symbols, artefacts, and interior design in general.

1.5.4 Identify challenges facing traditional healers and propose design responses

Identify the challenges facing traditional health practitioners performing rituals in an urban setting and how architectural design responses could mediate these challenges.

1.6 Delimitations

This project will be restricted to the spatial and material design parameters required without specifically documenting the practice of traditional medicine. The approach of the research will be to be non-judgemental and go out there with a curious open mind to learn as much as possible from traditional health practitioners.

1.6.1 Delineations

The study will focus on urban conditions for an architectural design of practices of THPs in Gauteng only. The study will primarily focus on Gauteng because the province is the melting pot of different cultures of South Africa. Different South African cultures and languages are well presented in the province. The Traditional Health Practitioners Act (Act 34 of 2007) recognises the following categories of traditional health practitioners: (a) diviners, (b) herbalists, (c) traditional birth attendants, and (d) traditional surgeons. During the study, these four categories were disputed by the research participants. The research will therefore focus on categories learnt from the study including their spatial aspects. These categories are discussed in detail in Chapter 4 section 6.

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1.6.2 Limitations

During the study, there were two main limitations that were experienced during the study, which related to the data collection process. Firstly, some of the research participants that were approached for the study refused to be interviewed for privacy reasons. They said they are not comfortable to participate in the study even though they would remain anonymous. Secondly, some of the research participants who were interviewed refused to give permission for their *indumbas* to be photographed for research purposes.

The interview process took place during 2020 and 2021 when COVID-19 lockdown restrictions were in place. This placed limitations on movement and concern with contact between people, which had an impact on the fieldwork process. The results of the study are limited to applications in Gauteng, South Africa. Yet, through the literature review process the author is of the opinion that there are many similarities and rules of conduct that might represent healing traditions in Africa beyond the study area.

1.7 Anticipated Outcomes

It is important to design buildings that celebrate our African identity and appreciate our rich diversity. Therefore, the anticipated outcomes for this project are to improve our knowledge and understanding of the following:

- An overview of the practice of traditional healing in South Africa and the influences that shaped the practice in urban settings.
- A set of guiding principles for the spatial qualities required for levels of privacy, practices, and rituals to accommodate the traditional health practitioners in Gauteng.
- A set of guiding principles on the physical character derived through materials, patterns, colours, and the artefacts required for meaning response.

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- Recommendation of architectural design responses that could mediate the challenges facing traditional health practitioners consulting and performing rituals in an urban setting.

Figure 1.3: Study alignment diagram (Source: author, 2023)

1.8 CONTRIBUTION OF THE STUDY

This thesis aims to establish the guiding principles for the spatial and material design of consultation spaces for THPs in Gauteng to enhance meaning response through a strong African identity. The design should embrace the culture and practice of traditional healers in South Africa. The design must also demystify the practices related to traditional medicine, especially to those who treat the practice with mistrust. This is one way of making sure the THPs feel proud of the places they in which they practice, and the clientele are also conformable consulting THPs in those spaces.

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It is envisaged that designers will use the architectural guidelines to design the spaces of the THPs. Based on the set guidelines, the designers will be able to choose the right materials, colours and artefacts which will be used in the consultation spaces. Designers will also be able to come up with Afrocentric designs which will be suitable for the practice of traditional medicine. Through the design of appropriate spaces, this will give dignity to the healers. It is envisaged that the practices of the THPs will be located anywhere even in affluent areas. Through the development of the architectural guidelines, it is hoped that the practices of THPs will be easily recognisable just like the bio-medic falsities like clinics and surgeries. It will also do away with stereotypes that practices of THPs are dirty and not designed. This will make consulting practices of THPs easily recognisable and accessible.

1.9 Structure of the Dissertation

Chapters 1 to 3 are introductory chapters that give an overview of the study within the context of the existing literature. Chapter 1 introduces the study, Chapter 2 situates the study within the existing discourse, and Chapter 3 outlines the research methodology. Chapters 4 to 7 responds to the four research questions and objectives. Chapter 8 concludes the study and makes recommendations. A brief summary of Chapters 1 to 8 is summarised below:

Chapter 1: The problem and it's context

The introductory chapter introduces the background to the study and making research claims, problem statement, aims and objectives, research questions, and anticipated outcomes. The significance of the study is clearly explained and in addition, the limitations of the study are provided. Lastly, the structure of the thesis is introduced.

Chapter 2: Literature review

The theoretical framework chapter discusses the literature of theories and concepts reviewed. The chapter groups literature into the following themes:

(1) Traditional healers in South Africa

(2) Impact on architectural and urban spatial aspects of healing spaces

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(3) Meaning response and sacredness in Africa
(4) Places and elements of healing,
(5) Art, architecture and spatial practices related to healing.

Chapter 3: Research design

The research design chapter outlines the research methodological approach, data collection methods and procedures, and ethical conduct for the study.

Chapter 4: The practice of traditional medicine in South Africa

This chapter discusses the state of traditional medicine in South Africa. The way traditional healers practice is discussed in detail. The importance of confidentiality and privacy is highlighted. The influence of *badimo* in the practice of traditional is discussed in detail.

Chapter 5: Spatial guidelines for consulting and ritual spaces

This chapter discusses the facilities of indigenous healers. It explains the design of an *indumba*, the significance of *umsamo* and how *muti* is stored. The influence of African cosmology on the design of *indumba* is explained. Access to sites of spiritual significance is discussed as well as rituals performed by the indigenous healers.

Chapter 6: Physical and material requirements

Firstly, this chapter discusses indigenous construction materials that are preferred by the traditional healers. Secondly, preferred colours are discussed. Thirdly, the significance of *amabhayi* is discussed in detail. Lastly, the ideal symbol of traditional medicine is discussed.

Chapter 7: Challenges facing traditional healers in urban settings and how design can mitigate those challenges

This chapter discusses the challenges traditional healers face when consulting and perform rituals in urban settings. The first challenge is consulting and performing rituals in facilities that do not reflect African identity. The second challenge is having limited access to sites of spiritual significance.

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Chapter 8: Conclusions and recommendations

This chapter summarises all the findings from the research. The recommendations are made, and summary of contributions is discussed in detail. Lastly, recommendations for future research are indicated.

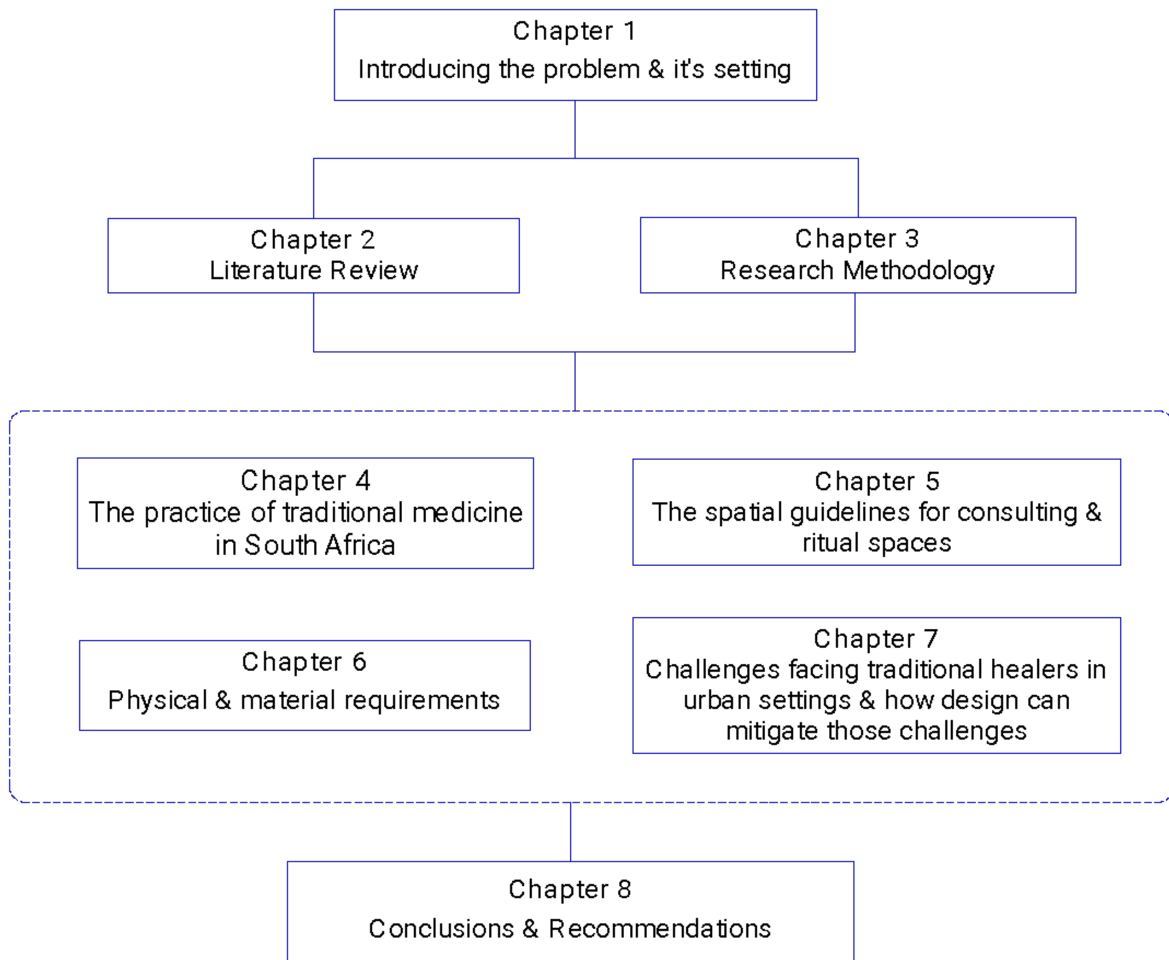

Figure 1.4: Structure of the dissertation (Source: author, 2023)

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CHAPTER 2: LITERATURE REVIEW

2.1 INTRODUCTION

The literature review is organised into five parts, namely, (1) traditional healers in South Africa; (2) the impact on architectural and urban spatial aspects of healing spaces; (3) meaning response and sacredness in Africa; (4) places and elements of healing; and (5) art, architecture, and spatial practices related to healing. Figure 2.1 below gives an overview of the chapter and how it relates to the dissertation. The literature review responds to the research questions and objectives of the study and provides insight and background on the cultural and historical influences on the practice of traditional medicine in South Africa and Sub-Saharan Africa. Please refer to Figure 2.2 that shows how the sections align with the research questions and objectives of the study.

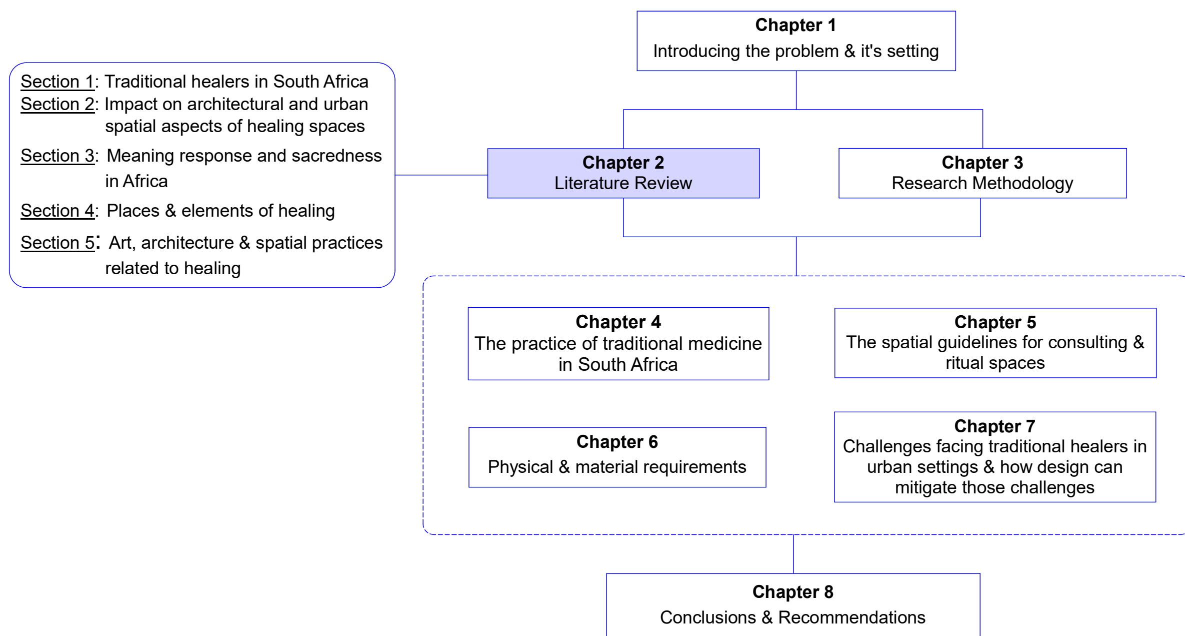

Figure 2.1: Overview of literature review in relation to the dissertation (Source: author, 2023)

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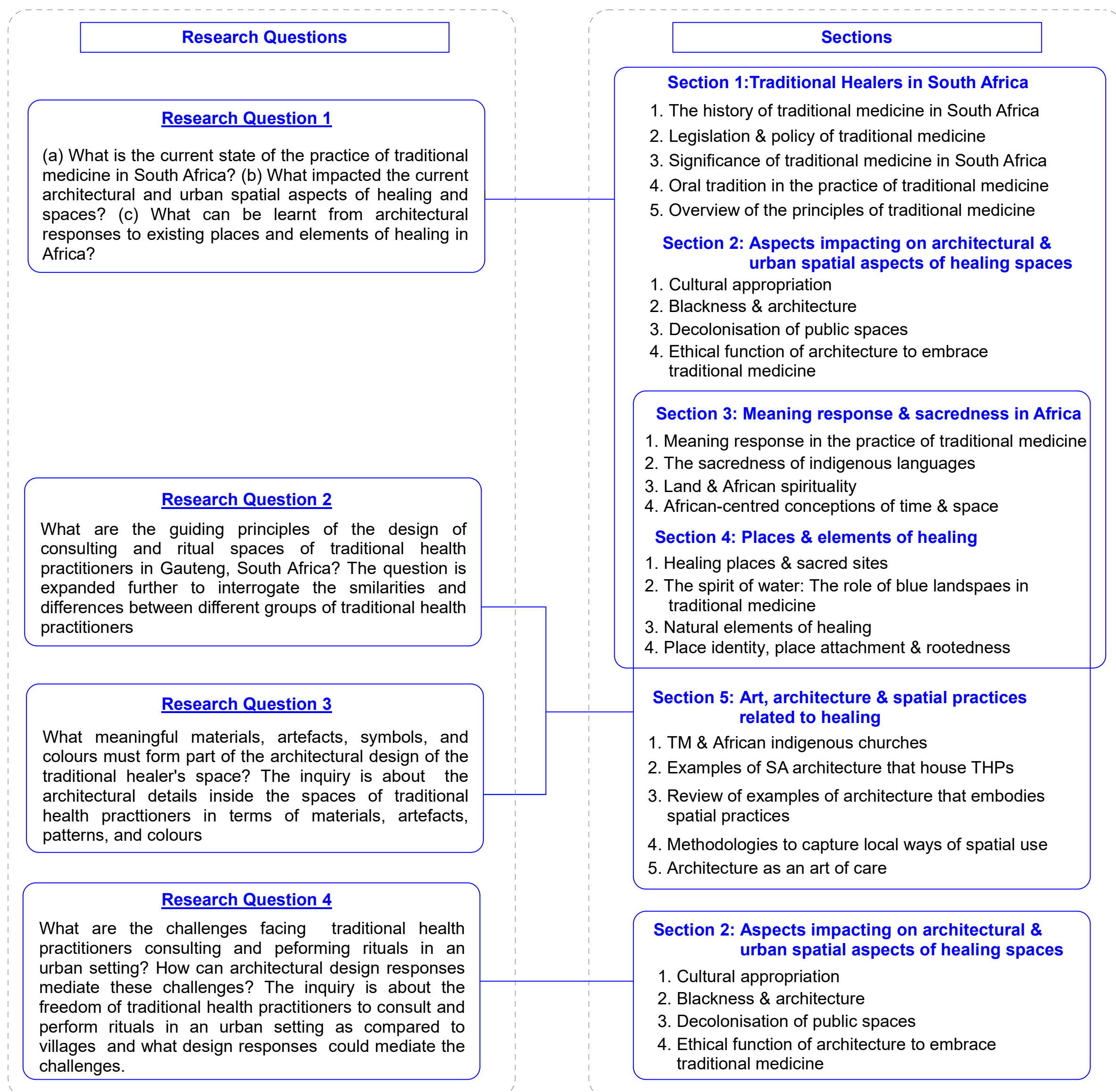

Figure 2.2: What is covered in the literature review (Source: author, 2023)

In the words of Francis Fukuyawa (2018), the demand for recognition of one's identity is a master concept that unifies much of what is going on in world politics today. The idea that each group has its own identity that was not accessible to outsiders was reflected in the use of the term *lived experience,* which has seen explosive growth in popular culture since the 1970s (Fukuyawa, 2018). Africans want to feel their private and public spaces reflect and embrace their African identity. Black South Africans do not want to feel like outsiders in their own country. This was enshrined in the Freedom Charter in 1955 that "South Africa belongs to all who live in it, black and white" (ANC, 1955). Therefore, the responsibility is upon architects to make sure they design

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buildings and public spaces that embrace everyone. Multiculturalism became the label for a political program that sought to value each other's separate culture and each lived experience equally and in particular, those that had been invisible or undervalued in the past (Fukuyawa, 2018).

Following Mandela's release from prison in 1990, South Africans were desperately seeking a 'relevant' South African 'style' without a deeper understanding of the 'cultural identity' of all citizens (de Bruyn, 2018: 179). In the past indigenous people were dehumanised in public and their identities were taken away from them. According to Linda Smith, indigenous people were researched and classified as 'nearly human,' 'almost human' or 'sub-human' (Smith, 2012: 119). It was Hegel who said, "Africans exhibit the natural man in his completely wild and untamed state and there is nothing harmonious with humanity to be found in this type of character" (Hegel, 1956: 111).

Colonialism was an era of 'collecting'. This included 'collecting' territories, new species of flora, mineral recourses, and cultures (Smith, 2012:121). It was competitive 'collecting' or stealing by different western countries. Indigenous Africans were stripped of their identities, cultures, and religions. Clifford refers to ethnography as a science that was a form of culture collecting (Smith quoting Clifford, 2012: 122). What could not be 'collected' by the colonial powers was deemed primitive. This referred to many indigenous practices including the practice of traditional healing. In the eighteenth and nineteenth centuries, Europe stole art treasures from Africa to decorate their houses and museums; in the twentieth century, Europe is stealing the treasures of the mind to enrich their languages and cultures (wa Thiong'o, 1981: xii). Therefore, African need to support their cultures and their indigenous knowledge systems.

Colonialism was not just about 'collection.' It was also about 're-arrangement, re-presentation, and re-distribution' (Smith, 2012: 123). For example, flora and fauna was taken from Africa, Christianity was introduced, and the land was re-distributed to different indigenous groups. The apartheid machinery established 'homelands' for different indigenous language groups. Indigenous people, including their cultures and beliefs, were studied from a western epistemology, and labelled as 'near human' and 'almost human'. Indigenous people were diagnosed without their input. Their cultures and beliefs were dismissed as being primitive and uncivilised. The last five hundred

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years of European contact with Africa produced a body of literature that presented Africa in a bad light, now the time has come for Africans to tell their own stories (wa Thiong'o quoting Achebe, 2017).

In the words of Ngūgī wa Thiong'o (1981: 3), the imperialist nations unleashed a 'cultural bomb' on the continent. However, the oppressed and the exploited of the earth maintain their defiance (wa Thiong'o, 1981: 3). The effect of the 'cultural bomb' is to annihilate a people's belief in their names, in their languages, in their environment, in their heritage of the struggle, in their unity, in their capacities, and ultimately in themselves (wa Thiong'o, 1981: 3). It makes them question their cultural practices and beliefs. That's the consequence of a well-placed 'cultural bomb'. It makes them lose their identity and start to identify with their imperialistic masters. However, some of the oppressed and the exploited of the earth maintained their defiance (wa Thiong'o, 1981: 3). They resisted the notion 'theft is holy' if it is orchestrated by the imperialists.

Representation is important as a concept because it gives the impression of 'the truth' (Smith, 2012: 83). Architecture can positively be used as a tool to redress the wrongs of the past. Traditional health practitioners, just like other indigenous groups, were made to feel inferior, inadequate, and marginalised simply because their practices were not accepted by western biomedical practitioners. The problem is that Europeans could not even imagine that other people (especially Africans) could ever have done things before or better than themselves (Smith quoting Bazin, 2012: 121). According to them, Africans were supposed to be objects of research and not researchers or inventors. Therefore, Europeans did not and are still not accepting that Africans can develop remedies that can cure different ailments. It is therefore proven to be difficult for some people to accept traditional health practitioners as equals to biomedical practitioners. This is affirmed by Pitika Ntuli (2009) who wrote that "South Africans are some of the most westernised and brainwashed people on the continent."

In the article entitled '*Racism in Three Dimensions: South African Architecture and the Ideology of White Superiority*', South African architect Jonathan Manning wrote that in South Africa, there is no doubt that buildings and public spaces were created to promote segregation against black Africans (Manning, 2004). According to Manning, architecture has played a role both in defining the ideology of white superiority and in

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manifesting it (Manning, 2004). As Mario Gooden (2016: 121) observed, black subjectivity is not just an 'other' in modern architectural discourse; architectural theory represents a space of exclusion of black subjectivity. Gooden (2016: 121) suggests that 'served' and 'servant' spaces should also be explored in detail. Public spaces were carefully designed to promote and serve whiteness and disregard anything black or indigenous.

The problem with colonialism and racism, in general, is that the oppressed end up emulating the oppressor. For example, Franz Fanon (1982: 82) wrote that "for not only must the black man be black; he must be black in relation to the white man." The oppressed internalise colonialism and an inferiority complex is inculcated. Through the mechanism of racism, the oppressor makes sure that the blacks despise their black skin and envy the white skin. Blackness is regarded as primitive and evil. This is because racism (in the broad, modern sense) has the further terminological disadvantage of having been used so frequently as an epithet (Frederickson, 1981). Fanon explains whiteness is promoted as a symbol of 'justice, truth and virginity' - it defines what it means to be civilised, modern, and human (Fanon, 1982). While on the other hand, blackness is associated with evil and backwardness.

Darell Fields (2000: 83) asserts that, as a redress, we must "emancipate blackness from its negative connotations". Fanon (1982: 65) observed that all forms of exploitation resemble one another. All forms of exploitation are identical because all of them are applied by the same 'object' – humans (Fanon, 1982: 65) . American philosopher W. E. B. Du Bois said the black race should train themselves "to see beauty in blackness" (Tuttle quoting Du Bois, 1973: 52) and celebrate their black identity. In the entertainment industry, movies like 'The Black Panther' have contributed to instill a sense of pride among black Africans and Africans in the diaspora. A new era is dawning where black people are embracing their true identity and everything that symbolises and celebrates African heritage. The Fees Must Fall Movement has also called for the decolonisation of Higher Education. This is because higher education was perceived as being Eurocentric by the students and promoting imperialistic views.

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2.2 Traditional Healers in South Africa

2.2.1 The History of Traditional Medicine in South Africa

After the dawn of democracy in 1994, the withdrawal of the Witchcraft Suppression Act of 1957 and the promulgation of the Traditional Health Practitioners Act of 2007 was a breakthrough in the practice of traditional medicine in South Africa. It gave indigenous healers some dignity and acknowledged the practice of traditional medicine in the country. There was no longer a need for the THPs to operate in the secret. In October 2003, Dr Zweli Mkhize was present at the signing of a memorandum of understanding between KZN Traditional Healers' Council and scientists and medical doctors at the University of Kwa-Zulu Natal (Flint & Parle, 2009). In his speech, Mkhize pointed to the long history of animosity between African therapeutics and western medicine and argued that recognition of African medicines must be a ‘part of our emancipation as Africans as we are now living in a new order where everyone is equal, and everyone’s right is protected’ (Flint & Parle, 2009).

It has always been a problem to recognise the achievements and medical breakthroughs of traditional medicine in a predominantly western medical industry. African indigenous knowledge systems are not properly acknowledged as it sometimes challenges established western knowledge systems. The biomedical practitioners and academics have never understood the health practices of THPs. THPs have always been treated with suspicion and have not been given the respect they deserve. THPs like Credo Mutwa are still not adequately recognised by biomedical practitioners in South Africa, irrespective of his achievements. The Traditional Health Practitioners Act of 2007 has not changed the perception of TM.

The migration of black labourers to the cities due to poverty increased demand for THPs in the cities. According to Karen Flint, rural poverty, urbanisation, and the rise of a consumer culture, radically altered the practice of traditional healers (Flint, 2008). Many of the THPs in the cities found themselves operating in unfamiliar environment. New challenges arose, like lack of access to muti and difficulty finding appropriate spaces for initiation and ritual ceremonies.

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In South Africa and abroad, the late Credo Mutwa was hailed as an authority in Zulu culture and healing (Steyn, 2009). His peers regarded him as a Sanusi, which is a high ranking traditional healer. He is well known locally and internationally as an author, prophet, painter, sculptor, and custodian of traditional wisdom (Steyn, 2009). According to Steyn, Mutwa's reputation as a great visionary appears to be reaching larger audiences, especially in the United States where he was celebrated as 'the Homer of Africa,' 'the most famous African traditional healer of the century,' and even 'His Holiness' (Steyn, 2009). In the not-so-distant past, the west would have despised such indigenous knowledge and even called it primitive due to ignorance.

Decoloniality is not only about moving away from white epistemology but also about making indigenous knowledge known to others. In the past decades, Mutwa's books have helped to globalise African beliefs and myths, particularly among the New Age adherents abroad and the millions of internet users who visit New Age websites (Steyn, 2009). Mutwa established Vulindaba Trust to preserve ancient knowledge and to use this knowledge for the betterment of the people in Africa (Steyn, 2009). The trust claims responsibility for distributing traditional remedies produced from the indigenous plant *Sutherlandia,* which is employed as a treatment for AIDS and other illnesses (Steyn, 2009). Mutwa has widely travelled across the globe to spread his indigenous knowledge to different audiences and New Age listeners.

The World Health Organization (WHO) first published the Traditional Medicine Strategy 2002-2005 (WHO, 2015). Later it was updated based on the member states' progress and current new challenges in traditional medicine. Therefore, WHO Traditional Medicine Strategy 2014-2023 thus reappraises and builds on Traditional Medicine Strategy 2002-2005 (WHO, 2015). WHO Traditional Health Strategy 2014-2023 was developed in response to the World Health Assembly resolution on traditional medicine (WHO, 2015). The goals of the strategy are to support Member States in:

- Harnessing the potential contribution of TM to health, wellness, and people-centred healthcare.

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- Promoting the safe and effective use of TM by regulating, researching, and integrating TM products, practices, and practice into health systems, where applicable (WHO, 2015).

The strategy aims to support Member States in developing proactive policies and implementing action plans that will strengthen the role TM plays in keeping populations healthy (WHO, 2015). WHO acknowledges Members States have established and implemented national and regional policies and regulations to promote TM's safe and effective use (WHO, 2015). WHO has developed technical guidelines and standards and organised trainings/workshops in support of Member States (WHO, 2015).

The African Union's Africa Health Strategy 2007-2015 is committed to the Millennium Development Goals, which include strengthening health systems to reduce disease burden through improved resources, systems, policies, and management (AU, 2007). Th goal of the Africa Health Strategy 2007-2015 is to contribute to Africa's socio-economic development by improving the health of its people and ensuring access to essential health care for all Africans, especially the poorest and most marginalised by 2015 (AU, 2007). Since declaring a Decade of African Traditional Medicine in 2001, Governments have recognised the wide use and hence importance of integrating traditional medicine into their national health systems and creating an enabling environment for optimising its contribution (AU, 2007)

Organisational requirements include establishing a national multidisciplinary body responsible for the coordination of traditional medicine; formulation of a policy and legal framework; allocation of adequate resources; development of regulations for the local production and rational use of traditional medicines and protection of intellectual rights (AU, 2007). For the sustainable development of architects, African governments must take responsibility for ensuring the political, economic, and corporate good governance that is essential to effective health development efforts and increased capital flow (NEPAD, 2002). The NEPAD Health Strategy embraces the spirit of the Rio Declaration (UN, 1992) that 'human beings are at the centre of concerns for sustainable development' (NEPAD, 2002). The Health Strategy embraces the values and goals underlying the Health-for-All Policy for the 21st Century in the African Region: Agenda 2020 (NEPAD, 2002).

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The rise of affluent THPs and an overcrowded biomedical market led to ideological and commercial competition between white biomedical practitioners and African healers in the early twentieth century (Flint, 2008). Such competition led to government legislation and a curtailing of TM practices (Flint, 2008). In the past the apartheid regime used the Witchcraft Suppression Act 3 of 1957 (WC Act] to prohibit the practice of TM in South Africa, which was mainly based on the Witchcraft Suppression Act of 1895 of the British Colony of Cape of Good Hope, which was, in turn, based on the Witchcraft Act of 1753 of the United Kingdom (Louw & Duvenhage, 2016). A prominent viewpoint of Witchcraft Suppression Act 3 of 1957 is that it is extremely hostile to and destructive of the indigenous African culture and religion (Louw & Duvenhage, 2016). The Acts' definitions of 'witchcraft', 'witchdoctor', witchfinder' and 'wizard' are incomplete and poorly formulated (Louw & Duvenhage, 2016).

Traditional healers were erroneously referred to as 'witchdoctors', which was an insult to them and a complete misunderstanding of the practice of traditional medicine. Therefore, it is clear that the people who drafted the WS Act had poor knowledge of the culture and traditions of the indigenous people. The WS Act was later amended in 1970 (Act 50 of 1970) and in 1997 (Act 50 of 1997). After the dawn of democracy, the South African government published the Traditional Health Practitioners Act 22 of 2007 (Health, 2007). The Act's main aim is to establish a council, to provide for the registration and training of THPs and to protect the clients. The Act recognises the four categories of THPs: divination, herbalism, traditional birth attendant's practice, and traditional surgeon (circumcision) practice.

The Act recognises *mathwasa* (i.e., initiates) and, just like qualified THPs, its mandatory for the initiates to register with the Traditional Health Practitioners Council. The *mathwasa* must train at an 'accredited institution' under the four recognised categories. The Department of Health released Traditional Health Regulations 2015 (Health, 2015) concerning the training and registration of persons wishing to work as a THP in recognised categories of the Act. The regulations list the minimum age, training period, registration process, and administrative procedures. This might pose a challenge to the THPs as they sometimes groom their children from an early age in privacy. In 2008, the Department of Health published a Draft Policy on African TM for

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South Africa (Health, 2008). This draft policy is about the institutionalisation of African TM and is to be implemented through registration and regulation of medicines and medicinal products, and the protection of the knowledge, property rights and persons that are involved in this discipline (Health, 2008).

Places where THPs practice must also be accredited by the Council. Under the Traditional Health Practitioners Act, an 'accredited institution' means an institution approved by the Council, which certifies that a person or body has the required capacity to perform the functions within the sphere of the National Quality Framework (NQF) contemplated in the South African Qualifications Authority ACT 58 of 1995 (SAMJ, 2016). The NQF has been specifically designed to integrate education and training into a single framework and combine separate education and training systems into a single, national system (SAMJ, 2016).

The South African government gazetted the Protection, Promotion, Development and Management of Indigenous Knowledge Act (Act 6 of 1029), which is commonly referred to as the IKS Act (RSA, 2021). It is the indigenous knowledge system legislation of the South African government to protect the indigenous people and their indigenous knowledge. In addition, the Act calls for (a) the establishment of the National Indigenous Knowledge Systems Office (NIKSO), (b) management of rights of indigenous knowledge holders, and (c) the establishment and functions of the Advisory Panel on indigenous knowledge systems (RSA, 2021). This is welcomed as in the past indigenous knowledge was 'stolen' by the western pharmaceutical and commercial companies without even acknowledging the indigenous people. Therefore, the Act protects indigenous knowledge, whether it is cultural or functional in nature, or both, including medical, agricultural, and scientific practices (RSA, 2021). Wally Serote (2015) said IKS is a national treasure and heritage, therefore, we must put issues of intellectual property protection related to IKS and medicinal plants on the agenda, nationally and internationally.

In South Africa, all medicines for human use are subject to the Medicines and the Related Substances Control Act 101 of 1965 (MRSC, 1965). In terms of the Act, the Medicines Control Council (MCC) protects the public by ensuring that all medicines sold, distributed, and used in South Africa are safe, effective, and manufactured

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according to acceptable standards of quality (MRSC, 1965). Historically, however, it must be noted that traditional and alternative medicines have largely fallen outside this framework. This is because the apartheid regime did not want to recognise and regulate the practice of TM. Under the Act, traditional and alternative medicines must now be brought under regulatory control and must meet the same strict standards of efficacy, safety, and quality as other scientifically validated medicines (MRSC, 1965).

In the article entitled, *Include Indigenous Knowledge and Cultures in the Curriculum to Improve Health,* Lieketseng Ned argues that indigenous knowledge and cultures play an important role in the health of a society (Ned, 2019). She wrote that indigenous people see the introduction of formal education as having brought ill-health (Ned, 2019). It may be argued that both indigenous knowledge systems and formal education can be used to better the general health system in the country. No system should be regarded as better at the expense of the other. Therefore, they can both co-exist and complement each other, which is the case in many countries, most notably China and India.

2.2.2 Legislation and Policy of Traditional Medicine

The South African Government has gazetted the Traditional Health Practitioners Act (Act 22 of 2007), which called for the establishment of the council to regulate the practice of traditional medicine, the registration of traditional health practitioners, and to protect clients from the healers. The Traditional Health Council was officially only established in 2013 (de Lange, 2017), more than five years later and it has never been effective in fulfilling its constitutional mandate. This is due to several factors, among others weak leadership, poor implementation of policies by the council and infighting among traditional health practitioners about who should represent them in the council. The problem with traditional health practitioners in South Africa is that they are not unified, there is no single voice representing them. Currently, there are different organisations representing different groups of traditional health practitioners. This is because historically, traditional medicine has not been regulated for centuries, and the healers have been accustomed to not having to account to anyone.

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The Act calls for the minimum age restriction of initiates. However, it does not consider that most initiates are the children of the THPs who are groomed from a young age. There has always been an element of secrecy in the practice of TM. Historically, these kids were never sent to an initiation school to be trained as THPs. The fathers or grandfathers reveal their close guarded secrets to the kids in the comfort of their homes. Usually, these secrets are not supposed to leave their homes and have been there in the family for generations. The Act fails to recognise s*anusis*, high ranking THPs. In South Africa, Credo Mutwa is one of the few recognised *sanusis*. He does not fall into one of the four categories of the Act.

The Act and policy do not provide architectural design guidelines or how consulting spaces of the THPs should be designed or constructed. It seems the design of consulting spaces of THPs is a grey area left to the individual THPs. According to Serote, even as there are processes, programmes and possibly projects, and the resources in place the institution itself and *bongaka* remain in the same space, untransformed (Serote, 2015). This is because the point of reference and paradigm for the transformation is incorrect (Serote, 2015). It calls for a decolonised mindset and a change of attitude. The people who drafted the Act and policies of the practice of traditional healing are not THPs, there was no broad consultation with the healers.

2.2.3 Oral Tradition in the Practice of Traditional Medicine

First and foremost, oral tradition is deeply embedded in the practice of traditional medicine. Traditional healers do not document their discoveries and secrets. They are known to teach their secrets to their immediate families and initiates. In some societies, traditional healers are known to be special keepers of oral tradition, whose duty is to memorise and recite historical and other relevant information (Mbiti,1977: 4). As special keepers, they are not to document anything as the knowledge is confidential and sacred. Historically, chiefs and kings would entrust traditional healers with their inner most secrets.

It is not unusual for a child to start learning about traditional medicine at an early age. In such a situation, by the time he becomes an adult he must have an encyclopaedic

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knowledge of herbal medicine (Gbadegesin,1991: 132). This is because many healers have long family traditions as healers and new generations get introduced to the intricacies early in life. Many healers who claim to have inherited their healing skill have, in fact, also had a long period of apprenticeship (Chavunduka, 1986: 48). Many of the healers have grown up in a home where their parent or grandparent was a healer. The son or daughter is raised as an apprentice of an elder member of the family. That explains why there is minimal or no printed material on traditional medicine, especially in Sub-Saharan Africa. In his book, *African Philosophy, Culture, and Traditional Medicine*, Akin Makinde (1988: 91) wrote the following:

> The secret nature of their knowledge, however, has made the principle and practice of traditional medicine inaccessible to curious minds. As a result, all the knowledge of traditional medicine dies with the traditional healers. Hence it is said the death of a genuine healer is tantamount to the loss of a library.

The nature of their profession creates a halo of secrecy about it, which adds to their respect, stature, and dignity in the eyes of their communities (Mbiti, 1969: 172). In many cultures in Africa, a traditional healer is called 'father of secrets' (Mitchell, 1977: 39). One can argue that Africa's traditional medicine should be documented because it contributes to the alleviation of human sickness because of their rich biological and chemical composition (Masango & Nyasse, 2015). The healers play the role of counsellors, judges, comforters, suppliers of assurance and confidence during people's crises, advisers, pastors and priests, seers, fortune-tellers, and solvers of problems, and revealers of secrets like thefts, imminent danger or coming of events. It is no wonder the healers are regarded as friends of the communities. Knowledge of medicine and good medical practice in an African context is to 'know the root of diseases or illness as well as the most effective remedies using particular herbs, leaves, roots, and animal substances' (Makinde, 1988: 89).

2.2.4 Overview of the Principles of Traditional Medicine

The practice of traditional medicine is well embedded within the culture of Africans. According to Wally Serote, traditional medicine has several established principles. The

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first principle is, finding a way to understand human health (Serote, 2015). The second principle is, how the people relate to the health of animals (Serote, 2015) (see Figure 2.3 below). The latter refers to African totems where one will not marry from the same clan. For example, a man from *Ditlou* clan (elephant clan) will not marry from the same clan, or a man from *Dikwena* clan (crocodile clan) will not marry from the same clan. According to Zulumathabo Zulu (2014), African spirituality is connected to the animals, the stars, and nature. In African spirituality, everything is connected like a web. Each family has its own totem, an animal of their choice (Ntuli, 2009). Through this the human, animal and plant are interconnected, interrelated and interdependent to express a desire for a viable harmonious life (Ntuli, 2009). Therefore, to heal one requires a holistic approach (Ntuli, 2009).

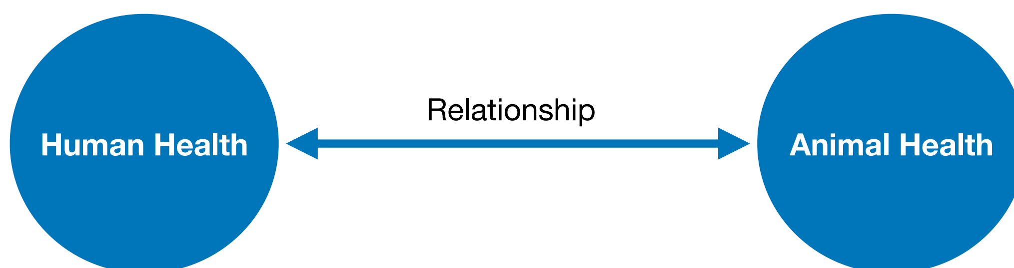

Figure 2.3: Diagram showing relationship between human health and animal health (Source: author, 2023)

All knowledge fields are founded on universal epistemologies and philosophies (Chabalala *et al*, 2021). This is particularly evident in the traditional African principles and philosophies where health and wellbeing are paramount to indigenous Africans. The history of natural medicines is inherently connected to the origins of humanity (Chabalala *et al*, 2021). Therefore, it is logical to recognise that the origin of medicines is linked to the Cradle of Humanity or Africa (Chabalala *et al*, 2021). If Homo sapiens evolved in Africa, it follows naturally that the knowledge and application of healing arts evolved in this region, as documented throughout Africa (Chabalala *et al*, 2021).

Michael Foucault's book, *The Birth of the Clinic: An Archaeology of Medical Perception*, presents the development of the clinic, the teaching hospital, as a medical institution, identifies and describes the concept of 'medical gaze', the concept of

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objectifying the patient's body as separate and apart from his or her personal identity (Foucault, 1963). This is opposite from African healing philosophy where healing is directed to the whole person. In African healing, a person's body is intricately attached to his or her identity, which is opposite to western epistemology. The evolution of African medicine cannot be considered in isolation from the emergence of human civilisations in the Nile Valley of ancient Egypt (originally known as Taui and later Kemet) and ancient Nubia (Chabalala *et al*, 2021).

(a) The Truth of Koma

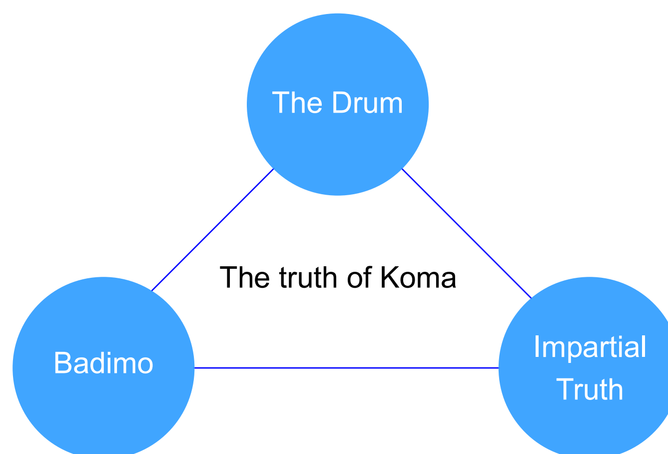

Figure 2.4: The principles of *Koma* (Source: adapted from Zulu, 2014)

The first principle in the practice of traditional medicine is the principle of *Koma* (the truth), which in the words of Zulumathabo Zulu, is a powerful concept (Zulu, 2014). Zulu (2014) explains that the principle of *Koma* refers to the drum, the ancestors, and an impartial truth. He continues, among the indigenous people, there is an African axiom which says, "to forever treat the truth of *Koma* sacred" (Zulu, 2014). It means that those who practice *Koma* must remain committed to that principle as it is sacred. An initiate who is called by the ancestors to become a traditional healer will also have a song of the ancestors and he or she will pledge loyalty to the fact that they will always be bound by the truth of *Koma* (Zulu, 2014). During the initiation ceremony, members of the village witness as the initiate pledges the truth of *Koma* (Zulu, 2014). The second African axiom says, "the truth of *Koma* is practiced by a traditional healer" (Zulu, 2014).

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Therefore, traditional health practitioners are forever loyal to the principle of *Koma* as they practice traditional medicine.

Initiates must go through a vigorous training to be introduced to the sacred principles of *Koma.* The first stage during initiation process is called *indiki,* which involves learning to focus one's spiritual energies (Keeney, 2005). The next stage is called *inlozi,* which connects the initiate with his or her relatives who have long passed on, often referred to simply as the ancestors (Keeney, 2005). Essentially, this is a deeply spiritual stage. As Keeney puts it, initiates develop direct communication with ancestral spirits and show signs of maturity (Keeney, 2005) in training to become traditional health practitioners. The last stage in training is called *mlozi* where initiates learn whistling sounds (Keeney, 2005). At this stage, initiates learn that spirits are coming when they hear whistling sounds (Keeney, 2005). According to Keeney (2005), initiates know the spirits have arrived because they feel them inside their bodies. Some healers even begin to shake as they feel the spirits inside them.

The practice of traditional medicine is also known as *Bokoma* which come from the word *Koma,* which is concerned with truth seeking and providing a medium of communication between humans and the ancestors who have gone before them (Zulu, 2014). Since indigenous people trace their genesis to the cosmos, they are subject to both the terrestrial laws of nature and the cosmic laws of their genesis (Zulu, 2014). After the ancestors have left the terrestrial sphere to return to the cosmos, they acquire new powers with respect to communicating with humans (Zulu, 2014). Death is defined primarily as a departure, a change (Mapadimeng quoting Bokkie, 2021). To die is to leave the visible world for the invisible (Mapadimeng, 2021). The departure is not an eternal separation (Mapadimeng, 2021). From time to time the deceased return home to warn, inform, or give instructions to an individual member regarding an upcoming event looming large (Mapadimeng, 2021) or just to give guidance.

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(b) Triangle Knowledge System

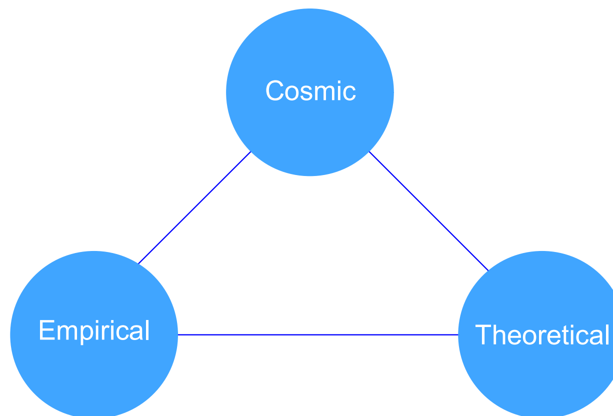

Figure 2.5: Triangle knowledge system (Source: adapted from Zulu, 2014)

The second indigenous principle is the Triangle Knowledge System which refers to, (1) cosmic knowledge, (2) empirical knowledge, and (3) theoretical knowledge (Zulu, 2014). Among the indigenous people, the Triangle Knowledge System governs their lives and its part of the indigenous knowledge systems. Cosmic knowledge is about the "genesis of the indigenous" (Zulu, 2014). This knowledge describes indigenous people's origins and connectedness with the cosmos (Zulu, 2014). According to African spirituality, there is a correlation between the cosmos and food. In the past, indigenous people would consult the cosmos before they plant for the new season (Zulu, 2014). The ceremony would customarily be led by a traditional practitioner of a village. Likewise, when the indigenous people need to communicate with their ancestors in the cosmos, they would offer *mabele* (sorghum) for that communication to happen (Zulu, 2014). In African cosmology, there is a perpetual causal chain between *mabele* and the cosmos (Zulu, 2014). This causal chain has a great impact on the destiny of the indigenous people (Zulu, 2014). In African spirituality, *mabele* is regarded as the food of the ancestors and sorghum beer is considered as the drink of the ancestors. In short, sorghum is deeply revered by the indigenous people because it is regarded as a sacred plant.

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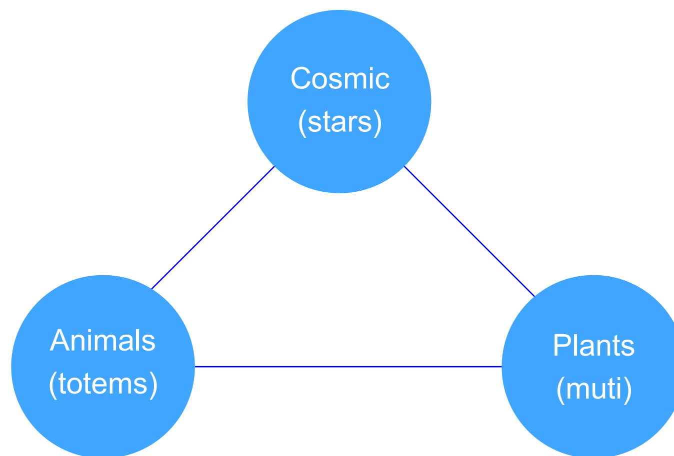

Figure 2.6: Traditional knowledge system depicting relationship between cosmos, animals and plants (Source: adapted from Zulu, 2014)

Every knowledge system has a history, philosophy, and theoretical framework that informs its fundamental principles and imperatives (Chabalala *et al*, 2021). Ancient Africans utilised these principles to organise their conceptualisation of reality (Chabalala *et al*, 2021). As Zulu (2014) has stated, empirical knowledge comes to the indigenous people through the senses. This sensory knowledge is a factor in their understanding and appreciations of the perturbations of the environment and the imperatives of adaptations (Zulu, 2014). Empirical knowledge is crucial when indigenous people develop new knowledge and make discoveries. Ancient Africans were primarily concerned with restoring the health and wellness of the individual (Chabalala *et al*, 2021).

According to Chabalala *et al.* (2021), Africans developed a "Health Preservation Theory" which sought to restore homeostasis in the body, life force, mind, and consciousness. The African "Health Preservation Theory" was concerned with maintaining holistic balance and harmony in the entire body (Chabalala *et al*, 2021). African traditional medicine can be located within the African way of being (ontology), which informs the African worldview (cosmology) and the way of life (axiology) (Chabalala *et al*, 2021). Axiology involves experiences that inform ways of knowing (epistemology) and the purpose behind acceptable ideas (teleology), which in turn guide how knowledge is organised (taxonomy) (Chabalala *et al*, 2021).

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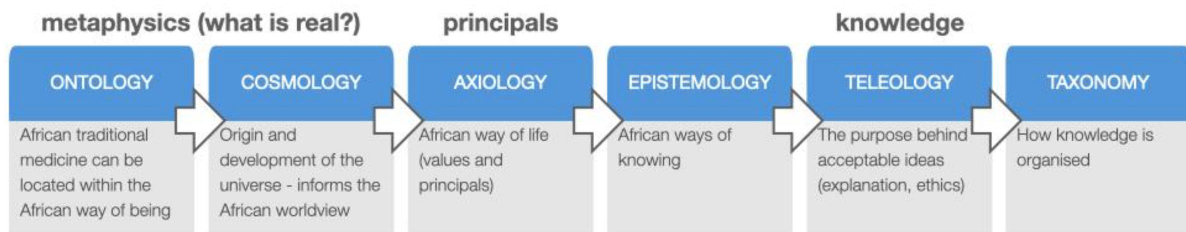

Figure 2.7: Africological process of theory (model) development (Source: adapted from Chabalala *et al*, 2021)

(c) The Three Spiritual Principles

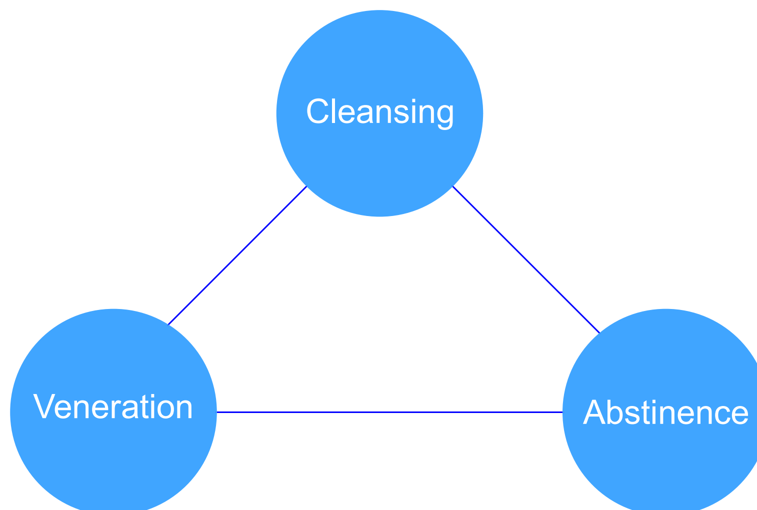

Figure 2.8: The three spiritual principles underpinning African health practices (Source: adapted from Zulu, 2014)

In African spirituality, there are three spiritual principles that are held in high esteem by the traditional health practitioners. The first principle is cleansing which basically mean traditional health practitioners are required to cleanse on a regular basis. Cleansing is usually done at sacred bodies of water and the healers would immerse themselves in the water. The second principle is veneration which mean healers must always show reverence to *badimo* or the ancestors. The root of the practice of traditional medicine is showing reverence to *badimo*. *Badimo* plays a crucial role in the lives of traditional health practitioners. The third and last spiritual principle is abstinence which require discipline. Traditional health practitioners are required to

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abstain from sex, alcohol, and from certain foods. Traditional health practitioners who are married would usually abstain from sex when they have to perform certain rituals. Abstinence makes the healers have a strong connection with *badimo* and be spiritually alert.

2.2.5 The Significance of Traditional Medicine in South Africa

In the past literature on therapeutic landscapes has significantly broadened its focus from analysing the role played by specific places in promoting wellness (such as religious pilgrimage sites) to a more extensive investigation of the ability of places to enhance well-being and help maintain physical and emotional health (Bignante, 2015). Wilson (2003: 85) states, the relationship between health and place has culturally specific dimensions, but these tend to be overlooked, especially with respect to the indigenous people. Meaning response follow from the interaction with the context in which healing occurs (Moerman, 2002). It must be borne in mind that relational dynamics shape therapeutic landscapes. Bignante (2015) observed that research on therapeutic landscapes has focused mainly on western sites attributed with healing properties and less on the analysis of landscapes of well-being in traditional healing practices. Therapeutic landscape experience is best approached as a relational outcome, as something that emerges through complex set of transactions between a person and their broader socio-environmental setting (Bignante, 2020: 93). There is also a symbolic dimension to many therapeutic landscape experiences (Conradson, 2005: 338).

Recently there has been an increase in interest by Africans in holistic African spirituality as a form of healing and well-being. This is because spirituality and spiritual healing have been at the core of therapeutic landscape literature (Bignante, 2020: 92). This is what is referred to as spirituality-beyond-religion (Bignante quoting MacKian, 2020: 93). This is contemporary alternative spirituality, where the spiritual drifts apart from the institutional structures of religion (Bignante, 2020: 93). Spirituality from an African perspective includes therapeutic landscapes which includes sites that promote healing and well-being. Spiritual landscapes can provide a better understanding of people’s personal experiences and ways of engaging with places and inhabiting the

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world (Bignante, 2020: 92). These sites promote different forms of spiritual healing experience. Spiritual health results from a range of potential energies held by material settings, bodies, and social interactions (Bignante, 2020). These therapeutic landscapes are sites where "spiritual, emotional and experiential geographies assemble to promote well-being, offering the healers a sense of security, inclusion and recognition" (Bignante, 2020).

Foley speaks of 'therapeutic assemblages' where the healing potential is determined by the combination of a set of productive connections between material, metaphorical and inhabited elements (Foley, 2011). Duff (2012) introduces the concept of 'enabling places' where certain sites incorporate diverse material, social and affective constituents which are able to support social and existential recovery through the production of affective resources such as hope and optimism. These are what Elisa Bignante (2020) refers to as 'therapeutic landscape encounters.'

2.3 Impact on Architectural and Urban spatial Aspects of Healing Spaces

2.3.1 Cultural Appropriation

Theft is holy

Imperialists viewpoint on Africa in the words of Ngũgĩ wa Thiong'o (1981)

In the Oxford English dictionary, cultural appropriation is the act of copying or using a particular group or culture's customs and traditions by somebody from a more dominant or powerful group in society. Much of the academic discussion of cultural appropriation has focused on the appropriation of unique physical elements (Nguyen & Strohl, 2019). It may include inappropriate use of the elements or identity of one culture by members of another culture. It may include exploitation of indigenous groups' traditions, customs, and religious practices. Indigenous artefacts, symbols, and ideas may also be exploited by the dominant or powerful groups.

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Unfortunately, cultural appropriation always disproportionately benefits the dominant or powerful groups. On the extreme, it is the concept of *universal entitlement* which is that anybody may appropriate anything they like from other cultures (Nguyen & Strohl, 2019). Defenders of this view often cite the value of cultural interchange and freedom of expression, claiming that more restrictive views stifle art, speech, and culture (Nguyen & Strohl, 2019). According to western epistemology, *universal entitlement* and cultural appropriation is legitimate and should be encouraged. Ngũgĩ wa Thiong'o (1981) argues, colonisers were of the view that 'theft is holy' hence they practiced cultural appropriation with disdain.

When colonisers arrived in Africa, they saw indigenous people for the first time as primitive people. They didn't see any value in them, only profits from the land (Archibald *et al,* 2021). Since then, colonisation has systematically destroyed an invaluable knowledge system that developed over thousands of years (Archibald *et al,* 2021). The original land theft soon extended to the subsequent theft of knowledge (Archibald *et al,* 2021), or universal entitlement as westerners put it. Full blown colonial violence was directed at the indigenous people. Archibald *et al* (2021) wrote the following:

> All too often we have witnessed the recontextualization of our knowledge systems and worldviews into storied myths or legends, often by racist Eurocentric modalities. Yet according to these renewal processes our ancient teachings and cultural practices will always survive the trends of the West.

The establishment of the Dutch East Indian Company followed by the British Empire in South Africa meant the beginning of an escalation of inequality and oppression; a slow and painful loss of rights, freedom of expression and, ultimately, a schism from any custom linked to their culture, lifestyle, and religion (Minguzzi, 2021). In short, that was the beginning of a long and painful era of cultural appropriation of the indigenous people. In the words of Ngũgĩ wa Thiong'o (1981), "in the eighteenth and nineteenth centuries Europe stole art treasures from Africa to decorate their houses and museums; in the twentieth century Europe was stealing treasures of the mind to enrich their languages and cultures."

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In the past, colonisers collected indigenous knowledge and produced hybrid stories about the indigenous people (Archibald, 2008). These were stories that were often commodified for white consumption and over time became 'set in stone,' and they became an authoritative and hegemonic version of the indigenous people (Archibald, 2008). The indigenous people were not allowed to correct or have any input on any knowledge that was appropriated.

The 19th century was characterised by the violence of colonisation, culminating in invasion by colonial troops (Archibald *et al,* 2021). The damage resulting from research on indigenous people worldwide, which included stolen, contrived, or rejected cultural and intellectual knowledge, is well documented (Archibald *et al,* 2021). In the words of wa Thiong'o (1981), colonialism was the destruction or the deliberate undervaluing of a people's culture, their art, dances, religions, history, geography, education, orature and literature, and conscious elevation of the language of the coloniser. The domination of a people's language by the languages of the colonising nations was crucial to the domination of the mental universe of the colonised (wa Thiong'o, 1981).

Some of the discoveries by the traditional health practitioners were appropriated by the westerners and claimed as their own. The traditional health practitioners were never acknowledged for these "medical breakthroughs". What was disturbing was that some of the researchers approached indigenous people as "friends of the community" or "coming to uplift the community." Credo Mutwa died on 25 March 2020; he passed on a sad man because he was not receiving royalties for his books (Makanya, 2020). The publishers of his books were based in Johannesburg and London, therefore, Mutwa did not have the means to fight them. The cultural elements being appropriated are meaningful to group members because of the roles they play in intimate practices that unite the group (Nguyen & Strohl, 2019). Some of the cultural elements that were appropriated include religious rituals, modes of dress, traditions of food preparation, musical styles; these cultural elements play a central role in binding groups together and generating a common identity (Nguyen & Strohl, 2019). For this study, contrary to western researchers, it was important for the author, who grew up in similar communities, to assure the research participants that the research outcomes will benefit them through the publication of architectural guidelines for their facilities.

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2.3.2 Black Identity, Architecture and Urban Space

Blackness and architecture, these are two unrelated entities but somehow, they speak to one another. We must focus on the black racial subject and its architecture in a meaningful way. According to Gooden (2016: 14), we must determine how "blacks occupy and move through space, negotiate spatial relationships, and create alternative spaces for creative expression and daily affirmation of life." In his book, *Architecture in Black*, African-American architect Darell Wayne Fields ask the question: "What does blackness have to do with architecture?" (Fields, 2000: 1). The short answer is everything. As Winston Churchill alluded, "we shape our buildings, thereafter they shape us" (Goodman quoting Churchill, 1985). In the same manner, we have shaped our public spaces, and in turn they have shaped our lives and experiences. This shows how architecture and urban design can make one feel - either appreciative of the space or to dislike it. For any society, buildings play a crucial role in expressing their identity.

Theories of space, subjectivity, and identity (cultural or otherwise) were never the primary concern of the progressive avant-garde of the modern architectural movement (Gooden, 2016: 44). As American architect Mina Chow (2017) alluded in the architectural documentary '*Face of a Nation*,' architecture reflects who we are as a nation. This raises the question, do the buildings in the public realm in South Africa reflect all of us as a nation? Are public spaces and buildings inclusive in South Africa? In the article, '*How Buildings Mean,'* architectural critic Nelson Goodman (1985) argues that we must consider how a particular work of architecture conveys meaning before we can address the issue of what the building may mean. According to Roman architect Marcus Vitruvius Pollio (1914), a building must fulfil three basic purposes: *utilitas, venustas,* and *firmistas.* Commodity and firmness are certainly major contributors to delight. The three must work in harmony to produce good architecture.

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The late Sir Henry Wotton (1624), from his book '*The Elements of Architecture*,' paraphrased it as follows:

> In Architecture, as in all other Operative Arts, the end must direct the Operation. The end is to build well. Well-building hath three Conditions: Commodity, Firmness, and Delight.

When Africans were taken abroad, they were deprived of their cultural artefacts that had identified them in their homelands (Gooden, 2016: 13). They were stripped of their names, stripped of their identities, stripped of their clothes, and stripped of their dignity. They were displayed naked in public spaces for their new masters to behold their nudity. They were given 'white' names and 'white' clothes so that they could adapt to the new world. In his book, *Dark Space*, American architect Mario Gooden (2016: 13) wrote that, "architecture can neither be essentialized to race nor racial representations - a process that inevitably results in stereotypes, commodification of identity, and a regime of visibility that reifies the dichotomies of others (white versus black, us versus them)." In her book, *Race Otherwise*, Wits University Zimitri Erasmus (2017: XXII) wrote the following:

> Race matters. It matters because of the meanings we give to it. How and why race has come to matter, and how and why we continue to make race matter, has to do with ways in which history, power and politics shape the frames within which meaning is made, contested and renegotiated.

This is especially important when discussing black subjectivity and identity in public spatial environments. We must concretise a black racial discourse in architecture (Fields, 2000: 85). We owe it to our generation, architectural students, and the general public. In our quest to transform our spaces, we must embrace 'radical architecture' whose goal is not form but the politics of space (Gooden, 2016: 44). Architectural practitioners must pursue designing inclusionary spaces that reflect the regional identity to enable a meaning response from their users. Through contact with the west, African people acquired a bruised cultural identity, a philosophy of the oppressed that corrupted the thinking and sensibilities of the Africans (Bekithemba & Dipane, 2017). According to architect Mario Gooden, culture is an understanding of one's internal and

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external relationships to place (geography) and time (the order in which things occur), as well as an intimacy with one's own experience (the materiality of presence and self) (Gooden, 2016: 13).

As Gooden explains, the concept of 'Black Style' refers to "evolving semiotics of black self-creation that has been designed from its outset to impose a degree of individuality on the numbing uniformity bred of slavery and poverty" (Gooden, 2016: 14). The politics of 'Black Style' do not only refer to the body language gestures, but also refers to the hairstyles, clothing, and dance moves. These ended are the politics of metaphor. Jonathan Noble (2012: 264) observed that "the question of African identity in design cannot and should not be answered in singular or definitive sense." This is underpinned by the fact that South Africa is a multi-cultural society with eleven official languages. To support one style or one identity would be akin to taking us back to the dark ages of apartheid where other cultures were suppressed and not well represented. Rather, we should speak of "African expressions and identifications, not identity and not style" (Noble, 2012: 264).

Decolonisation is a process which engages with imperialism and colonialism at different levels. (Smith, 2012: 20). Decolonisation of public spaces is crucial to create an inclusive society. Therefore, THPs, like other marginalised groups, must be accommodated in our public spaces so that they can be free to practice traditional medicine. Decolonisation in South Africa has to be viewed as not the overnight event experienced throughout the rest of Africa, but as a difficult transition with many twists and turns. During colonialism, the good African was the one who co-operated with the European coloniser; particularly the African who helped the European coloniser in the occupation and subjugation of his own people and country (wa Thiong'o, 1981). Such a character was portrayed as possessing qualities of strength, intelligence, and beauty (wa Thiong'o, 1981). The bad African character was the one who resisted the foreign conquest and occupation of his country (wa Thiong'o, 1981). Such a character was portrayed as being ugly, weak, cowardly, and scheming (wa Thiong'o, 1981).

Identities are socially constructed, that means we are not born with an 'identity', even though we may be predisposed by the circumstances of birth to assume a specific identity (wa Thiong'o, 1981). Someone born in an Islamic state will identify with Islam

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as a religion and culture, and someone born in a Christian state will most likely identify with Christianity. Identities may be socially, culturally, and institutionally assigned, as in the case, for instance, of gender or citizenship, where state institutions, civil society and social and cultural practices produce the discourses within which gendered subjectivity and citizens are instituted (Weedon, 2004: 6). It must be borne in mind that *w*e never have only one identity, all of us have multiple identities. For example, we identify in different degrees with many different groups (Bekker, 2001: 148). At times we are given identities by the different groups we often identify with, at times by others due to stereotypes. Group identities may be based on race, ethnicity, age, gender orientation, or disability. Forms of identity are often internalised by the individual who takes them on (Bekker, 2001: 149). Identities, however, may be contested.

Nelson Goodman wrote that “architecture is not neutral, it expresses political, social, economic, and cultural finalities” (Goodman, 1985). In the article entitled ‘*Seeking Relevance in Architecture*’, Guy Trangoś (2006), South African architect based in the USA, wrote that “architecture is becoming increasingly irrelevant.” When architecture loses its focus on humanity, and the particular social and physical context, the process becomes more about image than identity (McInerney & Malan, 2020: 44). Norbert-Schulz (2000) argues, “the confused state of architecture today necessarily implies that the training of architects is unsatisfactory.” It may be argued that universities in South Africa, which were founded on western epistemologies, have dismally failed to produce architects who are sensitive to the needs of the previously marginalised communities. The design approach has been top-down instead of engaging the communities to find out what their needs are. For architecture to be relevant, it must be inclusive and sensitive.

We have created architecture that has turned its back on Africa and anything that looks African. Our indigenous architecture is labelled primitive and backward, having no place in modern society. Even our Eurocentric schools of architecture dedicate more time teaching students about European architecture than African indigenous architecture. South African schools of architecture have not embraced indigenous knowledge systems. Therefore, there is a desperate need for healing and nation building. Allowing the ‘other’ to embrace their identity is a step in the right direction, especially those who were marginalised.

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What is a South African identity? At worst it is a double-faced identity: on the one hand, reflecting a sub-region defined in terms of the process of domination and colonisation, and, on the other, as an expression of intent, an ideology of a liberation struggle during which South Africa became a rallying call for the resolution of the *National Quest* (Bekker, 2001: 139). This ambivalence can best be resolved by acknowledging our past and embracing our diversity as Africans. Noble (2011: 264) argues, the question of an African identity in design cannot and should not be answered in a singular or definitive sense. Noble (2011: 264) proposes concentrating attention on the multiplicity of the phenomenon itself, a multiplicity of symbolic resonances which exist to enrich the scope and substance of a collective, African imaginary. Noble (2011: 263) goes on to assert that South Africa needs a "differential conception of architecture," architecture that embraces and unifies people instead of promoting divisions as during the apartheid era.

As architect Jonathan Manning (2004) observed, there is a need to embrace architecture that is both in tune with African culture, and celebratory of our African cultural heritage rather than that of European needs. To progress as a country, a new national identity must emerge that embraces all cultures and traditions. A national identity that celebrates and embraces African and everything that symbolises African heritage. In agreement, Jonathan Noble (2012: 264) wrote that we should contribute meaningfully to an emerging 'African Imaginary' in South Africa. This is a noble quest that all South Africans should embrace.

2.3.3 Decolonisation of Architecture and Public Spaces to Create Inclusive Environments

Colonialism denotes a political and economic relation in which the sovereignty of a nation or a people rests on the power of another nation, which makes such nation an empire (Maldonado-Torres, 2007). Coloniality, refers to long-standing patterns of power that emerged because of colonialism, but that define culture, labour, intersubjective relations, and knowledge production well beyond the strict limits of colonial administrations (Maldonado-Torres, 2007). Architecture and urban design

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have been used to push a certain agenda including dehumanising certain races and cultures. As Lawrence Vale (2008: 37) argues, architecture and urban design have been manipulated in the service of politics. Architecture spatialises political, social, and historical relationships as well as instrumentalises subjectives (Gooden, 2016: 13). A building may have meaning in ways unrelated to being architectural work and may become meaningful through association of a symbol for sanctuary, or for a reign of terror, or for graft (Vale, 2008: 27). The same can said about public spaces.

We must take cognisance that the built object survives longer than the political era into which it was born and then as it ages, it then becomes part of the social, political, and physical landscape of the city from which it cannot easily be unbundled (Kotze quoting Bodei, 2021). Architects must then be careful when designing the built object as a tool to segregate and suppress the marginalised communities. Architects and planners have a moral responsibility to design buildings and spaces that are inclusive and integrate different people from different backgrounds. The production of architecture must be responsible and sensitive to the previously marginalised communities.

Decoloniality is not a singular theoretical school of thought, but a family of diverse positions that share a view of coloniality as being the fundamental problem of the modern age (Bekithemba & Dipane, 2017). It is a narrative that is “in favour of a decolonial liberation struggle for a world beyond Eurocentric modernity” (Bekithemba & Dipane, 2017). Decoloniality theory enables African people to engage in a struggle for identity by challenging western epistemologies that render their knowledge insignificant and unscientific (Bekithemba & Dipane, 2017). Decolonisation is a process of centering the concerns and worldviews of the colonised other so that they understand themselves through their own assumptions and perspectives (Chilisa, 2012: 13).

In the words of Paul Zeleza (2017), the term ‘decolonisation’ is both illuminating and limiting as it creates epistemic desires for decentering Eurocentric knowledges, but in all its consuming deconstructing drive it often inadvertently centres the latter in the archives of African knowledge. Firstly, it involves creating and consciously using various strategies to liberate the ‘captive mind’ from oppressive conditions (Zeleza, 2017). Secondly, it involves the restoration and development of cultural practices,

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thinking patterns, beliefs, and values that were suppressed but are still relevant (Zeleza, 2017). Decolonisation is thus a process of conducting research with the community as research participants. Due to exploitation in the process, indigenous people lost identity or recognition. Which mean they lost recognition of themselves and recognition from others. As Mpho Tshivase (2020) asserted, “decoloniality is not political but a moral statement” that seeks to correct the wrongs of the past.

In the Mail and Guardian article entitled ‘*Decolonised Spaces Must Be Given Room,*’ UCT senior lecturer Shose Kessi (2018) wrote that “psychology is a key discipline, given the significance of the mind in the decolonial project.” In the Oxford English Dictionary, the word *Inclusive* means “not excluding any section of society.” Therefore, in our quest to create inclusive environments, all sections of society should be embraced and feel welcomed irrespective of their differences. In quoting the UN 2030 Agenda for Sustainable Development, Kathryn Ewing says Goal 11 (eleven) is “to make cities and human settlements inclusive, safe, resilient and sustainable” (Ewing, 2017: 7). The goal is to embrace the views of everyone that lives in the city and ultimately make it more inclusive. The report aims to “protect and safeguard the world’s cultural and natural heritage” (Ewing, 2017: 8). Urban design is defined as “the art of arranging buildings to form unified compositions” (Moughtin & Mertens, 2003: 233). These public spatial environments should be designed to be inclusive to everyone irrespective of gender, race, culture, or religion. Inclusion should be the aim of all designers when planning public spaces.

Public spatial environments should be conducive for everyone to express themselves. People from different backgrounds should be free to express their identity and culture. These environments should promote diversity and freedom of expression. Great public spatial environments do not just happen. They evolve from communities with a strong sense of identity, trust, and active participation (Ewing, 2017: 7). In the words of architectural critic Nelson Goodman, “a building, more than the work of art it may be, through various avenues of meaning, inform and reorganise our entire experience” (Goodman, 2003: 652). Architects and planners must remember that “the built object survives longer that the political era into which it was born - as it ages, it then becomes part of the social, political and physical landscape of the city from which it cannot easily be unbundled” (Kotze quoting Bodei, 2021).

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Nelson Maldonado-Torres (2019) argues, "colonialism was about exploitation, domination, expropriation, extermination, and naturalisation of death, torture and rape." The countries of Africa were created in Berlin by Europeans who ignored existing empires/kingdoms/politics, languages, traditions, religions, cultures (Sherwood, 2012: 106). Since the 1880s, the destinies of the people of Africa were not in their own hands as the western powers organised the so-called "Scramble for Africa" (Sherwood, 2012: 106). European powers and states discussed the best manner by which Africa could be divided amongst the countries they represented. Cultural appropriation was unleashed on the African continent.

2.3.4 The Ethical Function of Architecture to Embrace Traditional Medicine

From the beginning architecture has had an 'ethical function', helping to articulate and even establish man's *ethos* - our use of the 'edify' still hints at the relationship between building and ethics (Harries, 1997). Like language, architecture is on the one hand a product of human activity while on the other it helps to create the environment which gives shape to human activities (Harries, 1997). Architecture should speak to us of how we should live in the contemporary world (Giedion, 2008). Giedion addresses the possibility of 'interpretation' by architecture and, if this is possible, it establishes the validity of the way of life to be interpreted (Giedion, 2008). The word 'interpretation' suggests that architecture is a language that must be relevant and understood by the people. Therefore, spaces and places of the indigenous people must be properly interpreted and their voices must be heard. Architects have a moral responsibility to design spaces that are sensitive to the previously marginalised communities.

Architecture has an ethical and moral function to acknowledge and embrace the spaces of the practice of traditional medicine in South Africa. After all, traditional health practitioners were previously marginalised and discriminated against in the past during apartheid. In the words of Paul Kotze (2021: 6), "architectural expression, as we know so well, could also be how well-meaning, benign and inventive motions of a better future could be realized". In his seminal book, *The Ethical Function of Architecture*, German Philosopher Karsten Harries (1997) speaks of "terror of space, where spaces

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are homogenous," instead of embracing the identity of its inhabitants. He sees himself as helping architecture find its way which has been lost during the modern movement.

Le Corbusier (1923) speaks of a house as "a machine for living in". In his context, 'the machine' is examined as a model organisation in the modern house, with respect to architectural space and construction. Le Corbusier's seminal book *Towards a New Architecture*, was a major prominent written work of architecture on how buildings, in his context, as a dwelling, are arranged orderly with a particular function in mind. Not only the man who builds but the man who lives with the product, must see the building in relation to himself, as an objective part of a process of *interaction* with the world; in that process his humanity may be rebutted or confirmed (Scruton, 1979: 263). Karsten Harries (1997) asked, "how are we to build, now?" After all, to build is to help decide how humans are to dwell on earth (Harries, 1997). Therein lies the answer that architects and planners must design buildings that are functional and sensitive to the people they are designing for. Examples of Africanised architecture increased during the apartheid years for political reasons as white architects designed buildings that underscored ethnic and racial difference (Marschall, 2001). Some architects, like Pacho Guedes and Peter Rich, followed a different approach during the same period even though at times they received the attention of the authorities. Portuguese-born architect, Pancho Guedes' intention was primarily to invent form, not to create a particular style or 'Africanise' architecture (Marschall, 2001). Marschall (2001) speaks of 'Africanness' in architecture, which is more or less superficial coding of a building with highly visibly and recognisable elements that signify to the users or viewers a sense of Africa.

2.4 Meaning Response and Sacredness in Africa

2.4.1 Meaning Response in the Practice of Traditional Medicine

One of the reasons for the continued growth of traditional medicine in Sub-Saharan Arica is because the traditional health practitioners are easily accessible, affordable and they are familiar with the community. It is widely recognised that 'belief' in the efficacy of a treatment can improve the success of the treatment, that has in the past

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been called the 'placebo-effect', or more correctly, 'meaning response' (Moerman, 2002). Placebo is defined as "an epithet given to any medicine adapted more to please than benefit the patient" (Moerman, 2002). Meaning response is the "psychological and physiological effects of meaning in the treatment of illness" (Moerman, 2002). When such effects are 'positive', they include most of the things that have been called the 'placebo effect,' when such effects are 'negative', they include most of what has been called the 'nocebo effect' (Moerman, 2002). However, according to indigenous knowledge systems, the measure of wellness is not based on the presence or absence of disease (Smith *et al,* 2019).

Moerman (2002) argues, there are three levels to the healing process, namely, (a) autonomous responses, (b) specific responses, and (c) meaningful responses. Autonomous response refers to when the body regains healing by itself without taking any medication. Specific response involves medical treatment like taking a pill. Meaning response follows from the interaction with the context in which healing occurs and taking pills by brand names (Moerman, 2002). Meaning response, previously called the placebo effect, refers to when some patients get better by being in a doctor's office for a few minutes or by taking inert drugs (Moerman, 2002). This is similar to therapeutic landscapes where healer-patient relationship is important for healing to be effected. Some places have the ability to enhance well-being and help maintain physical and emotional health (Bignante, 2007). According to Moerman (2002), meaning response is the psychological and physiological effects of meaning in the treatment of illness. Therefore, it is evident that the healing process is quite a complicated process and at times involves many responses and many of them invisible or contrary to western epistemology.

2.4.2 The Sacredness of Indigenous Languages

For a long time, African languages were associated with negative qualities of backwardness, underdevelopment, humiliation, and punishment (wa Thiong'o, 1981). The indigenous knowledge systems (IKS), which falls under the Protection, Promotion, Development and Management of Indigenous Knowledge Systems Act (2015), calls for the recognition of indigenous languages of the land. It further calls for the right use

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of indigenous languages especially regarding African spirituality. Indigenous languages are construed differently as compared to western languages. Indigenous languages integrate location information that directly connects speech to place (Smith, 2019). In the past, when someone would speak their indigenous language, people would know where he or she come from. This is simply because indigenous language is connected to the land. Language, culture, stories, epistemology, as well as their relationships to each other and to land are profoundly and intimately connected (Archibald *et al*, 2008).

Language is never neutral; it can teach us, inform us, entertain us, persuade us, and manipulate us (Smith, 2019). It can also misguide and misdirect truths, thereby perpetuating colonial myths and stereotypical representations, or it can disrupt normalising and hegemonic dominant discourses and liberate critical thought (Smith, 2019). During apartheid, language was used as a weapon to suppress indigenous languages of the people. Indigenous healers were labelled as witchdoctors which was an insult to them. The names of sacred sites were changed to western names without consultation with the indigenous healers of the land.

As alluded to above, language is never neutral, it can be used positively to acknowledge and bring dignity to the indigenous healers. Indigenous sacred sites must be renamed to the original names. Indigenous healers must also be addressed correctly according to their indigenous titles. The names of traditional healers have spiritual meaning attached to them. These names are connected to the land of their ancestors. There is a strong link between indigenous languages and the land. People can speak the same language but use different names regarding rivers, dams, and mountains. They are heavily influenced by their totems which influence the meaning attached to these places of spiritual significance.

European explorers, travellers, and hunters were notorious for claiming discovery of African lands, rivers, lakes, waterfalls, and many other of Africa's natural showcases and renaming them (Chilisa, 2012: 27). In renaming these places, consent was never sought from the indigenous people of the land. Present-day Zimbabwe was named Southern Rhodesia, Zambia was named Northern Rhodesia (Chilisa, 2012: 27), and *Mosi-oa-Tunya* (translated, smoke that thunders) was named Victoria Falls. Bagele

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Chilisa (2012: 27) argues, this was a violent way of dismissing the indigenous people's knowledge as irrelevant and a way of disconnecting them from what they knew and how they knew it. It can be argued that this was another way of cultural appropriation by the colonisers. The indigenous names of the rivers and lakes were disregarded, and English names were forced on the people. Some of these places are spiritual sites of significance to the traditional health practitioners. Language is storied through the interconnected relationships of land as first teacher and primary caregiver through pedagogy (Styres, 2011). Archibald quoting Johnston (2008: 19), wrote the following regarding the significance of language among the indigenous people:

> Language was a precious heritage, literature was no less precious. So precious did the tribe regard language and speech that it held those who abused language and speech and truth in contempt and ridicule and withheld them from their trust and confidence… Ever since words and sounds were reduced to written symbols and have been stripped of their mystery and magic, the regard and reverence of them have diminished in tribal life.

As Archibald (2008: 20) has stated, the mystery, magic, and truth/respect/trust relationship between the speaker/storyteller and listener/reader may be brought to life on the printed page if the principles of the oral tradition are used. The first step is to move away from western epistemology and embrace indigenous ways of knowing including oral traditions. There is enough evidence that indigenous peoples have persisted and managed to publish their traditional and life-experience stories using principles from their oral traditions (Archibald, 2008: 20), including the works of Credo Mutwa, John Mbiti, Zulumathabo Zulu, Bagele Chilisa etc. Indigenous people are deeply spiritual and language is a part of it. In the words of Archibald (2008: 22), spirituality, culture and indigenous languages must be emphasised for the young people to know who they are. The great Chinua Achebe said, "those of us who have inherited the English language may not be in a position to appreciate the value of the inheritance" (wa Thiong'o quoting Achebe, 1981).

After starting formal schooling, Kenyan philosopher Ngũgĩ wa Thiong'o (1981) stated, "the language of my education was no longer the language of my education." There was a clear disconnect between the language used at school which is based on

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western epistemology and the language used at home which is based on indigenous knowledge systems. Language, any language, has a dual character: it is both a means of communication and a carrier of culture (wa Thiong'o, 1981). Language as communication and as culture are products of each other. Communication creates culture; culture is a means of communication.

Table 2.1: Language as means of communication and carrier of culture
(Source: adapted from wa Thiong'o, 1981)

Language as means of Communication	Language as carrier of Culture
The language of real life.	Culture is a product of the history which it in turn reflects.
Speech imitates the language of real life, that is communication in production.	Language as culture is an image-forming agent in the mind of the child
Written signs. The written word imitates the spoken.	Culture transmits or imparts those images of the world and reality through the spoken and the written language, that is through a specific language.

2.4.3 Land and African Spirituality

Water is life, land is our first teacher.
A popular saying among the Maori people (Styres, 2011).

According to Archibald (2008), land includes the earth and its relation, water. Unlike secular societies, where land signifies property and wealth, land in sacred societies signifies connections to the family, tribe, and ancestors (Grande, 2015: 146). Land is also a connection to sacred sites, burial grounds, and medicinal plants (Grande, 2015: 146). Land, as a theoretical and philosophical concept, comprises storied and journeyed connections of self-in-relationship; to each other, to our places, and all of creation, as a central model for interpretation and meaning-making (Smith *et al,* 2019: 28). Land is both a fundamental sentient being and a philosophical construct (Styres,

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2011: 187). As Styres (2011: 93) has observed, indigenous people believe the following:

- Land is spiritual
- Land is emotional
- Land is relational
- Land is experiential
- Land is (re)membered
- Land is storied
- Land is consciousness
- Land is sentient

Among the indigenous people, land refers to the ways they honour and respect her as a sentient and conscious being (Styres, 2011: 98). The identity of indigenous peoples is grounded in their relationships with the land, with their ancestors who have returned to the land and with future generations who will come into being on the land. Rather than viewing ourselves as being in relationship with other people or things, we are the relationships that we hold and are part of (Smith *et al,* 2019: 28).

Land as an indigenous philosophical construct is both space (abstract) and place/land (concrete); it is also conceptual, experiential, relational, and embodied (Styres, 2011: 49). Placefulness is not something independent from the land but exists within the nuance's contexts of land (Smith *et al,* 2019: 28). The concept of land as a philosophical underpinning along with understandings of self-in-relationship draw upon deeply intimate, sacred, and ancient knowledges, thereby centering, legitimising, and grounding teaching and learning within land as the primary foundation of all teachings (Smith *et al,* 2019: 28). Ancient knowledges are *(re)membering* experiences that form deeply intimate and spiritual expressions of connections to the land (Smith *et al,* 2019: 28) by the indigenous peoples. Indigenous healers have a special relationship with the land. They respect the land as a source of healing and medicinal plants. The Haida from New Zealand have a saying, “we do not inherit the land from our ancestors, we borrow it from our children” (Smith *et al,* 2019: 28). This shows a special relationship the indigenous people have with the land.

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Among Africans, land is tied to identity and spirituality of the people. People feel they are attached or connected to the land because of several factors including spiritual connection. The first reason is because their ancestors are buried in the land. The second reason is that some of the sacred sites, for example sacred water bodies, sacred mountains, sacred trees etc, are located in their land. Due to access to the land, they are able to perform rituals and cultural practices. Therefore, when land was taken away from the African people during apartheid, they felt they lost their identity. They felt disfranchised because they could not access sacred sites and where their ancestors were buried. Africans feel the ancestors of the land must be properly recognised and acknowledged. Unfortunately, some of the ancestral graves are on private properties, therefore, Africans cannot access the graves.

The notion of 'place identity', 'place attachment' and 'rootedness' is common to Africans. The way African spiritualists and healers have been practicing and performing rituals have arranged their spaces to suit their rituals and practices. They have arranged their spaces to suit their cultural needs, which we can refer to as 'architecture without buildings.' Therefore, we have to think deeply about the production of architecture from an African perspective. Architecture does not always need bricks and mortar to create spaces. Sometimes open spaces are sufficient for rituals and cultural practices. Shawn Wilson (2008: 80) wrote the following:

> Identity for indigenous people is grounded in their relationships with the land, with their ancestors who have returned to the land and with the future generations who will come into being on the land. Rather than viewing ourselves as being in relationships with other people or things, we are the relationships that we hold and are part of.

2.4.4 Africa-Centred Conceptions of Time and Space

> You (western people) have watches, we (African people) have time.
> A popular African proverb (Unknown).

The late Reverent John Mbiti (1969) first published his view of the 'the traditional African concept of time' in his influential book *African Religions and Philosophy*. He

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considered his views to be the key to understanding the whole of African philosophy and religion. In the words of Mbiti (1969), the linear concept of time in western thought, with an indefinite past, present and indefinite future is practically foreign to African thinking. He concluded that from an African perspective, time moves 'backward' rather than 'forward'; and people set their minds not on future things, but "chiefly on what has taken place" (Mbiti, 1969) . For example, the Ghanaian concept of *Sankofa* means "to progress into the future, we must look back" (Chabalala *et al*, 2021). This is contrary to western construct of time which is linear and moving forward. From an African perspective, time is tied to events and, similarly, events are tied to time (Johan, 2018). The principal thrust of Heidegger's argument is that space, like time, has been understood in a narrow, calculative, mathematical sense, which is divorced from our experience of space in our everyday dealings with the world (Elden quoting Heidegger, 2004).

In Africa, the time-space dimension is viewed as interrelated (Asante & Mazama, 2005). The African foundation of spirituality, for example, is governed by the seen and unseen and convergence of time and space (Asante & Mazama, 2005). The knowledge of time and space was known by every ethnic group and all practitioners of the popular traditional African religions (Asante & Mazama, 2005). In the past, African diviners, hunters, scientists of the mind, and observers of space and time used personal observation as the standard of measurement (Asante & Mazama, 2005). They were familiar with motions of objects in the sky, as well as characteristics of the land (Asante & Mazama, 2005). Before the advent of the western science narrative and discourse, Africans did not live in the conceptual world of Eurocentric time and space (Imani, 2012). The Eurocentric view presents us with a linear conception of time and three-dimensional conception of space (Imani, 2012). Time is conceived as two-dimensional with a long 'past' and a dynamic 'present' (Nnajiofor, 2016). Africans believe time is ontological (Nnajiofor, 2016).

In his book, *The Ethical Function of Architecture*, German philosopher Kirsten Harries, proposed that works of architecture need to safeguard human life against two fundamental 'terrors', i.e., the 'terror of space' and the 'terror of time' (Harries, 1997: 226). Not many years ago, the word 'space' had a strict geometrical meaning; the idea it evoked was simply that of an empty area (Lefebvre, 1991: 1). The concept of time

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and space are important to some indigenous communities. According to Linda Smith, some indigenous languages make no clear or absolute distinction between time and space (Smith, 2012: 50). To some indigenous people the word for 'time' and the word for 'space' is the same (Smith, 2012: 50). This is contrary to the western concepts about time and space. Western ideas about time and space are encoded in language, philosophy, and science (Smith, 2012: 50). As Heidegger philosophically puts it, space is time, that is, time is the 'truth' of space (Heidegger, 1996: 392). Architecture critic Siegfried Giedion understood time as "continuity and change" (Giedion, 2008: 859). Heidegger states, time relates to 'location' and 'motion' (Heidegger quoting Hegel, 1996: 392). Here Heidegger puts time and space together. Henri Lefebvre asserted that the 'producers' of space have always acted in accordance with a representation, while the 'users' passively experienced whatever was imposed upon them in as much as it was thoroughly inserted into, or justified by, their representational space (Lefebvre, 1991: 44).

Like language, architecture is on the one hand a product of human activity while on the other hand it helps to create the environment which gives shape to human activities (Harries, 1997). It shapes how man dwell and manoeuvre through space. Therefore, as Harries (1997) puts it, it is crucial to take seriously the ethical function of architecture. Henri Lefebvre (1991: 2) argues that the notion of space and time has been 'appropriated by mathematicians' who have claimed an ideological position of dominance over what space means. Mathematics has constructed a language which attempts to define with absolute exactness the parameters, dimensions, qualities, and possibilities of space (Smith, 2012: 50). Lefebvre argues that, if space is a product, our knowledge of it must be expected to reproduce and expound the process of production (Lefebvre, 1991: 36). Lefebvre introduces the following concepts of space:

(a) Spatial practice

The spatial practice of a society secretes that society's space; it propounds and presupposes it, in dialectical interaction; it produces it slowly and surely as it masters and appropriates it. From the analytic standpoint, the spatial practice of a society is revealed through the deciphering of its space (Lefebvre, 1991: 38).

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(b) Representations of space

Conceptualised space, the space of scientists, planners, urbanists, technocratic subdividers, and social engineers, as of a certain type of artist with a scientific bent - all of whom identify what is lived and what is perceived with what is conceived. This is the dominant space in any society (Lefebvre, 1991: 38).

(c) Representational space

Space as directly lived through its associated images and symbols, and hence the space of 'inhabitants' and 'users', but also of some artists and perhaps of those, such as a few writers and philosophers, who describe and aspire to do no more than describe. This is the dominated space which the imagination seeks to change and appropriate (Lefebvre, 1991: 38).

Representations of space are certainly abstract, but they also play a part in social and political practice. Representational spaces, on the other hand, need to obey no rules, consistency, or cohesiveness. (Lefebvre, 1991: 41). Representational space is alive; it speaks. It embraces the loci of passion, of action and of lived situations, and thus immediately implies time (Lefebvre, 1991: 42).

Western classifications of space include such notions as architectural space, physical space, psychological space, theoretical space and so forth (Smith, 2012: 50). The indigenous worldview, the land, and the people have been radically transformed in the spatial image of the West (Smith, 2012: 50). Indigenous space has been colonised and transformed by the West. Land, for example, was viewed as something to be tamed and brought under control (Smith, 2012: 51). Renaming the land was probably as powerful ideologically as changing the land (Smith, 2012: 51). Indigenous people could only watch as their land was taken from them, re-arranged and finally renamed without their input about their customs and traditions. Places which had religious and traditional significance were taken from indigenous people and renamed. Indigenous people were converted to Christianity and were given Christian names. According to Lefebvre, the adoption of another people's gods always entails the adoption of their space and system as measurement (Lefebvre, 1991: 111). Artefacts and images of

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indigenous cultures were also classified, stored, and displayed in museum cases and boxes (Lefebvre, 1991: 111). During apartheid, black South Africans were pushed away from affluent areas and relocated to the black reserves or 'homelands' like Bophutatswana, Venda and Zululand etc. It explains why the issue of the land remains an emotive topic among indigenous people even to this present day.

For example, the Mantsopa Cave in Modderpoort, in the Free State, is important to the followers of the late Prophetess Mantsopa Makheta as it is regarded as a spiritual sanctuary. The cave is situated on a stand that is owned by the Anglican Church (Colman, 2010). Mantsopa's grave is also on the same stand and, like the cave, draws large crowds of her followers (Colman, 2010). Therefore, ownership of the cave and grave has been a source of conflict by the followers of Prophetess Mantsopa and the Anglican Church. The cave was also used by the Anglican Church as a place of worship before the church was built in 1872 (Colman, 2010). According to Colman (2010), many issues are involved here, including race, class, identity, and authority in the church and inculturation. The site was considered to be recognised as a World Heritage Site, and subsequently, the Department of Environmental Affairs injected R15 million for it to be developed as a tourist destination (Colman, 2010). According to Colman, the South African World Heritage Committee regards Modderpoort as 'Africa's rare centre for the amalgamation of different cultures and faiths that straddles through time' (Colman, 2010). It is because it is rare to find a place which is considered sacred by the indigenous people and Christians.

Lefebvre argued that "space is the ultimate locus and medium of struggle and is therefore a crucial political issue" (Elden quoting Lefebvre, 2004). He continues, "there is a politics of space because space is political" (Elden, 2004). There have been societies whose representation of space is attested to by the plans of their temples and places, while their representational space appears in their art works, writing-systems, fabrics, and so forth (Lefebvre, 1991: 43)

Time is associated with social activity, and how other people organised their daily lives fascinated and horrified western observers (Smith, 2012: 53). Western observers were struck by the contrast in the way time was used (or rather, not used, or organised) by indigenous people (Smith, 2012: 55). Representatives of 'native life' as being devoid

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of work habits, and of native people being lazy, indolent, with low attention spans, is part of colonial discourse that continues to this day (Smith, 2012: 55). . The connection between time and 'work' became more important after the arrival of missionaries and the development of a more systematic colonisation (Smith, 2012: 56). . The belief that 'natives' did not value work or have a sense of time provided ideological justification for exclusionary practices which reached across such areas as education, land development, and employment (Smith, 2012: 56).

If time really did flow, then, like a flowing river it would also have a direction (Dainton, 2001: 44). But time is not going anywhere. There is no moving 'now', no slippage into the past, no crystallisation from mere possibility into the present actuality (Dainton, 2001: 44) . Every time and every event is equally real (Dainton, 2001: 45). Time is an entity in its own right over and above any 'contents' it might have, then there is a sense in which time might be perfectly symmetrical in itself, and so lack any 'directedness', even if its contents do not (Dainton, 2001: 50). Hegel calls time 'intuited becoming', neither coming into being nor passing away has priority in it (Heidegger quoting Hegel, 1996: 433). According to Dainton, all moments of time (and all events) are equally real, and there is no moving or changing the present; nothing becomes present and then ceases to be present (Dainton, 2001: 9). The difference between past, present, and future are simply differences of perspective (Dainton, 2001: 10).

2.5 Places and Elements of Healing

2.5.1 Healing Places and Sacred Spaces

Geography and health are intrinsically linked (Dummer, 2008: 1177). Where we are born, live, study and work directly influences our health experiences (Dummer, 2008: 1177). Health geography views health from a holistic perspective encompassing society and space, and it conceptualises the role of space, location and geography in health, well-being, and disease (Dummer, 2008: 1178). Although health geography is closely aligned with epidemiology, its distinct primary emphasis is on spatial relations and patterns (Dummer, 2008: 1178). It is worth noting that *b*oth concepts of health

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geography and therapeutic landscapes are crucial in this research as they share the role of place and space in healthcare. Therefore, the geographies of 'therapeutic landscapes' is defined as places 'that have achieved lasting reputations for providing physical, mental, and spiritual healing (Gesler, 1993). The relationship between the environment and human well-being is at the centre of human existence and experience (Sowman, 2013). As Ledwaba (2018) observed, the relationship between Africans and the landscape has been one of spiritual intimacy. There is a strong connection between Africans and the landscape.

The concept of 'therapeutic landscapes' was developed by Wilbert Gesler to encompass a broader range of settings (Perrian, 2014) like the notion of health in place (Gesler,1996). Therapeutic landscapes arise when physical and built environments, social conditions and human perceptions combine to produce an atmosphere which is conducive for healing (Gesler, 1996). It became a well-established concept for geographers and social science researchers as it focused on emotional geographies and cultural understandings of healing and spirituality (Perrian, 2014). The concept has been broadened to improve the comprehension of the interaction between health, place, and the healing process (Bignane, 2015).

The earlier body of research focused on the geographies of places that allegedly produce well-being (for example, Lourdes in France), institutional health sites (for example, clinics), and therapeutic environments (for example, homes) (Bignante, 2015: 701). The current literature on therapeutic landscapes focuses on therapeutic landscapes which are outside the biomedical tradition (Bignante, 2015: 701). These are everyday landscapes that are therapeutic due to the meaning and values people attribute to them. However, especially in Africa, due to a long history of repression and segregation, the connection with these places has long been interrupted (Minguzzi, 2021). Logically then, a process of decolonising the landscape is necessary (Minguzzi, 2021) which include renaming them with indigenous names.

Wilbert Gesler's early work in particular was concerned with physical locations considered to be beneficial to healing and well-being in health settings (Gesler, 1993) like pilgrimage sites, for example Lourdes in France. Elisa Bignante argues, these sites are therapeutic due to the values and meanings people attribute to them

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(Bignane, 2015). African therapeutic landscapes, like sacred bodies of water, are places of well-being with healing properties attached to them. On this background, places of THPs can be regarded as therapeutic landscapes due to their prominence in society and their healing properties.

As Elisa Bignant (2015: 699) stated, some of the therapeutic landscapes can also be classified as spiritual landscapes. These therapeutic landscapes are intimate, various, and evolving, and they can be produced in a plurality of different ways (Bignane, 2015: 700). This is what Geraldine Perriam calls "therapeutic landscapes of spiritual significance" (Perriam, 2014). Therapeutic landscapes are retreats from emotional and psychological difficulty, and their landscapes, while therapeutic, may also be landscapes of turmoil. Relational dynamics contribute to shape therapeutic landscapes (Bignante, 2015: 699).

All over the world certain sites have achieved a reputation as healing places. The factors which contribute to this reputation are unique to each place but include things as natural and human-made environments, historical events, cultural beliefs, social relations, and personal experiences (Gesler, 1996). Places of healing are sites where there is an intention to provide means of alleviation or improvement, as well as possible cure (Perriam, 2014). Sacredness, spirituality, faith, religion, and belief are all terms that define therapeutic landscapes. Therapeutic landscape has extended beyond mainstream health settings such as hospitals so has the concept of what constitute healing (Bignante, 2015: 699). Forms of healing that are labelled 'alternative' often involve traditional practice and are embedded in the historical evolution of culture at particular sites (Bignante, 2015: 700).

As Elisa Bignante argues, certain sites or places have the ability to enhance well-being and help maintain physical and emotional health (Bignante, 2015: 701). This is particularly relevant in Africa where people still believe that places of THPs are powerful to get rid of curses and enhance healing. The relationship between health and place has culturally specific dimensions, but this tends to be overlooked, especially with respect to indigenous people (Bignante, 2015: 700). One strong emphasis in the new-direction medical geography (or health geography) is taking is toward a reconstitution of the notion of health in place (Gesler, 1996). Medical

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geographers taking this path are attempting to show how people, shaped by their material circumstances, give meaning to their experiences related to health in places and how places, in turn, influence their perceptions and experiences concerning health (Gesler, 1996).

This is similar to meaning response where patients get better just because they have been in a doctor's office for a few minutes (Moerman, 2002: 12). As Moerman (2002: 13) observed, some of the patients get better by taking inert drugs. Meaning response is the psychological and physiological effects of meaning in the treatment of illness (Moerman, 2002: 14). The meaning response includes most of the things that have traditionally been called the placebo effect (Moerman, 2002: 14). Therefore as Moerman (2002: 16) has argued, it is obvious that the healing process is quite a complicated process and at times involves many responses and many of them invisible. Hence some people, especially in Sub-Saharan Africa, prefer to consult traditional health practitioners to seek medical help or direction in their lives.

2.5.2 The Spirit of Water: The Role of Blue Landscapes in African Spirituality

Our first environment was water,
We are born of water,
Water is the lifeblood of mother earth
Indigenous viewpoint on the sacred role of water (Smith *et al*, 2019: 28).

Archibald (2011) argues, land includes the earth and its relation, water. Styres, in quoting Hodenosaunee teaching wrote, "we are all a part of the land beneath us, the sky above us, and all that surround us" (Styres, 2017). Many religions promote ritual washing and/or immersion and specific aquatic environments continue to have spiritual importance, for example the Ganges in Hinduism (White *et al*, 2010). The aquatic environments were revered in many ancient societies, for example Egypt, Greece, Rome, etc., and such reverence continues today (White *et al*, 2010).

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According to African spirituality, the same reverence for bodies of water is evident in Africa.

Figure 2.9: Sacred stone structures by the Khoisan on body of water (Source: Minguzzi, 2021)

In health geography, 'green space' is a common umbrella term used to describe natural areas in wilderness and urban settings such as parks, gardens, and forests (Finlay *et al,* 2015). These 'green spaces' are regarded as therapeutic landscapes or sites of spiritual significance because of meaning people attach to them. 'Blue space' encompasses aquatic environments, both in natural and urban areas, including oceans, lakes, rivers, and streams (White *et al*, 2010). 'Blue space' is another important concept that may promote health and wellbeing similar to the 'green spaces' (White *et al*, 2010). In environmental psychology, aquatic elements are associated with positive mood effects, attractiveness, and perceived restorative abilities in both built and natural environments (Foley *et al*, 2015). Both the sounds of water (for example, breaking waves), and immersing oneself in water (for example, bathing and swimming) are often considered calming and restorative (White *et al,* 2010). We can therefore conclude that a 'blue space' can also be regarded as a therapeutic landscape like the green spaces.

Unlike green spaces which are made of green landscapes and pilgrimage sites, blue spaces are made of bodies of water that are regarded as sacred. According to Gesler

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(2003), many healing places were historically situated close to springs and other sources of water. People continue to travel to these holy wells to 'take the waters' seeking tranquillity and healing (Gesler, 2003). Settings that include natural elements, such as water features, are commonly perceived as instigating wellbeing and promoting healing (Coleman & Kearns, 2015). An appreciation of water bodies has been correlated with a high quality of life and views of water potentially benefit health (Coleman & Kearns, 2015). Many people continue to travel to these bodies of water to 'take the waters' seeking tranquillity and healing (Foley *et al*, 2015).

Unfortunately, recently more and more indigenous people have limited access to their cultural and sacred sites. For example, sacred bodies of water are being contaminated due to urban sprawl and development. In the words of Minguzzi (2021), "indigenous people are re-establishing a sense of belonging and shaping the cultural re-appropriation of precolonial indigenous sites." Due to a long history of repression and segregation, "the connection with these places has been disrupted" (Minguzzi, 2021).

Territory is a 'palimpsest', which is the result of different processes and movements that take shape over time (Minguzzi quoting Corboz, 2021). These processes and movements change the territory considerably. The changes can sometimes be influenced by the territorial use over time. The inhabitants of a territory erase and change the signs of the soil incessantly (Minguzzi, 2021). These interventions make the territory a sort of artefact (Minguzzi, 2021). In the words of Minguzzi (2021), there is no territory without an imagined territory. The Southern African territory has been shaped by the indigenous people (Minguzzi, 2021) through movement and cultural practices. It is a pity nowadays that water bodies have been reduced to geographical borders and recreational sites. Many people have disconnected with these sacred sites. Indigenous people have lost connection with these spiritual sites because many of them were forcefully relocated during apartheid. Some of these water bodies are in private hands which makes access to them difficult.

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2.5.3 Natural Elements of Healing

In addition to a general feeling that nature heals, there are several specific elements taken from nature that are held to possess healing powers (Gesler, 2003). In African spirituality, these natural elements are significant to healing. Firstly, water is probably the most important of these elements; not only does it cleanse the body, but it also cleanses the soul (Gesler quoting Parket, 2003). In many cultures water symbolises divine blessing, purity, absolution, washing out sin and disease. In the past many people have written of 'healing waters' that can cure miraculously. These bodies of water are regarded as sacred and are important to traditional healthcare practitioners. These sacred bodies of water include dams, sea, rivers, and springs. African traditional healers use these bodies of water to perform many rituals which include cleansing and initiation rites.

Secondly, plants are considered to have possessed healing properties. Looking at or working in gardens is also considered therapeutic (Gesler, 2003). In African spirituality, plants are considered sacred in traditional medicine. There is a widespread belief that nature heals, and that belief is important because it can affect one's health (Gesler, 2003). There is empirical evidence that exposure to nature is therapeutic (Gesler quoting Ulrich, 2003). People are attracted to nature because they believe it will heal them physically, mentally, spiritually, emotionally, and socially. It has long been believed that nature has healing properties. It has been well documented that pharmaceutical companies look at many plant species to make different drugs. Many people feel that they can attain healing simply by spending time out-doors or seeking out remote or isolated places where they can 'get away from it all,' surrounded by undisturbed nature (Gesler, 2003).

Abstract symbols also provide meaning to healing situations (Gesler, 2003). In the west, a medical doctor's white coat is associated with purity or honesty (Moerman quoting Blumhagen, 2002). In addition, the high-tech equipment people see in modern hospitals symbolises the power of biomedicine (Gesler quoting Kenny & Canter, 2003). People may not understand how these machines work, but they still put their trust in them. In African spirituality, the abstract symbols that people have attached significant meaning to are different from the ones used in the west. African people put

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a lot of trust in the traditional healer's bones. They know their problems are going to be sorted out when a traditional healer throws bones on the ground.

In African spirituality, the moon and stars have long been regarded as spiritual and cultural symbols. In cosmology, the sun, moon, and stars have to be aligned all the time to achieve wholeness or healing. If they are out of place or not aligned it is a sign all is not well, or there is a disease. Rituals often contain symbolic language or actions that celebrate, maintain, and renew one's world as well as deal with its dangers (Hellman, 1994). In Africa, healing ceremonies contain ritual language that is intended to transform the patient from sickness to health (Gesler, 2003). In African spirituality, healing is different from the west which measure wellness based on the presence or absence of disease (Smith, 2019).

2.5.4 Place Identity, Place Attachment, and Rootedness

Land is an articulation of ancient knowledges grounded in the experiences of self-in-relationship to place (Smith *et al*, 2019).

According to Norberg-Schulz (1980), a concrete term for environment is place. Place is evidently an integral part of existence Norberg-Schulz (1980). Therefore, how can 'place' be defined? Place is a totality made up of material substance, shape, texture, and colour Norberg-Schulz (1980). Together these things determine 'environmental character' which is the essence of place Norberg-Schulz (1980). A place is therefore a qualitative, 'total phenomenon', which we cannot reduce to any of its properties, such as spatial relationships, without losing its concrete nature out of sight Norberg-Schulz (1980). There are four 'environments' that contribute to a healing sense of place, namely, natural, built, symbolic, and social. The Table 2.2 below illustrates such:

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Table 2.2: Aspects of Healing Environments (Source: adapted from Gesler, 2003)

Natural	**Built**	**Symbolic**	**Social**
Belief in nature as healer	Sense of trust and security	Creation of meaning	Equality in social relations
Beauty, aesthetic pleasure	Affects the senses	Physical objects as symbols	Legitimization and marginalisation
Remoteness, Immersion in nature	Pride in building history	Importance of rituals	Therapeutic community concept
Specific elements of nature	Symbolic power of design		Social support

‘Place identity’, ‘place attachment’ and ‘rootedness’ are all related notions, which may also have significant insights to offer landscape architecture (Sowman, 2013). ‘Place identity’ is regarded by theorists as a substructure of self-identity (Sowman, 2013). Kevin Lynch (1981) defined the term as “the extent to which a person recognizes or recalls a place as being distinct from other places.” ‘Place attachment’ is an affective bond that people establish with specific areas where they prefer to remain and where they feel comfortable and safe (Shao & Lui, 2017). ‘Place attachment’ is characterised as a multifaceted idea which describes the way in which individuals bond or ‘attach’ to places that they perceive to be important or significant in their own personal experience (Sowman, 2013). According to Shao & Liu (2017), ‘place attachment’ is commonly related to ‘place identity’ because it helps tighten the behavioural relationships between people and their environment. Such places are significant or important because of the meaning people attribute to them. People associate some of these places with healing (Gesler, 2003). Their reasoning is that ‘nature heals’. French philosopher Simone Weil proposed the concept of ‘rootedness’, a notion of ‘connectedness’, which she thought of as a deep-seated psychological/spiritual construct related to well-being (Weil, 1949).

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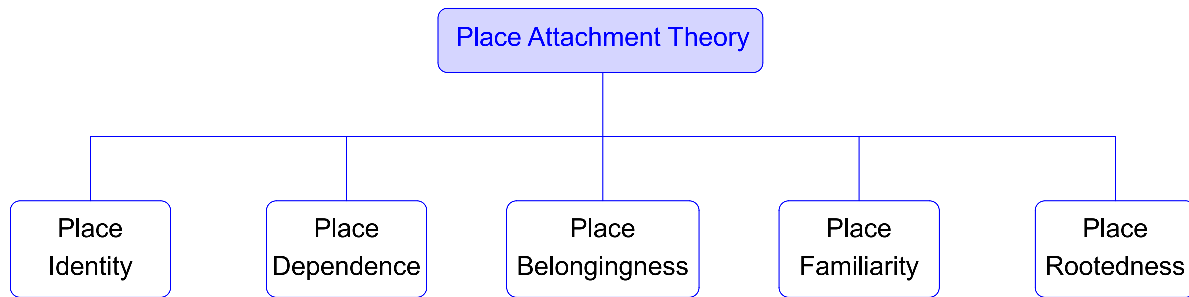

Figure 2.10: Place attachment theory (Source: adapted from Harun *et al*, 2015)

Sites of personal connection are involved in the reproduction of place attachments (Coleman & Kearns, 2015). Place attachment or the (re)production of affective, cognitive, and behavioural ties to a physical location as a result of the meanings and daily functions positioned within (Coleman & Kearns, 2015). Everyday social exchange over time, daily routines and familiarity within particular places produce an 'insideness of place' during late life (Rowles, 1983). In other words, place is accentuated the more it generates a deep sense of belonging (Coleman & Kearns, 2015). The more people grow in a place, the more they feel attached and connected to it due to familiarity and safety. The concept of place attachment' can also be considered alongside attention to metaphors of place (Coleman & Kearns, 2015). It can further be argued that people's relationship with places may prompt sensations, feelings and perceptions that promote wellbeing (Fleuret & Atkinson, 2007).

To be 'rooted' is perhaps the most important and least recognised need of the human soul (Fleuret & Atkinson, 2007). In the words of Tuan (1979), to be rooted also implies a sense of home, or at least, of being 'at home' - of being at home in a 'unselfconscious way'. It is a situation where people have grown accustomed to their surroundings where they do not see the need to seek other options (Harun *et al,* 2015). This sense of being completely 'at home' enables a state being unencumbered by the demands of context and by curiosities about place and time (Sowman, 2013). Karsten Harries (1997) speaks of the terror of space, where spaces are homogenous without embracing the heterogenous nature of the people. Architecture has ethical and moral function to acknowledge and embrace everyone especially the previously marginalised people. This is completely opposite to apartheid and colonialism where architecture was used as a tool to marginalise and disintegrate communities.

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Healing places are considered ‘fields of care’ and people are attracted to them. It is because people attach meaning to these places. These ‘fields of care’ usually have a long-lasting reputation for healing hence they are regarded as therapeutic landscapes or sites of spiritual experience. In the words of Gesler (2003), fields of care provide a more subtle and also, perhaps, a longer lasting attachment to place. This element is appreciated by the non-visual senses and involves networks of interpersonal concern (Tuan,1979). There are many reasons why people become attracted to a place because they believe it will heal them physically, mentally, spiritually, emotionally, and socially (Gesler, 2003). It may be natural beauty or the sound of the waves at the sea or the sound of the flowing river.

Shao & Lui (2017) argues, ‘place attachment’ and ‘place identity’ have the following common aspects:

- Physical appearance
- Social interaction
- Sensory experience
- Historical character

Table 2.3: The four aspects of place identity and place attachment (Source: adapted from Shao & Lui, 2017)

Physical appearance	The physical appearance of a place contributes to making it more comfortable to the users in terms of layout and functionality, which can be manually altered and can be identifiable.
Social interaction	It is one of the factors that affect place identity and place attachment, users are the key attribute of the place. A responsive place will have the ability to accommodate user’s day-to-day activities.
Sensory experience	It is a feedback from both physical and spiritual interaction between humans and the environment, it provides a measure how people attach to the area. Place identity is changing with history development; therefore the sensory

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	experience acts as a vital aspect that influence how people are changing the pace identity.
Historical character	Local culture and society change dramatically throughout history. People living at one place are more interested in the place's past and in their own roots than people with less emotional bonds.

2.6 Art, Architecture, and Spatial Practices Related to Healing

2.6.1 Traditional Medicine and African Indigenous Churches as Embodiment of African Beliefs

Spirituality is the key to healing (Gesler, quoting Landis, 2003).

From an African perspective, religion as we know it today is a western concept. Africans never had a 'religion', their cultural practices and rituals were their way of life and not an official 'religion'. Africans were introduced to formalised 'religions' with the advent of early Christianity and Islam in Africa. It was the first time they were introduced to the holy scriptures, that is, the Holy Bible and the Holy Quran, and ultimately the concept of a 'Supreme God'. It must be borne in mind that Africans, like other cultures, have always had a belief system. Their belief system was contrary to western epistemology because it included reverence to the ancestors and sites of spiritual significance like sacred water bodies, mountains, caves, and trees.

For a long time, the west has misunderstood African spirituality and traditions. It was Hegel (1956: 112) who labelled Africans as sorcerers. Now in sorcery there is no idea of God and moral faith (Hege, 1956: 112). Much of the early European writings on Africa consisted of colourful and often inaccurate travel texts (Zeleza, 2017). Much of the travel writings were supplied by the missionaries, who were the first to contact the indigenous people. Based on the writings, Africa was increasingly portrayed as primitive (Zeleza, 2017), and the indigenous people were called barbaric and superstitious. Out of ignorance, Hegel (1956: 113) said devouring human flesh is

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altogether consonant with the general principles of the African race. In summary, Hegel (1956: 113) argued that Africa shows neither 'change nor development.' This kind of writing fuelled the belief that Africans are superstitious, primitive, and immoral.

People are simultaneously biological and cultural creatures (Moerman, 2002:154). Biology and culture interact and are equal partners in who and what we are (Moerman, 2002:154). This is fundamental particularly to the aspect of religion especially in African communities. In many societies healing is closely tied to religion (Gesler, 1996). John Mbiti (1969:1) wrote that Africans are notoriously religious, and each people has their own religious system with a set of beliefs and practices. African indigenous beliefs are heterogenous even though there are commonalities among them. All African people have a belief in a supreme being which is central to their religion (Mitchell, 1977: 23). That is the philosophical understanding behind African myths, customs, traditions, beliefs, morals, actions, and social relationships (Mbiti, 1969: 256). However, one of the difficulties in studying African religions and philosophy is that there are no sacred scriptures as compared to other major religions. In Africa, especially Sub-Saharan Africa, "religion is not written on paper but on people's hearts, oral history, rituals, and relies on personages like priests, rainmakers, and kings" (Mbiti, 1969: 3).

Rituals form part of African religion and the practice of traditional medicine. It can be done at a place of worship, at the healer's home, or at the individual's home. It is a set form of carrying out a religious action or ceremony (Mbiti, 1975:126). Some rituals, especially personal rituals, are more discreet and are performed at night and in privacy. It must be noted that in African religions there are no buildings dedicated especially for worship. What we have are sacred places and shrines. At the shrines and sacred places, people make or bring sacrifices and offerings, such as animals, fowls, food, utensils, tools, and coins (Mbiti, 1975:19). These are the places where people pray and perform rituals. Africans regard such places as holy and sacred places where people meet with God (Mbiti, 1975:19).

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Will Gesler (1996: 95) wrote the following regarding sites of spiritual significance:

> Certain sites have achieved a reputation as healing spaces. The factors which contribute to this reputation are unique to each place, but include such things as natural and human-made environments, historical events, cultural beliefs, social relation and personal experiences.

John Mbiti (1969: 68) argues, diviners or medicine men sometimes have religious function.They usually have a dual calling, that is being a traditional health practitioner and being a priest in an indigenous church. These dual roles complement each other instead of competing with each other. These traditional health practitioners are called 'the children of God,' being regarded as the link between people and God (Mbiti, 1969: 68). He is revered in society and at times highly revered more than the village chief. The medicine man is regarded as 'God's chief representative,' functions as a doctor and make sacrifices and prayers to God (Mbiti, 1969: 69).The medicine man is the most feared in the society and also the most respected. He has magical powers to get rid of diseases and evil. He knows that you cannot fight an evil disease with sweet medicine (Mutwa, 1967). The THP's priestly role centres on the interpretation of the spiritual situation of individuals and the cure of psychological and physical ailments (Mitchell, 1977: 38). THPs are spiritual counsellors and physicians (Mitchell, 1977: 39) hence people will bring all kinds of requests to the THP ranging from spiritual, marital, and psychological to physical health issues.

Table 2.4: African spirituality versus western spirituality (Source: adapted from Zulu, 2021)

Western Spirituality	**African Spirituality**
One God or Supreme God	Many gods
Snake is evil	Snake is a messenger of the gods
	Snake is a protector *(In villages indigenous Africans would engrave a snake image on their door lintels as a sign of protection)*

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In South Africa, there are two prominent indigenous churches. The first church, which is regarded as the largest religious movement in Southern Africa with over five million members, is the Zion Christian Church (ZCC) (Morton, 2019). The church boasts members in South Africa, Namibia, Zimbabwe, and Botswana. The church was started by Bishop Engenas Barnabas Lekganyane in 1925 (Morton, 2019). The ZCC members have an annual pilgrimage to Moria in Limpopo during the Easter holidays. Moria is the church's headquarters and the sacred site of the ZCC. Some members have told stories of being miraculously healed while on pilgrimage in Moria. Usually, ZCC members look forward to visit Moria at least once in their lifetime. After the death of Bishop Engenas Barbabas Lekganyane, who founded ZCC, the church was split into two when the two sons wanted the reign. The first group put a star sign on them and the second group put on a dove sign.

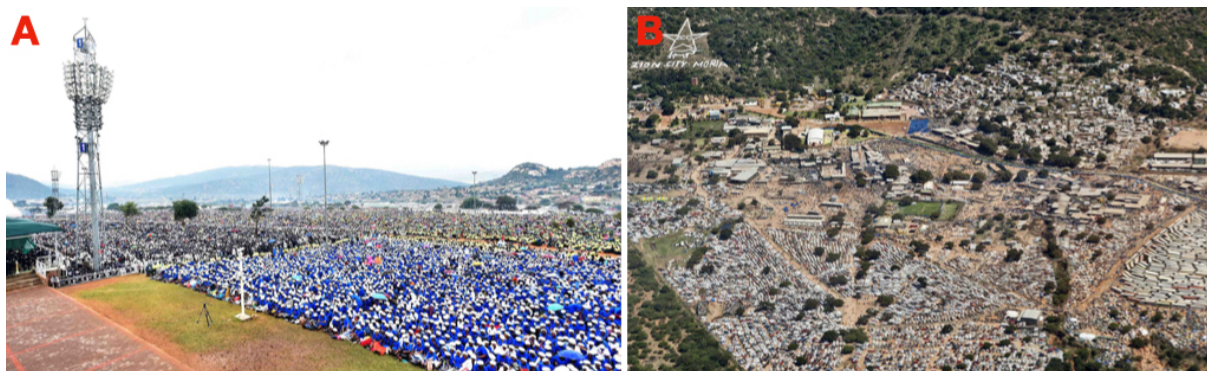

Figure 2.11: [A] and [B] ZCC members during easter pilgrimage in Moria, Limpopo (Source: Daily Maverick, 2023)

The second largest indigenous church is the Nazareth Baptist Church also called KwaShembe or *Amanazaretha*. The church was started by Isaiah Shembe in 1916 and he perceived himself as a messenger of God to the black people (Kumalo & Mujinga, 2017). The bible the Amanazaretha use is called the 'Book of the Birth of Prophet Shembe' (Kumalo & Mujinga, 2017). Prophet Shembe wrote religious songs that resonated and combined traditional Zulu praise poetry (Kumalo & Mujinga, 2017). *Amanazaretha* worship God through prayers and traditional rituals and dances (Kumalo & Mujinga, 2017). Every year Amanazaretha pilgrimage to the holy mountain where Prophet Shembe received his calling. The sacred site is called *Ekuphakameni*, which is translated to mean 'Place of Spiritual Upliftment' as it was named by Isaiah Shembe (Kumalo & Mujinga, 2017). *Ekuphakameni* is also home to the most sacred

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shrines and where holy water is kept for ceremonies (Kumalo & Mujinga, 2017). What made the ZCC and *Amanazaretha* grow is that they were able to successfully mix Christianity and African traditional beliefs.

Figure 2.12: [A] and [B] Amanazaretha during pilgrimage at the holy mountain
(Source: Flickr, 2023)

2.6.2 Indigenous African Art and Healing

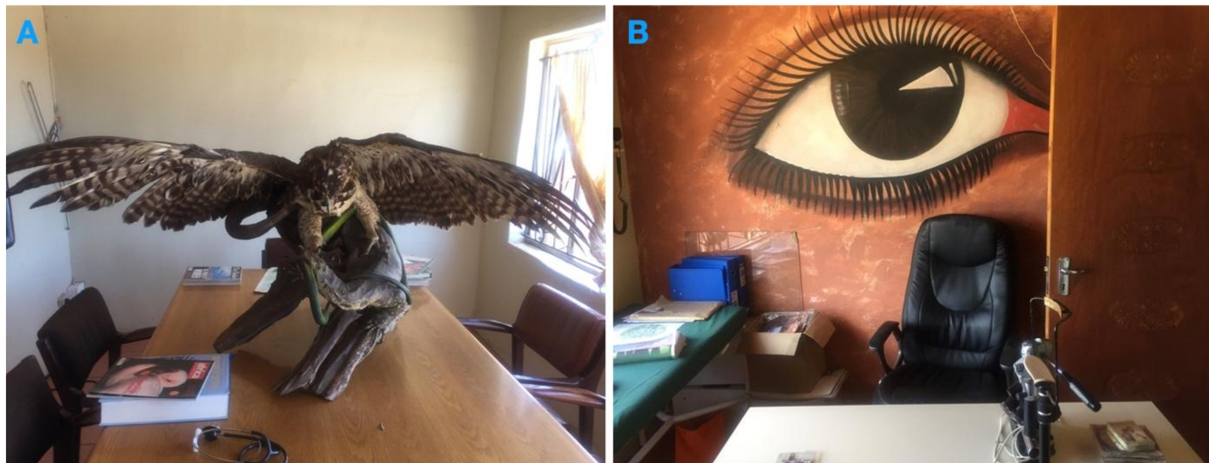

Figure 2.13: [A] Sculpture of eagle and snake, [B] eye painting on wall inside *indumba*
(Source: author, 2019)

In Africa, indigenous societies have long developed their own art therapy systems (Ntuli, 2009) (See Figure 2.12). Pitika Ntuli (2009) argues that indigenous healers in South Africa utilise dance and music mainly as art forms for healing and minimal visual art which is confined to body paints and the attire of the healer that transforms him or her into the art object. Hence it is not uncommon to hear the drumbeat at the sites of the THPs during ritual and initiation ceremonies. Sculping is a site of emotional and

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psychic healing, especially for the subject who's calling to be a diviner manifests itself as psychical disorientation (Maithufi, 2016). Traditional healers regard art as not a luxury but something magical, a power possessed by few (Mutwa, 1966: 334). This shows that traditional artefacts are vital in spaces of THPs. Indigenous African sculpture is an instrument created to help the community satisfy deeply rooted psychological needs (Ntuli, 2009). Hence these artefacts become part of the identity of the community. As Ntuli alluded, it is a product of deep emotion (Ntuli, 2009) and spirituality.

Art is central to the social and spiritual life of the indigenous (Ntuli, 2009). In Africa, art is always connected with rituals or ceremonies. Ritual ceremonies then become an art form. Ntuli (2009) argues the community's best gifts in a ritual are singing and dancing. From this it becomes clear that healing in indigenous communities involves the healer, who is the expression of the sacred, the artist who is the change agent and often the beneficiary of the healing process themselves (and who are, in many instances healers themselves) and the community who are catalysts in the process (Ntuli, 2009). Sope Maithufi (2016) argues that sculpting is the realm of the duality of the creative spirit (see Figures 2.14 & 2.15 below). Through sculpture, the healer draws the audience, usually the afflicted person, into a semblance of the original splendour of creation (Maithufi, 2016). Hence an artefact can either be a symbol of healing or misfortune.

Figure 2.14: [A] and [B] Sculptures of indigenous gods at Credo Mutwa's village in Soweto (Source: author, 2020)

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-Figure 2.15: [A] and [B] Sculptures of mother god at Credo Mutwa's village in Soweto (Source: author, 2020)

Traditionally, THPs use the bones of dead animals to connect with their ancestors. However, others like Elliot Ndlovu use objects like a doll's Head, toy car, bottle cap, fortune dice and coins (Reeder, 2011). Hence, he is regarded as one of the new breeds of THPs because he uses unconventional healing methods. He even started his own herb garden as some medicinal plants became extinct. His detractors couldn't fathom why he was growing plants for medicinal use instead of going to the bush unlike other THPs. According to Melanie Reeder, red and white are the colours of the ancestors (Reeder, 2011: 73) and should be incorporated into the designs of spaces of THPs. Even the colours of the garments of the *sangoma*s are mainly red and white.

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2.6.3 Review of Examples of Current Healers Facilities

(a) Example 1: Warwick Junction in Durban, Kwa-Zulu Natal

Figure 2.16: Warwick Junction (Source: Gary I. Stafford, 2018)

Warwick Junction, also known as Warwick Triangle, is a busy transportation and trading hub in Durban. This triangular piece of land is located between arterial roads and railway lines (KZNIA, 2019). This major transport interchange has been an ideal place for market and vendors, including THPs. It is an ideal place as about 38 000 vehicles and 460 000 people pass through Warwick Junction daily, making it the largest transportation interchange and trading hub in the country.

In the early 1990s Warwick Junction suffered due to the apartheid government's disdain for the informal economy (Conley, 2015). The market, along with a host of other local institutions, suffered from numerous hygiene and trade legislations. It must be noted that the Witchcraft Suppression Act 3 of 1957 was still in place. The apartheid regime was still referring THPs as 'witchdoctors' due to ignorance. It was only after 1994 that there were plans to uplift the informal economy in the country, including Warwick Junction. After the upgrades, the market had a positive impact on the area

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and the lives of many healers. Warwick Junction is a good example of how to make cities more inclusive, especially to those previously discriminated against. It is a prime example of collaborative and 'people-centred' governance in the country.

The Warwick Junction Urban Renewal Project received domestic and international acclaim for its active support of the street traders (Conley, 2015). Many of them included THPs who have been practicing for many years. The eThekwini Municipality formed Inclusive Cities project in order to assess, support, and champion the needs for informal economic development within the city of Durban (Conley, 2015). According to Conley (2015), the Warwick Junction Urban Renewal Project was based on the following three pillars:

- Inclusive Design and Planning
- Advocacy
- Mainstream Informality to Encourage Inclusive Planning

The success of the project has been central to understanding the particular needs of the THPs and other traders at Warwick Junction. The design approach was not a typical colonial approach but a bottom-up approach, making sure the opinions of the THPs and other traders do matter. The project has created a good relationship between the THPs and the city, especially regarding adhering to the local by-laws and other regulatory laws.

The main shortcoming of Warwick Junction is that its a market, THPs cannot perform all activities, like initiations and other ceremonies, in a public transport interchange.

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(b) Example 2: Kwa-Mai Mai, Johannesburg

Figure 2.17: Kwa-Mai Mai, Johannesburg (Source: The Heritage Portal, 2022)

Kwa-Mai Mai is located at the corner of Anderson and Berea streets and is one of Johannesburg's oldest traditional markets (Carr, 2016). Locals also popularly known it as *'Ezinyangeni'* or loosely translated, 'The Place of Healers' (Carr, 2016). People across Gauteng flock to Kwa-Mai Mai in search of all types of *muti* and consultation. The City of Johannesburg selected the market as one of 100 places that need preservation due to its historic significance in the city (Carr, 2016). The original Kwa-Mai Mai Bazaar was located on the grounds of the old Salisbury and Jubilee Mine Compound (Carr, 2016). The place got its name 'Mai Mai' from the habit of an early mine manager, a compassionate man, who always said 'Mai Mai' whenever a mine worker who had been injured underground was brought to the surface (Carr, 2016). Initially Mai Mai provided for a variety of self-employed workers, for example, leather and animal skin workers, carpenters, sjambok makers, as well as herbalists (Carr, 2016).

Due to a destructive fire in the 1940s that engulfed the whole compound, the Johannesburg municipality relocated Mai Mai to its current location. The complex is a disused old horse stable, and the municipality freely donated it. They still retained the name Mai Mai. Today the Kwa-Mai Mai is best known as a place for different THPs and the best place in the city where you can find all kinds of muti. It is an intriguing market full of cultural wealth and indigenous offerings such as animal skins, traditional medicine, and artefacts (Joburg, 2019). The area forms part of Johannesburg's rehabilitation programme whereby the city aims to attract more tourists and ultimately

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stimulate the Johannesburg tourism sector by showcasing its traditional heritage (Gauteng, 2019). It is regarded as one of the best places to visit in Gauteng because indigenous knowledge has been well preserved.

It must be noted that Kwa-Mai Mai was not designed for the practice of TM. But the THPs have adapted to the place and made the most of the facility. THPs have become a settled community; some even stay on the premises with their families. There is a hive of activities inside the premises like the initiation ceremonies and other traditional ceremonies. Traditional artefacts and *muti* are fully displayed, and tourists flock to the complex daily. The shortcoming of Kwa-Mai Mai is that it was not designed solely for the practice of TM, therefore THPs are restricted. THPs had to make the most of the facility to suit their needs.

(b) Example 3: Marabastad, Pretoria

Figure 2.18: Marabastad, Pretoria (Source: SA History, 2022)

The suburb of Marabarstad is named after Chief Maraba, who founded and headed the Maraba village which lies south of the present Marabastad in Pretoria (Naidoo, 2019). Marabastad is commonly referred to as Marabi by the locals. The early urban dwellers in Pretoria were largely Africans who had usually grown up on Boer farms and identified with both an urban and Boer culture (Friedman, 1994). They were

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usually skilled in trade and spoke fluent Afrikaans (Friedman, 1994). Most of them settled and attended school in Marabastad. Marabastad was formally established in 1903 and black Africans and coloureds were placed under strict municipal control (Naidoo, 2008). The Pretoria City Council was always concerned about the influx of black migrants in Marabastad. Implementing effective influx controls, the comprehensive regulation of the African population's economic and social lives, and ultimately, the removal of Marabastad were central to their image of the city (Naidoo, 2008). An analysis of the population figures of Marabastad in 1909 reveals a total population of 3,220 Africans living there (Naidoo, 2008). The numbers of Africans living in Marabastad increased in 1921 to 4,833. With increased number of Africans, there was an increase in informal traders. The demand for THPs in Marabastad increased as well. Marabastad became a vibrant community where Africans, Indians and Coloureds could live together and trade with one another.

The number of THPs increased in Marabastad due to increased demand. Marabastad was the closest place for black labourers in Pretoria who wanted to consult THPs. Most of the THPs were operating in stalls and some of the old shops. These facilities were not ideally designed for the practice of TM. The role of THPs was vital as there was always the spread of diseases in Marabastad due to overcrowding. During the 'Spanish Flu' of 1916-1917, with many blacks, Indians, and coloureds in Marabastad, the THPs were the contact of Africans for healing (Naidoo, 2008). Due to increasing numbers of blacks, the apartheid regime gazetted the Bantu Resettlement Act of 1954 which relocated blacks from Marabastad to the so-called black townships like Vlakfontein (now Mamelodi) and Attridgeville. Most of the THPs left with the people. In 1960's Indians were relocated to Laudium, west of Pretoria. Marabastad was declared a white suburb. Only after 1994 Marabastad was again open for business for the blacks and THPs.

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(b) Example 4: Faraday Muti Market, Johannesburg

Figure 2.19: Faraday Muti Market, Johannesburg (Source: Joburg, 2022)

The Faraday Market is located on Eloff Street in Marshalltown, downtown Johannesburg, in a busy public transport interchange. The Faraday Street medicinal market was established approximately 40 years ago as a 'Fridays only market' adjacent to the Faraday Street train station transport node, bus terminus and taxi rank (Williams, 2003). According to Williams, the market came into existence after people left Kwa-Mai Mai when it was formalised (Williams, 2003). This 'Friday Traders' started with mainly Sotho speaking traders but were later joined by Zulu speaking traders from Kwa-Zulu Natal (Williams, 2003). In the late 1990s the traders began selling every day as demand grew and the market grew in popularity in Johannesburg and greater Gauteng.

In 2002 the city of Johannesburg came up with plans to develop the whole precinct (Joburg, 2018). The project was developed by the Johannesburg Development Agency (JDA), an agency of the City of Johannesburg Municipality (Joburg, 2018). JDA developed the centre to be dedicated to the art of traditional healing and a viable transport hub (Joburg, 2018). There were consultations with taxi organisations, THPs and other informal traders (Williams, 2003). This was the first facility in Gauteng to be designed with the inputs of the THPs. The market is a fully fledged traditional *muti* market that boasts a host of natural, and sometimes supernatural, ingredients and

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materials used to solve people's problems (BrandSA, 2019). The people who come to Faraday Market call it 'The Traditional Hospital' (BrandSA, 2019). After consultation, the prescription is handed to you with some general instructions on dosage and warnings (BrandSA, 2019).

After Kwa-Mai Mai, the Faraday Muti Market is a go-to place to consult and/or buy all types of muti. The place boasts of different types of THPs who speak different languages as they come from different parts of the country. The market consists of 280 separate stalls with roller doors, an open space planted with striking indigenous coral trees (BrandSA, 2005). There are also consulting rooms available for healers, with attached bathrooms, used for ritual cleansing purposes (BrandSA, 2019). The consulting room doors are low, forcing customers to bend to enter, a sign of respect to the healer (BrandSA, 2019). On the passageways there is an array of dried herbs, roots of all shapes and sizes, animal products like skins, skulls, and organs (BrandSA, 2019). It is evident that the facility was designed with the THPs and their way of practice in mind. According to the City of Joburg, the idea was to create a more inclusive and sustainable future for the precinct and the city (Joburg, 2018). The shortcoming of Faraday Market is that it is in a busy transport interchange and its noisy, which might not be conducive for conservative THPs who opt to operate in secrecy. Some of the activities of THPs, like initiations and rituals, cannot be performed due to restrictions of a busy transport interchange. However, due to the location, it is an ideal place as a *muti* market and quick consultation service. The other challenge is hygiene; as the area is a busy transport interchange, keeping the area clean is difficult. The other shortcoming is that it seems the facility only caters to people who use public transport, therefore, if you use private transport you will have to park far away to consult the THPs.

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(b) Example 5: Inzalo Ye Langa (The Birthplace of the Sun)

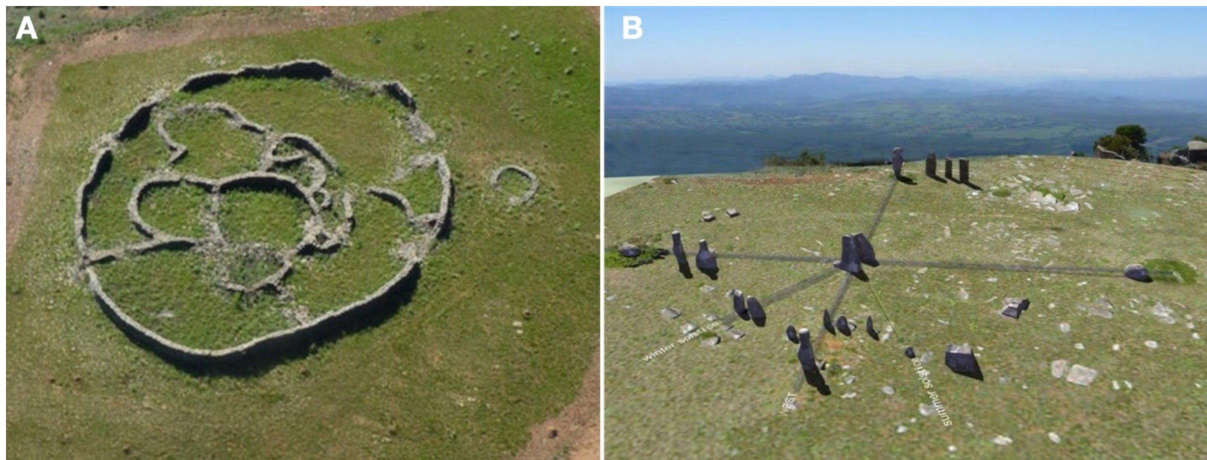

Figure 2.20: [A] and [B] Inzalo Ye Langa, where humanity was created by the Gods, Mpumalanga Province (Source: Tellinger, 2022)

Inzalo Ye Langa, also referred to as The Birthplace of the Sun, was discovered recently in 2003 by sheer luck by pilot Johan Heine when he was responding to an aircraft crash in Mpumalanga Province (Mpumalanga, 2023). Traditional health practitioners consider the site as sacred because that's where humanity was created by the Gods. The site consists of a circle of stone, 30 meters in diameter, with two huge monoliths (upright stones) in the centre (Mpumalanga, 2023). Some people call the site Adams Calendar. It is the world's oldest working man-made calendar and ruin found to date (Tellinger, 2023). The site is aligned with all four cardinal points, that is, north, south, east, and west (Tellinger, 2023). The site is also aligned with the summer and winter solstice (Tellinger, 2023). There is evidence that indigenous people were conducting rituals on site (Mpumalanga, 2023).

Inzalo Ye Langa has a rich heritage which is deeply rooted in traditional culture and carries spiritual significance (Mpumalanga, 2023). The site is famous for traditional healers as they usually pilgrimage there to conduct rituals. During research, many traditional healers kept on referring to the site as the most sacred site in South Africa. They believe humanity was created by the ancestors at Inzalo Ye Langa. Some of the traditional healers who have never been to site said they look forward to visiting the site. They regard it as a great honour and privilege to visit this sacred site. Unfortunately, the site is privately owned, and permission is needed before any visit

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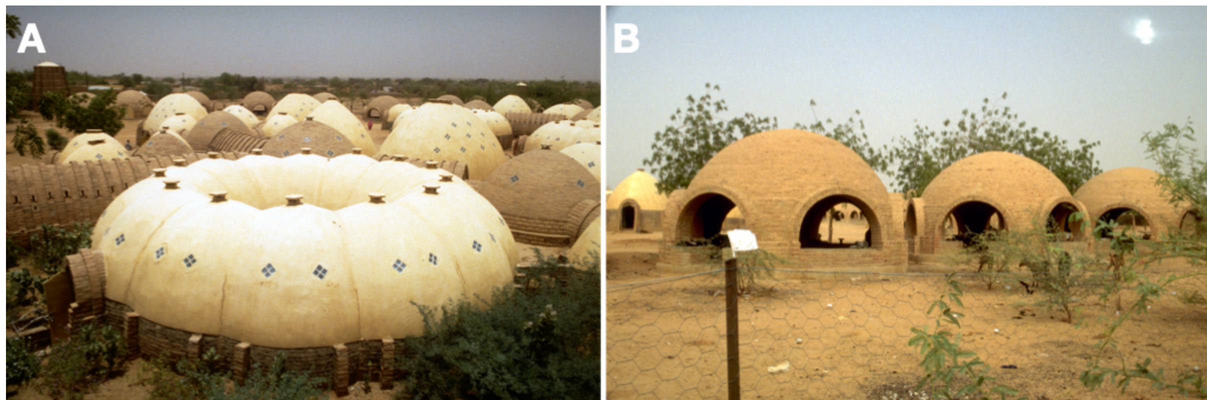
can be arranged. Many traditional healers expressed their unhappiness that such a sacred site is privately owned.

2.6.4 Review of Examples of Indigenous Architecture that Embodies Spatial Practices

According to Ian Low, Africa is constantly looking to the North; it does not always look in its own backyard, but the truth is, there's a lot of good indigenous knowledge on the continent (Low, 2014). Architecture is an act of producing a thing from a place; it is a production by those living there (Kotze quoting Kengo Kuma, 2017). Such acts of production connect place and human beings (Kotze, 2017). There are outstanding projects on the continent which shows there can be successful projects for the community. The following are some of the projects that reflect the spatial practices of the community where they are located:

(b) Example 1: Kaedi Regional Hospital, Mauritania



Figures 2.21: [A] Perspective of Kaedi Regional Hospital, Mauritania, [B] closer view of buildings (Source: Agha Khan Trust for Culture, 2023)

Kaedi is located in a remote sector of Mauritania, near the border of Senegal, and its hospital serves rural population (AKDN, 2019). The brief for the hospital was to house the planned facilities by developing new low-cost techniques of construction employing local materials and skills, that would apply to other building types in the region (AKDN, 2019). After two years of experiencing with local materials, building forms and techniques, and engaging the locals, the architects created ribbed structures, pointed

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vaults and new shapes to match the needs of the various parts of the building (AKDN, 2019). The professionals who took part in developing the new construction solutions were both African and expatriate; architects, engineers, and other consultants (AKDN, 2019). The design is practical as it also provides cross-ventilation in the hot region of Kaedi. The domes provide much needed natural light, easing the strain of expensive electricity generators that supply air conditioning to the operating theatres (AKDN, 2019). The response of the users is unreservedly positive; they refer to the building with pride, knowing it was built by local people (AKDN, 2019).

All workers were local, trained on site to perform the new techniques (AKDN, 2019). What's impressive about the project is that the architects' approach was not Euro-centric. Rather, they used vernacular architecture and engaged the community to respond to context and local conditions. Hence the building fits perfectly onto the local built fabric. Complex dome structures created cooler rooms as the area can be extremely hot. The architects also used local materials and local labourers. The design approach of the Kaedi Regional Hospital is non-conventional, especially the organic forms used. The project even received the Aga Khan Award for Architecture in 1995 due to its innovative construction techniques (AKDN, 2019). The hospital was designed by ADAUA, the Association for the Development of Traditional African Urbanism and Architecture (AKDN, 2019).

(b) Example 2: Moruleng Cultural Precinct, Moruleng Village (NW)

Figure 2.22: [A] Perspective of Moruleng Cultural Precinct, [B] closer view of buildings (Source: Roberts, 2017)

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The precinct is a great example of innovative, creative heritage practice (Roberts, 2017). It is a cultural precinct that allows members of the public as well as locals to explore the cultural heritage, traditions, and history of the Bakgatla-Ba-Kgafela (Roberts, 2017). The local chief, Kgosi Pilane, had a vision for the precinct to generate conversations about cultural values, beliefs, knowledge systems and practices as they inform Bakgatla-Ba-Kgafela identity and shape possible futures (Roberts, 2017). Interestingly, the architects were committed to working with raw materials traditionally used by the Bakgatka-Ba-Kgafela, including wood, copper, rawhide, and clay (Roberts, 2017). It is clearly evident the design approach was not top-down, but rather the locals were included in the design of the cultural museum. The outstanding feature of the precinct is its *kgotla,* or traditional meeting place (Roberts, 2017). The use of vernacular architecture on the building to suit the local context has given credibility. The main aim of the museum is the preservation, conservation, and celebration of heritage; promotion of cultural education; tourism attraction and exploring indigenous knowledge systems (Parks Board, 2019).

(c) Example 3: Africa Centre for Health and Population Studies, Somkhele In Kwa-Zulu Natal

Figure 2.23: [A] and [B] Perspectives of Africa Centre for Health and Population Studies (Source: van Heerden, D. and Machen, K., 2016)

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The Africa Centre for Health and Population Studies is a research centre in Somkhele in Kwa-Zulu Natal (KZN) that was initiated by the University of Kwa-Zulu Natal and Medical Research Council (East Coast Architects, 2002). The project brief included designing an intellectually vibrant research centre that contributes to the community that is part of (East Coast Architects, 2002). It continues that the buildings should use indigenous strengths well and be aesthetically pleasing to both their occupants and the surrounding community (East Coast Architects, 2002). In response, the architects advised the client to consider a rural campus of traditional materials, an *umuzi* of 'four corner' structure that (1) achieves better spatial and thermal conditions for less investment, (2) employs local men and women, (3) is indistinguishable from local built fabric, thus aligning the centre with local rural conditions. The image of the building is rural vernacular architecture that fits well within the local fabric. The architects used local materials and local labour to cut costs. The project received numerous awards due to its innovation design that fits well within context.

2.6.5 Architecture as an Art of Care

In the broadest sense, care is that which renders human existence gripping, moving and meaningful (Auret, 2019). In Oxford English Dictionary, care is described "as the provision of what is necessary for the health, welfare, maintenance, and protection of someone or something." In his book *Being and Time*, German philosopher Martin Heidegger (1962) describes people as 'beings of care.' Care describes that which is nearest to us (Heidegger, 1962). Care reveals the deeper significance of place as a 'region of concern', and dwellers are gripped by the continuity and change of their places as beings of care (Auret, 2019). It is then essential to consider architecture as an 'art of care' (Auret, 2019). In the book *The Ethical Function of Architecture,* the German American philosopher Karsten Harries wrote that architecture has a responsibility to community (Harries, 1997). In essence, architecture has a moral responsibility to embrace the people's history, culture, and traditions. Architecture cannot afford to be used as a tool to divide and suppress the people. Architects cannot afford to operate in silos without contributing to the broader community at large.

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"Architecture must dignify the human condition" (Auret quoting Bannie Britz, 2019). To dignify the human condition is to design appropriate buildings for the people. This dignification is relevant especially when dealing with indigenous people who have previously been marginalised and abused. It is part of decoloniality, which in part calls for the upliftment of the disfranchised communities. The approach is moving away from white epistemology especially when dealing with indigenous people. The art of care proposes that the way people relate to places and the creative participation of people in places must be understood in terms of the ecstatic nature of care (Auret, 2015: 54). Architecture has a huge role to play to give people a sense of belonging, especially those who felt public spaces have been designed not to accommodate them. Architects have a great responsibility to use their designs to give dignity to people and design spaces that embrace different cultures. It takes time to break down barriers to trust and to interact openly and honestly; the starting point of any human-centred architectural process (McInerney & Malan, 2020: 44). But there is no easy work-around to this process of engagement if humanity is truly to be brought to the forefront (McInerney & Malan, 2020: 44).

2.6 CONCLUSION

An extensive set of literature was reviewed to support the research arguments and contextualised the research questions and objectives. Based on the research questions and objectives, the selected literature was identified. Through the literature review, the author identified gaps that confirm the need for this research. The main challenge identified is that Africans believe in oral traditions and there was little written about the practice of traditional medicine in Sub-Sharan Africa and South Africa. The main aspects the research aims to address are captured in undocumented spatial qualities and artefacts that shape local meaning responses. These aspects can be captured as principles that guide architectural design responses for traditional health practitioners in Gauteng, South Africa. From the literature review, the following findings were identified and summarised as follows:

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Table 2.6: Summary of key findings

In response to research question 1 (a): What is the current state of traditional medicine in South Africa?

Section1: Traditional healers in South Africa

- The practice of traditional medicine has faced many challenges during apartheid era and THPs
- Were prohibited from practicing their craft
- Currently traditional medicine is recognised and legislated by the South African Government
- The practice of traditional medicine is still pertinent in the lives of South Africans
- The practice of traditional medicine is governed by long established principles and the practice is mainly based on oral traditions
- There are several organisations that represent traditional health practitioners in South Africa
- There are indigenous principles that govern the practice of traditional medicine which are mainly based on oral traditions
- Due to imperialism, cultural appropriation has long been experienced by the indigenous people, including traditional healers
- In the past, some of the discoveries of the indigenous healers were appropriated by big pharmaceutical companies without being acknowledged

In response to research question 1 (b): What impacted its current architectural and urban spatial aspects of healing spaces? And research question 4: What are the challenges facing traditional healers consulting and performing rituals in urban settings?

Section 2: Aspects impacting on architectural and urban spatial aspects of healing spaces

- In the past, there was a massive appropriation of indigenous culture by the dominant groups. Herbal remedies and indigenous knowledge were appropriated by the imperial groups.
- Public spaces were not designed to embrace and for the inclusion of THPs
- During apartheid, architecture was used as a tool to exclude indigenous groups in public spaces. The practice of traditional medicine was not embraced and facilities were not available.

In response to research question 1 (c): What can be learnt from architectural responses to existing places and elements of healing in Africa? Research questions 2: What are guiding design principles for healing spaces? And research question 3: What meaningful materials, artefacts, patterns and colours must form part of the architectural design of the traditional healers' practice?

Section 3: Meaning response and sacredness in Africa

- Meaning response plays a crucial role in healing as indigenous people belief being in spaces of THPs is therapeutic
- Language is important in traditional medicine because people believe THPs speak their language

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- In African spirituality, land is important because indigenous people feel attached to land. African notions of time and space are in contrast with western concepts of time and space.
- African-centred conception of time and space is contrary to western-conception of time
- Place identity, place attachment, and rootedness are common concepts for African traditional healing
- Relationships between traditional medicine and indigenous medicine are an embodiment of African beliefs

Section 4: Places and elements of healing

- Significance of animal totems in African spirituality
- Indigenous art has an important role in African spirituality and healing
- Indigenous churches influenced and hybridysed with African spirituality and healing
- Natural sites of spiritual significance include bodies of water, mountains, caves, sacred trees, etc.
- Land is significant in African spirituality and healing
- Indigenous languages are significant in African spirituality and healing

In response to research question 4: What challenges facing traditional healers when performing rituals in an urban setting and how can architectural design mediate these challenges?

Section 5: Architecture, landscape and space in traditional healing

- Public spaces in towns and cities are not accommodating the practice of traditional medicine
- Due to apartheid spatial design, public spaces are still colonised and not embracing
- Architecture has an ethical function to embrace the practice of traditional medicine
- Architecture as an art of care, can mediate challenges faced by the traditional healers
- Current legislation and policies have not worked in favour of the practice of traditional medicine
- Traditional healers have not been consulted when drafting policies and legislation
- Traditional healers have problems accessing sites of spiritual significance
- Architecture and spaces in towns and cities lack African identity

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CHAPTER 3: RESEARCH METHODOLOGY

3.1 INTRODUCTION:

This chapter explains the rationale for the research methodology used for data collection, analysis, and interpretation. The purpose of this chapter is to (a) present the research methodology and design, (b) describe the methodological paradigm and approach, (c) present a literature review of methodologies employed by similar studies, (d) explain the research instruments and methods, (e) present the sample universe and size, (f) describe how data was analysed and interpreted, and (g) describe how research ethics were observed. Figure 3.1 below, explains how the research methodology chapter relates to the dissertation.

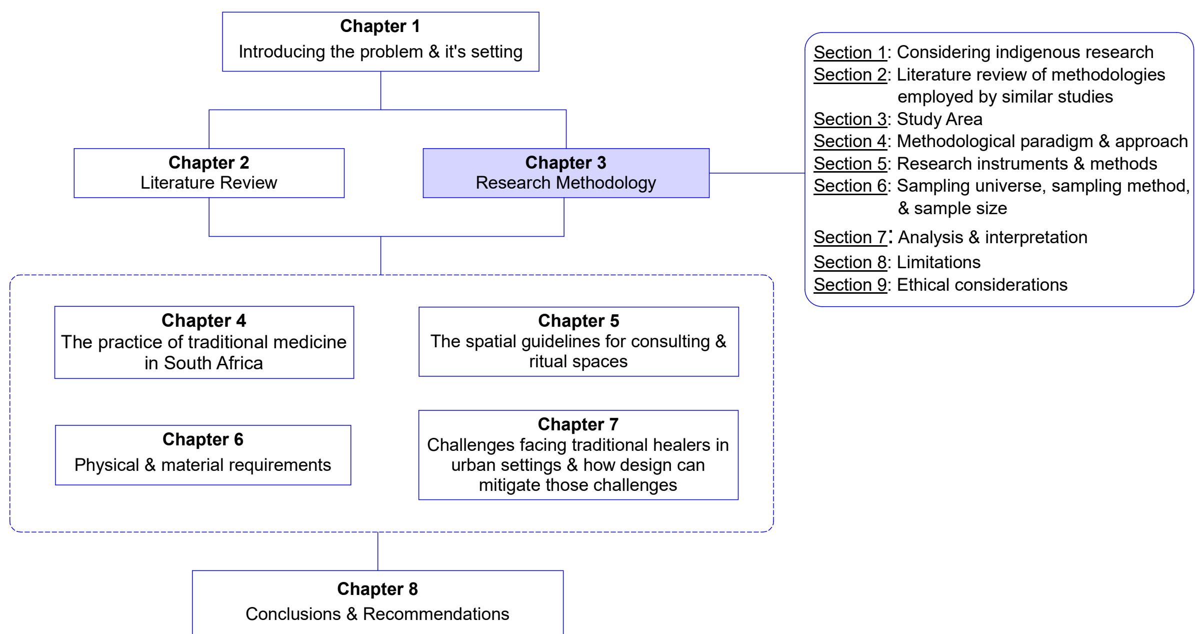

Figure 3.1: Diagram depicting how research methodology relates to the dissertation (Source: Author, 2023)

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3.2 Considerations When Conducting Indigenous Research

Research is about satisfying a need to know, and a need to extend the boundaries of existing knowledge through a process of systematic inquiry (Smith, 2012: 170). However, in a colonial context, research was undeniably about power and domination (Smith, 2012: 60). In western epistemology, the indigenous people were regarded as 'objects of research' without having a say on the outcome of the research. The instruments of technologies of research were also instruments of knowledge and instruments for legitimating various colonial practices (Smith, 2012: 60). In the past, colonisers saw the indigenous for the first time as primitive people (Archibald *et al,* 2019). They did not see any value in them, only the profits of the land (Archibald *et al,* 2019).

Hence indigenous people in Africa were always suspicious of western researchers as they were regarded as 'objects' to be researched. Postcolonial indigenous research methodologies must be informed by the resistance to Euro-Western thought and the further appropriation of their knowledge (Chilisa, 2012: 11). Colonial research was about "exploration, discovery, exploitation and appropriation" (Smith, 2012: 65). The research purpose of this study is emancipatory, but the research also has practical aims towards application where the purpose becomes descriptive and interpretative.

Emancipatory or indigenous research is conducted in such a way that the 'worldviews' of those who have suffered a long history of oppression and marginalisation are given space to communicate from their frames of reference (Chilisa, 2012: 13). However, it does not necessarily mean everything western must be discarded and/or shunned upon. The positives must be welcomed and celebrated. The approach of indigenous emancipatory research is bottom-up instead of the western top-down approach. The THPs must be included in the research as participants to assist the researcher to identify problems during data capturing. The community must be seen as research participants in the research process. The community will then feel a sense of ownership of the research outcomes as they were involved as equals with the researcher. In this way, the research will receive credibility even from the harshest critics.

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The idea is to give space where those who have suffered European colonial rule and slavery, the disfranchised and dispossessed, can reclaim their languages and cultures. They need to “see with their own eyes” the history of colonisation, imperialism, and their new form, globalisation and, with that gaze, create new research methodologies that take into account the past and the present as a continuum of the future (Chilisa, 2012: 12). The approach of making traditional health practitioners as participants in the research are to give voice to the voiceless and empower the previously disempowered. Honesty and warmth are therefore important qualities for the researcher (de Vos, 2011: 325).

Afrocentric research put indigenous Africans first instead of regarding them as objects of research. Afrocentricity places the African ways of perceiving reality, ways of knowing, and value systems on equal footing with other scholarly examinations of human experience (Chilisa, 2012: 185). It is an African-centred worldview, which establishes a conceptual framework for how the world is seen and understood (Chilisa, 2012: 185). It is culturally specific and draws on African philosophical and theoretical assumptions and serves Africans (Chilisa, 2012: 185). Data that has been captured has to be interpreted from an African perspective. Africans are seen as co-researchers and are involved in the analysis and interpretation of data. This is contrary to some western approach, which previously has at times treated indigenous people as objects of research that do not have a voice and do not contribute to research and science (Smith, 2012: 61). Afrocentric methods and methodologies require researchers to develop relationships with the researched, to reaffirm those relationships, and to use methods that may not be conventional for use with western populations (Chilisa, 2012: 185). For example, emphasis is placed on participants to voice their opinion on the research.

Afrocentric research methods rely heavily on indigenous knowledge systems. The idea of indigenous knowledge is a relatively recent phenomenon, gaining conceptual and discursive currency in the 1970s (Chilisa, 2012: 98). Indigenous knowledge can be specific to location, regions, and groups of peoples (Chilisa, 2012: 98). The concept of indigenous knowledge emerged out of the struggles of the American Indian Movement and the Canadian Brotherhood Movement; it is used to internationalise the

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experiences and struggles of some of the world's colonised peoples (Chilisa, 2012: 13). Therefore, it must be noted that indigenous knowledge mostly differs from what is considered conventional or so-called western knowledge.

Kaupapa Maori research encompasses the different sets of ideas and challenges that are claimed to be important in doing culturally safe, sensitive, and relevant research in the Maori community (Chilisa, 2012: 175). Kaupapa means a Maori way or philosophy, a term used to describe traditional Maori ways of doing, being, and thinking encapsulated in a Maori worldview or cosmology (Chilisa, 2012: 175). Kaupapa Maori research places the indigenous people as equals with the researcher. Kaupapa Maori research addresses the prevailing ideologies of cultural superiority which pervade social, economic, and political institutions (Smith, 2012: 184). According to Smith, the researchers receive privileged information (Smith, 2006: 176) and must therefore show respect to the indigenous people. Therefore, the research is concerned with the well-being of the Maori people. The approach was borne out of resistance by the Maori people, previously regarded as 'objects' of research by western researchers.

Kaupapa Maori research is defined as culturally safe research, that involves the mentorship of *kaumātau* or elders, that is culturally relevant and appropriate, while satisfying the rigor of research undertaken by a Maori researcher, not a researcher who happens to be Maori (Smith, 2006: 184). The idea is to empower the indigenous people to become 'researchers' instead of 'the researched'. Kaupapa Maori research is contrary to western research which enabled knowledge to be produced and articulated in a scientific and 'superior' way (Smith, 2012: 170). Kaupapa Maori research approach should set out to make a positive difference for the researched (Smith, 2012: 191) which is contrary to the western approach. That is the only way the research will receive credibility and support from the community.

One of the distinguishing features of indigenous research methodologies is that they are built upon the concept of 'relational validity' or 'relational accountability' (Wilson, 2008: 77). In other words, what is most important and meaningful is fulfilling a role and obligations in the research relationship, that is, being accountable to your relations (Wilson, 2008: 77). Creating and maintaining respectful and mutually beneficial

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relationships between researchers and indigenous communities is of utmost importance, partly because indigenous peoples have sometimes been mistreated and misled by academic researchers, both in the distant and recent past (Smith, 2012 and Wilson, 2008). Some theories and topics indigenous research methodologies cover are foreign to western epistemology. This includes theories accountable to relations between land, sovereignty, belongingness, time and space, reality, and futurity shape indigenous research methods (Smith *et al,* 2019). Sometimes western researchers have been known to exercise cultural appropriation of indigenous people, including exploitation. Archibald (2008) wrote the following:

> We, as a nation possess many admirable qualities. We still have enough patience. We still listen before we utter. There are yet among us admirable teachers endowed with empathy and compassion. Seek their knowledge, especially during your quest and sojourn in the alien world of technology … Among other qualities, your people as a whole possess a voice that soothes and calms the whole being.

3.3 Literature Review of Methodologies Employed by Similar Studies

3.3.1 Indigenous Research Methodologies

In the past when researchers were writing about decolonising research or indigenous research methodologies, “we mostly hear that version from a dominant perspective that has assumed the right to tell the stories of the colonized and the oppressed that they have re-interpreted, re-presented, and re-told through their own eyes” (Archibald *et al*, 2019). Decolonising research methodologies do not totally dismiss western methodological approaches; they encourage us as indigenous researchers to connect research to our worldviews and to theorise based on our cultural notions to engage in more meaningful and useful research for our people (Archibald *et al*, 2019). Indigenous story-work exemplifies their approach by prioritising the indigenous principles on which are stories shared, respected, and treasured (Archibald *et al*, 2019) .

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Decolonising research methodologies centre "on oral knowledge as the preferred, but not only, method of transmission of ideas and information" (Archibald *et al*, 2019). The advantage of decolonising research methodologies is that it allows indigenous people, who are research participants, to speak their languages because sometimes concepts and ideas are lost when they speak English which is not their first language. Allowing indigenous people to speak their languages during data collection makes the information authentic and gives it credibility. Sandy Grande (2015) wrote the following:

> The right to be indigenous is an essential prerequisite to developing and maintaining culturally appropriate and sustainable education for indigenous peoples.

Indigenous research methodologies are culturally safe as they give dignity to the indigenous people. Indigenous methodologies do not treat indigenous people as objects of research but rather treat them as co-researchers. The opinions of indigenous people matter and should be respected. Indigenous knowledge systems are embraced by the researchers. According to Smith, researchers must be aware that they receive 'privileged information' (Smith 2012: 176), therefore they must always remain humble and willing to learn from the indigenous people. The researcher must safeguard 'privileged information' that he or she receives and make it clear to the community it is not for exploitation.

Chilisa (2012: 246) argues, the researchers and the researched need to heal the wounds from a long history of the subjugation of postcolonial indigenous worldview, ways of knowing, and indigenous knowledge systems. Indigenous research methodologies should be about healing and uplifting the community, especially those who have previously been marginalised. In this way, the community will have a sense of ownership of the research outcomes. This will give credibility not only to the outcomes but also to the research process. Creating a Community Action Plan (CAP) will show the goal of the research project, the objectives to be achieved, strategies to achieve the objectives, time frame, persons responsible, resources required, and a monitoring and evaluation framework (Chilisa, 2012: 254). A Community Action Plan shows the community will benefit from the research hence there has to be a buy-in

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from the community. For this study, research participants were encouraged to participate to assist preparing architectural guidelines for their spaces.

In the past western researchers have battled to understand indigenous knowledge because most of the work is not documented by the indigenous people. According to Archibald (2008), cultural work has been witnessed by researchers through “the oral tradition, which includes speech, story, and song.” This is contrary to western epistemology which heavily relies on science to understand concepts. According to Sandy Grande in her seminal book, Red Pedagogy, indigenous people are engaged in “the active recovery, re-imagination and re-investment of indigenous ways of being” (Grande, 2015). Sandy Grande introduces the concept of Red Pedagogy as an analysis to understand indigenous methodologies (Grande, 2015).

For indigenous people, seeking and sustaining life was the all-encompassing task of the community (Grande, 2015). While there were tribal ‘specialists’ with technical knowledge and ritual understandings, every member of the tribe, in their own time and through their unique capacity, was a scientist, an artist, a storyteller, and a participant in the great web of life (Grande quoting Cajete, 2015). Indigenous science is a metaphor for a wide range of tribal processes of perceiving, thinking, acting, and ‘coming to know’ that we have evolved over a millennium of human experience with the natural world (Grande, 2015). It is born of a lived and storied participation with a natural landscape and reality (Grande, 2015). Much of the essence of indigenous science is beyond words and literal description (Grande, 2015). Unfortunately, in western epistemology, indigenous science is sometimes referred to as superstition.

3.3.2 Kaupapa Maori Research Methodology

Due to the abuse of the Maori people in the past, a need arose for research that is culturally sensitive to the indigenous people. The Maori people had already developed distrust for research and the researchers as they were marginalised during the research process. Figure 3.2 below is a simple representation of an indigenous research agenda. The chard, which has been adapted from Linda Smith (2012: 204), uses the metaphor of ocean tides. From a Pacific people’s perspective the sea is a

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giver of life, it sets time and conveys move (Smith, 2012: 204).The major tides are represented in the chart as: (a) Healing, (b) Decolonization, (c) Transformation, and Afrocentric. These ocean tides represent the self determination of the indigenous people.

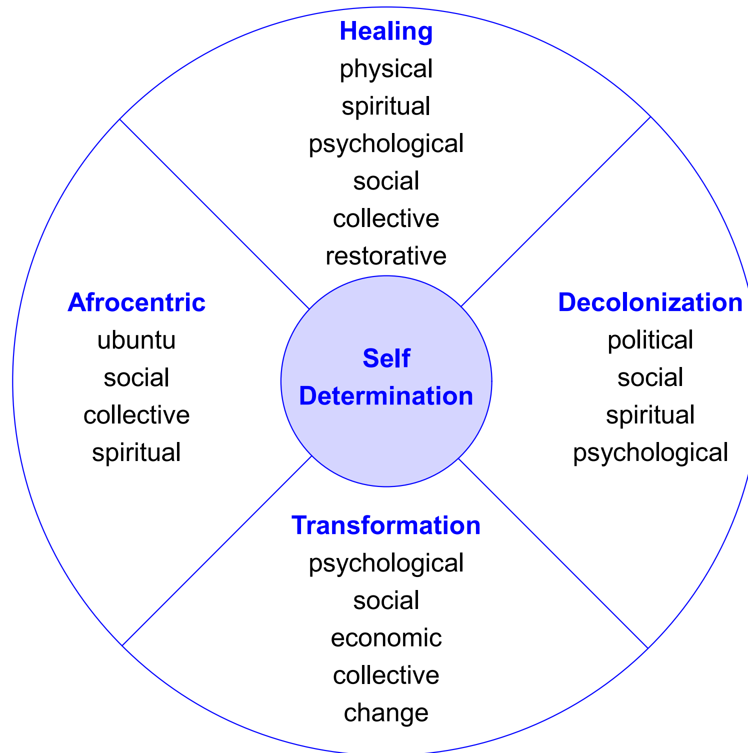

Figure 3.2: Indigenous research agenda (Source: Adapted from Smith, 2012)

In the words of Chilisa (2012: 153), Kaupapa Maori research addresses the ideologies of western cultural superiority. Kaupapa Maori research is culturally safe, which involves the 'mentorship' of elders, which is culturally relevant and appropriate while satisfying the rigour of research, and which is undertaken by a Maori researcher, not a researcher who happens to be Maori (Smith 2012: 184). This statement implies that other forms of research, that are culturally sensitive models, have not been satisfactory at the level of cultural safety (Smith 2012: 184). In the New Zealand context research ethics for Maori communities extend far beyond issues of individual consent and confidentiality (Smith 2012: 209). It calls for sound ethical principles for research in the Maori communities (Smith 2012: 209). They have identified a set of responsibilities

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researchers have to Maori people (Smith 2012: 210). These are some culturally specific ideas that are part of what is referred to as Kaupapa Maori practices (Smith 2012: 211). In the words of Smith (2012: 12), the following are prescribed for Maori researchers in cultural terms:

- Respect for people
- The seen face, that is presenting yourself to people face to face
- Look, listen, speak
- Share and host people, be generous
- Be cautious
- Do not trample over the *mana* of people
- Do not flaunt your knowledge

Given the above, it is evident that Maori research is contrary to the western research approach or imperial epistemology. The Maori research emphasises the people and culture. It is different from the public 'image' of the Maori people that has been written about by western researchers. It emphasises forming relationships with the indigenous people and community building. It must also be borne in mind that Maori research is about healing, more especially when dealing with those who were previously marginalised and discriminated against. The above is like the views of Archibald (2008) who said indigenous research has seven principles: reverence, responsibility, holism, respect, reciprocity, synergy, and interrelatedness. These seven principles can help with emotional healing and wellness (Archibald, 2008).

Language, culture, stories, epistemology, as well as their relationship to each other and to land, are profoundly and intimately connected (Styres quoting Archibald *et al*, 2011). Indigenous research methodologies acknowledge that cultural work is witnessed by the guests through the oral tradition, which includes speech, story, and song (Archibald, 2008). Patience and trust are essential for preparing to listen to stories (Archibald, 2008). Listening involves more than just the auditory sense, one must visualise the characters and their actions (Archibald, 2008). The guest must listen with "three ears, two on the sides of the head and the one that is in the heart" (Archibald, 2008). 'Losing the eyes' embedded in indigenous oral traditions is strongly

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linked to the legacy of forced colonisation and assimilation during the missionary school eras (Archibald, 2008).

Archibald quoting Cajete (2017), wrote the following Native Indian proverb:

> These stories, this language, these ways, and this land are the only valuables we can give you, but life is in them for those who know how to ask and how to learn.

In the article, *On The Coloniality Of Being*, Nelson Maldonado-Torres quoting Mignolo (2007) wrote the following:

> Science (knowledge and wisdom) cannot be detached from language; languages are not just 'cultural' phenomena in which people find their 'identity'; they are also the location where knowledge is inscribed. And, since languages are not something human beings have but rather something of what human beings are, coloniality of power and knowledge engendered the coloniality of being.

3.3.3 Methodologies to Capture Indigenous Ways of Spatial Use

In the article entitled '*Regional Architecture in Africa*' Julian Cooke from the University of Cape Town wrote, "every individual, group or nation needs to find a taste of being and representing self, which they feel characterises them and which make them proud to be who they are" (Cooke, 2011). Cooke (2011) continues, "many nations have worked in many ways, including architectural, to define who they are and to project that to the world." Part of discovering identity is taking local traditions seriously, learning what can be learned from them (Cooke, 2011). This process is part of decoloniality as it embraces and embodies indigenous methods and processes. In moving away from western epistemology, indigenous people choose to identify with artefacts and buildings that best represent them and their cultures.

During the 1970s, while teaching Architecture at the University of the Witwatersrand with Pancho Guedes, architect Peter Rich was encouraged to look closely at and appreciate Southern African vernacular architecture and art (Hall, 2011). As a reaction

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to the destruction of South African indigenous settlements under apartheid, Rich chose to document the traditional rural settlements of the Southern Ndebele (Hall, 2011). It is interesting to note that he learned about indigenous architecture at the height of apartheid and during the Black Consciousness Movement led by the late Steve Biko. His research consisted of exquisite, measured hand-drawn documentation and analytical sketches, which recorded and illustrated how domestic spatial organisation reflected family hierarchies and expressed Ndebele cultural values (Hall, 2011). The emphasis on spatial constructs (what Rich termed 'African space-making') rather than on the decorative was to have a profound influence on his architectural approach (Hall, 2011).

As Hall (2011) observed, Rich developed an architectural vocabulary based on what he had learned from the Ndebele and fused it with modernist influences. His approach to architecture, during the height of apartheid, was contrary to some of his white peers in the industry who showed no respect for the indigenous people's cultures and their ways of living. Following on from his early research, Rich took an unconventional path, engaging with communities, acting as an architect and also as a facilitator (Hall, 2011). Throughout his work, Rich primarily explores his vision of an African *genius loci* (Kotze, 2011). His choice of materials, construction methodology, design approach, and community engagement bear testimony to his connectedness to the place and the people. See Figure 3.3 below of the Mapungubwe Interpretative Centre.

Figure 3.3: Mapungubwe Interpretation Centre, Mapungubwe, Limpopo Province
(Source: Hall, 2011)

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According to Cooke, Rich's work is never patronising or kitsch because, in community projects, he works directly with members, learning from their skills and helping to give them current valency (Cooke, 2011). Therefore, the work changes in character from one area to another and has a regional particularity rather than a broad Africanness (Cooke, 2011). Secondly, he has studied, with great industry and enthusiasm, home-grown homesteads/dwellings, and settlements, in particular their spatial structuring, and most of his buildings show his absorption of that (Cooke, 2011). Thirdly, his work does reflect natural landscapes (Cooke, 2011). Ora Joubert (2011) stated, "Peter Rich credits architect Pacho Guedes, as having been instrumental in arousing his interest in the African continent, its people, and their aesthetic pursuits." Throughout the lessons learned from the modest African vernacular and his engagement with grassroots communities, combined with a thorough modernist background, Peter was increasingly able to distil and develop an architectural language pertinent to the socio-economic circumstances of the African continent - unique both in interpretation and implementation (Joubert, 2011).

Because of his passion for vernacular architecture, Peter Rich has always been involved in community projects. Rich was an integral part of what became a textbook case of community consultation that resulted in a series of projects (Hall, 2011). On all of his projects locally sourced materials, skills, and labour were used (Hall, 2011). This adoption of local, common-sense technologies meant not only those interventions were sustainable but that they also engaged and empowered communities (Hall, 2011). This is contrary to the western approach that intervenes or designs buildings without the input of the indigenous communities. Throughout his professional life, Rich has always engaged with indigenous communities. This is underpinned by the fact that he sees his role as going beyond that of the architect to embrace activism and to help facilitate change and development within communities (Hall, 2011). His projects do reflect his humanness and humility in the way he engages the communities and how he tries to uplift them through appropriate architecture.

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3.4 Study Area

The research was primarily based in Gauteng Province, in South Africa, because of the following reasons:

a) **Gauteng Province is the melting pot of different cultures in South Africa**
As the economic hub of South Africa, Gauteng Province has every culture represented due to economic migration over the years. According to Statistics SA (2022), all indigenous language groups and cultures are well represented in Gauteng Province, namely, isiZulu, isiXhosa, isiNdebele, isiSwati, Setswana, Sepedi, Sesotho, Tshivenda, and Xitsonga.

b) **Gauteng Province is highly urbanised**
As Statistics SA (2022) has stated, Gauteng Province is the most urbanised province in South Africa, with well over 94% of its population living in urban areas. It is the only province in South Africa that boasts of three metropolitan municipalities, which are, (1) the City of Tshwane, (2) the City of Ekurhuleni, and (3) the City of Johannesburg.

c) **Gauteng Province has the highest population and has more immigration**
According to Statistics SA (2022), Gauteng Province has a population size of slightly over 12 million people out of a national population of 51 million people. This makes it the highest populated province in South Africa after KwaZulu-Natal (with over 10 million people) and Eastern Cape (with almost 7 million people) based on the Statistics SA (2022) census.

d) **Gauteng Province population needs more medical care**
Based on the population size of over 12 million people as per Statistics SA (2022), it is inevitable that there is a desperate need for more medical facilities in Gauteng Province compared to other provinces in the country. Currently, Gauteng Province boasts 37 hospitals and yet they are not enough to cater to the medical needs of the people of the province. Currently, Gauteng has 18 000 people per clinic which

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is a shortfall from the World Health Organisation's recommendation of 10 000 people per clinic (WHO, 2022)

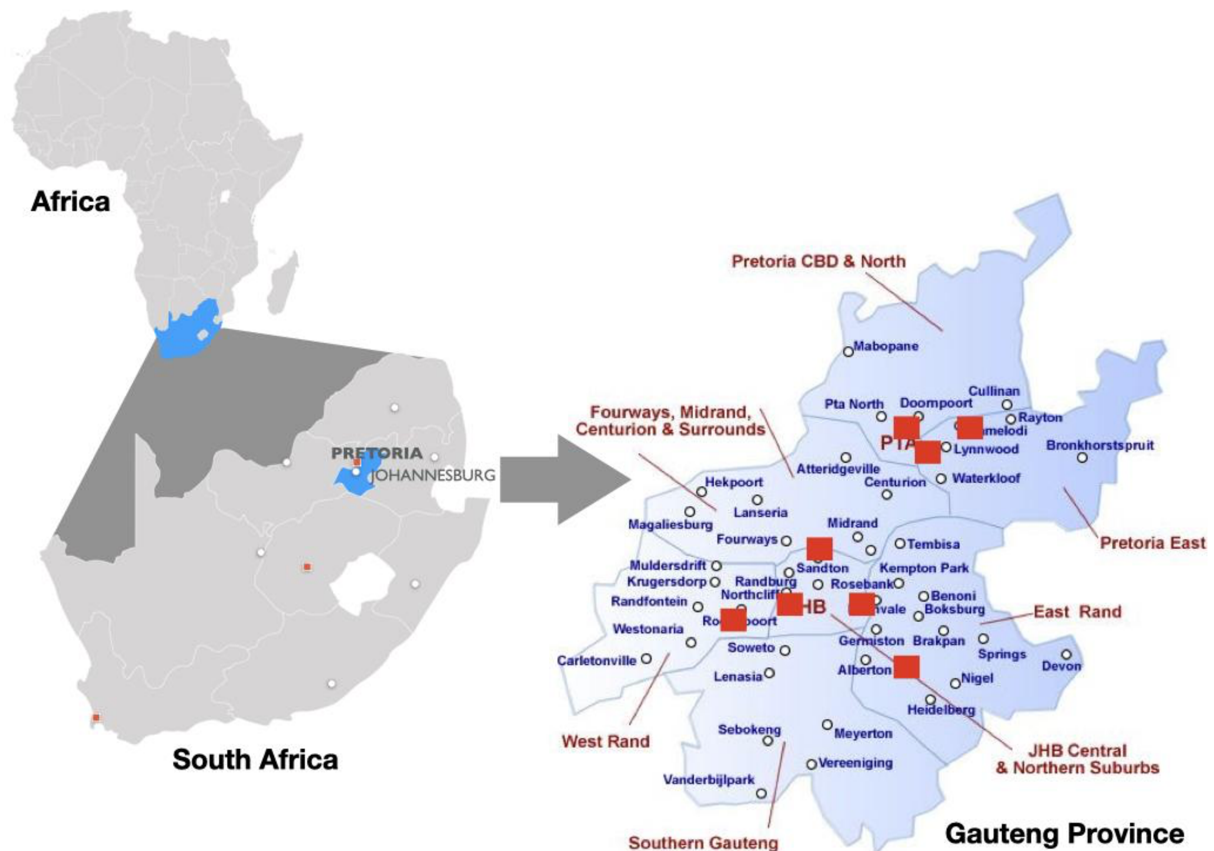

Figure 3.4: Maps of Africa, South Africa, and Gauteng, showing study areas
(Source: author, 2023)

3.5 Methodological Paradigm and Approach

Successful execution of the design and data gathering is usually determined by the accessibility of the setting and the researcher's ability to build up and maintain relationships and agreements with *gatekeepers* and participants (de Vos 2011:325). This is more crucial in qualitative than in quantitative research (de Vos 2011:325). This study falls into an interpretative methodological paradigm with a qualitative and participatory approach. Smith (2012:143) argues, the methodology is important because it frames the questions being asked, determines the set of instruments and methods to be employed, and shapes the analyses. Indigenous methodologies are often a mix of existing methodological approaches and indigenous practices (Smith,

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2012: 143). Bagele Chilisa (2012: 251) states, it is important to use methods that ensure maximum participation of community members as well as maximum use of local knowledge and resources.

Qualitative research is characterised by multiple realities and therefore multiple truths (Chilisa, 2012: 165). The researcher maintains a distance as to not influence the subject. Qualitative research is subjective and mainly uses interviews to capture data. The researcher prepares structured questionnaires to interview the informants and engages the people on a personal level. For this study, qualitative research will be used since it allows for understanding the social world from the perspective of the social actor. According to Breed (2009), the investigator has to involve him/herself personally with the subjects of the investigation. A qualitative investigation is an indispensable approach to understanding certain dimensions of reality such as human subjectivity, identities, gender relations, social interactions, and shared systems of meaning among others (Breed, 2009 quoting Esquivel).

3.6 Research Instruments and Methods

The following research instruments were used to collect primary data by the researcher:

- Pilot study
- Semi-structured interviews
- Site visits with observation and mapping

3.6.1 Pilot Study

A pilot study was undertaken to test the draft questionnaire that the researcher had prepared. According to Lucas (2016), it is recommended to test the questionnaires that will be used in the data collection of the research and to adapt them if necessary. It was a good opportunity to get honest feedback from traditional health practitioners on which questions are relevant and which questions might be deemed insensitive or

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invasive. It was a good platform for the researcher to observe responses from the traditional healers and receive honest responses. In the end, the healers advised the researcher on how to approach and conduct interviews when collecting primary data in the future. In this way the healers helped shape the questions used and how the research was conducted. It was also a good opportunity to get a list of possible future research participants and start the process of snowball sampling.

The pilot study was conducted in Mamelodi located in east Pretoria in Gauteng Province, on 3rd December 2019. A focus group consisting of nine traditional health practitioners was present. One of the leading traditional health practitioners in Mamelodi organised the focus group and his practice was used as a venue for the pilot study. Four categories of traditional healers were represented, namely, (1) diviners, (2) traditional surgeons, (3) herbalists, and (4) traditional prophets. The pilot study took two hours, from 10h00 to 12h00. All conversations were recorded and transcribed. The researcher briefed the research participants about the purpose of the study, which was to develop design guidelines for consulting and ritual spaces of indigenous health practitioners. The healers were responsive and answered all the research questions. The healers were optimistic and excited about the possibility of having design guidelines for the consulting and ritual spaces. They regarded the research as progress in the practice of traditional medicine.

The focus group provided contact details for some traditional healers to be interviewed during fieldwork. They advised the researcher on how to approach indigenous healers later when doing fieldwork. They advised the researcher that there were no 'off-limits' questions. This was after the researcher inquired if there were questions that might be deemed sensitive or off-limits. Traditional healers advised the researcher to be free to ask any question that might benefit the research.

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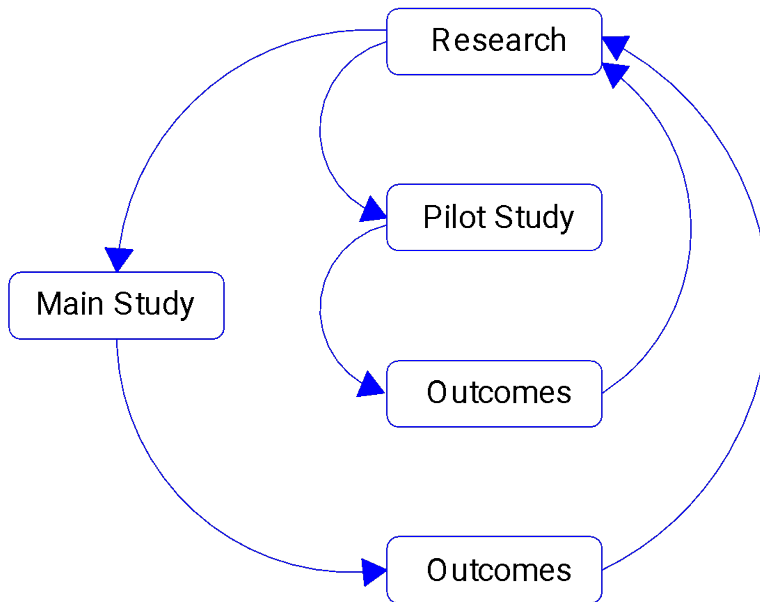

Figure 3.5: Diagram depicting the research cycle (Source: author, 2023)

3.6.2 Semi-Structured Interviews

From the pilot study, the researcher was able to develop a list of questions that was informed by the research questions. The questionnaires were presented to the research participants in their own languages which are Sesotho, Setswana, and Sepedi. Carefully formulated and sequenced questions based on the purpose of the study are necessary to elicit a wide range of responses (de Vos, 2011: 369). The questionnaires were semi-structured to encourage engagement and feedback from the research participants. Creswell (2013: 173) argues, for the study of consciousness and the objects of direct experience, as in phenomenological interviews, asking appropriate questions and relying on participants to discuss the meaning of their experiences, require patience and skill in the researcher. The defining features of phenomenologically oriented studies are that they focus on individual experiences, beliefs, and perceptions (Creswell, 2013: 104). The data collection method of semi-structured questionnaires is ideal for collecting phenomenological data from the research participants.

As previously mentioned, it is imperative to use methods, such as semi-structures questionnaires, that encourage maximum participation by the research participants. A

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well-prepared semi-structured questionnaire is a good tool for indigenous research methodologies. Saldaña (2011: 35) argues, every question asked should serve some purpose toward the research agenda. He continues to write that good interview questions solicit participant perspectives and stories Saldaña (2011: 35). In response to the questionnaires, research participants would give a clear perspective of their lived experiences which is what the indigenous research agenda promotes.

3.6.3 Site Visits with Observation and Mapping

The phenomenon approach is important in participant observation, as the researcher endeavours to gain an in-depth insight into the manifestations of reality (de Vos, 2011: 330). The focus is on the everyday and natural experiences of the respondents; to study and know the customs, lifestyle, and cultural contexts of the respondents in a culturally sensitive manner (de Vos, 2011: 330). The researcher should endeavour to become part of the community instead of being seen as an outsider. To be able to listen, see, inquire, observe, and write up the notes is of special significance in participant observation (de Vos, 2011: 333). The relationship or closeness between the research participants and the researcher will influence the outcome of the research. Therefore, the researcher must create a conducive environment where the research participants feel free and open to participate in the research. During interviews, the researcher would observe how the spaces are arranged. At the end of the interview, the researcher would request to take pictures of the consulting and ritual spaces. An observation sheet was developed and used to document and record site visits. The observation sheet was used as a tool to record site information concerning (a) location, (b) orientation, construction materials, (d) consultation method (seated on the floor or chairs), (e) ritual spaces, (f) the number of assistants (initiates), (g) space use and the number of rooms, (h) where *muti* is kept, (i) finishes (floors, walls, roofs including the ceiling), and (j) *muti* garden.

A mapping tool, in this study was a drawing, which was used to draw the site layout and floor layout of the consultation and ritual spaces. Aspects that were covered during mapping include (a) layers of access, (b) *indumba* or consultation space, (c) position of *umsamo* or sacred space, (d) *muti* storage, (e) significant artefacts inside *indumba*,

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(f) bathing and steaming facilities, (g) *muti* garden, and (h) outside ritual space. The tool was used to draw how research participants interact with their clients. Some participants sit with their clients on the floor seated on mats while others sit on chairs.

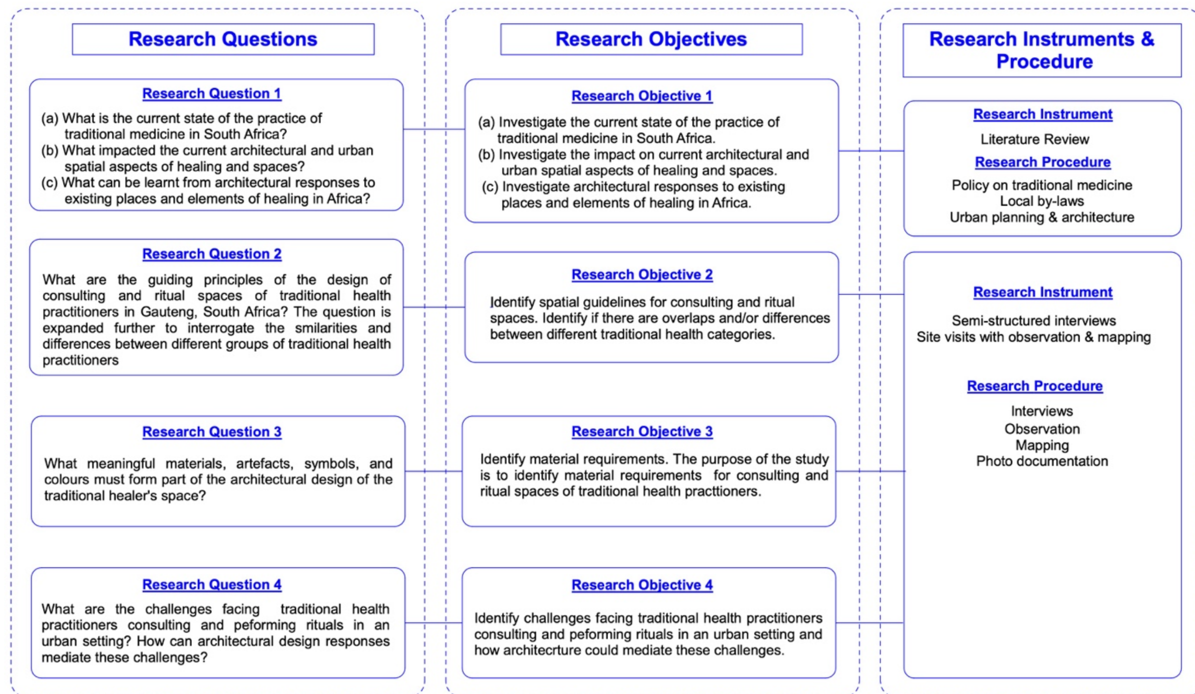

Figure 3.6: Diagram depicting relationship between research questions/objectives and research instruments/procedures (Source: author, 2023)

3.7 Sampling Universe, Sampling Method, and Sample Size

Regarding the sampling universe, the researcher interviewed healers primarily in Gauteng Province, South Africa. The research participants were mainly located in Pretoria suburbs and townships, Johannesburg suburbs and townships, and in Mpumalanga. The researcher used snowball sampling to collect data from the research participants. Snowball sampling is typically used when there is no knowledge of the sampling frame and limited access to appropriate participants for the intended study (de Vos, 2011: 393). Snowball sampling is excellent in those cases where the researcher is investigating a relatively unknown phenomenon (de Vos, 2011: 393).

During snowball sampling, the researcher selects a few participants that are important to the study (Chilisa, 2012: 169), with whom he/she is familiar or who he/she can be

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introduced through close acquittances. These selected participants help identify others who they believe have knowledge or information on the phenomenon under study (Chilisa, 2012: 169). As the sampling method resembles spontaneous practices of meeting and being introduced to people, it is considered more appropriate for the study. For the topic, the researcher identified THPs that assisted in the research. These THPs assisted to identify other THPs that would be willing to assist in the research. During snowball sampling, sites could be selected where the phenomenon of interest is strongly represented. Background information needs to be provided for the selected sites and research participants to give credibility to the research outcomes.

For this study, the researcher identified prominent traditional health practitioners in Gauteng that were interviewed. They are influential and highly revered in the practice of traditional medicine. After the researcher interviewed them, they referred the researcher to other traditional healers, through names and contact details. When the researcher contacted them and told them who gave him their names, they were open to being interviewed for the research. Secondly, for snowball sampling, the researcher contacted the Traditional Health Organisation (THO), an organisation that is run by traditional health practitioners. The THO provided the researcher with a list of traditional healers in Mamelodi. The organisation went as far as providing an official letter of support to the researcher to present to the participants as proof of their support for the interviews to be conducted. When the researcher contacted the participants and presented the official letter from THO, they were willing to be interviewed. The site visits, including observations and mapping, were conducted at the same premises as the interviews.

3.7.1 DATA COLLECTION

(a) Semi-Structured Interviews

The researcher interviewed research participants in their *indumbas.* Consent forms were presented to research participants and the researcher explained the contents in the participants' languages. Research participants were presented with semi-structured questionnaires (see Appendix A for Interview Questionnaire) and they were

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also explained in the participants' languages. Fortunately, the research participants were speaking the languages which the author can speak which are Sesotho, Setswana, and Sepedi. Therefore, research participants were free to answer research questions in their languages using accurate words that reflect their intimate and spiritual worldviews. One of the lessons learnt during the pilot study was that traditional healers must be allowed to express themselves in their languages instead of forcing them to speak in English. This is because meaning is lost when some indigenous concepts are translated into English. Data collection was through audio recordings and zoom meetings which lasted for an average of one hour, sometimes two hours. Some of the research participants were interviewed twice as the researcher wanted clarity on some issues. Most of the research participants were based in the Gauteng Province. The data collection process took eight months from December 2019 until September 2020. Three of the research participants were interviewed twice as the researcher wanted clarity on some answers. During the interviews, the researcher would observe how the spaces are arranged. At the end of the interview, the researcher would request to take pictures of the consulting and ritual spaces.

Out of the 15 research participants, the number of traditional healers based and practicing in the suburbs was 8 in total. The number of traditional healers based and practicing in the suburbs was 6 in total. Only one healer based in a village was interviewed, but he also has a satellite consulting space in town close to his house. He consults in town once a week. Tables 3.1 and 3.2 show the profile of the healers that were interviewed by the researcher. During the study, the researcher observed that some of the traditional healers interviewed differ with the official categories that are in the Act. For example, *gobela*, spiritual advisor, indigenous prophet, and multi-gifted healers are not recognised in the Traditional Health Practitioners Act of 2007.

Table 3.1: Types of research participants (Source: author, 2022)

Sangoma	**Ngaka**	**Gobela**	**Spiritual Advisor**	**Multi-gifted***
5	4	2	1	4
*Healers having more than one gift, for example, *sangoma* and prophetic gifts.				

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Table 3.2: Profile of research participants (Source: author, 2022)

Male	Female	City-based*	Suburb-based**	Township-based***	Village-based
6	9	1	8	6	1
*The interview was done in Sandton **The interviews were done in the suburbs of Johannesburg and Pretoria ***The interviews were done in Mamelodi, Katlehong, and Soweto township					

(b) Observations and Mapping

Research participants would burn *imphepo* (traditional incense) during interviews. Chilisa (2011:187) argues, participants sometimes use cultural symbols of their choice to communicate the collective construction of knowledge, sharing of ideas, or equality among all involved. Cultural symbols to facilitate discussions are common in talking in circles (Chilisa, 2011: 187). Research participants permitted the researcher to take photographs of their *indumbas* and to draw the floor plans. Only two research participants were not comfortable with the researcher taking photographs of their *indumbas*. Mapping involved drawing the layout of the study site and incorporating all the features that are important in understanding the problem of the study. Mapping depicted how the internal spaces are arranged and the movement between spaces.

Table 3.3: List of research participants (Source: author, 2022)

List of Research Participants	Type of Data Capturing	Audio Recording	Pictures	Mapping
Research Participant 1	Site Visit	Yes	Yes	Yes
Research Participant 2	Zoom [Twice]	Yes	No	No
Research Participant 3	Site Visit [Twice]	Yes	Yes	Yes
Research Participant 4	Site Visit	Yes	Yes	Yes
Research Participant 5	Site Visit	Yes	Yes	Yes
Research Participant 6	Site Visit	Yes	Yes	Yes

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Research Participant 7	Site Visit	Yes	Yes	Yes
Research Participant 8	Site Visit	Yes	No [not allowed]	Yes
Research Participant 9	Site Visit	Yes	No [not allowed]	Yes
Research Participant 10	Site Visit [Twice]	Yes	Yes	Yes
Research Participant 11	Site Visit	Yes	Yes	Yes
Research Participant 12	Site Visit	Yes	Yes	Yes
Research Participant 13	Site Visit	Yes	Yes	Yes
Research Participant 14	Site Visit	Yes	Yes	Yes
Research Participant 15	Site Visit	Yes	No [not allowed]	Yes

3.8 Analysis and Interpretation

The analysis presents a systemic expansion beyond description that identifies key factors (in the data) and relationships among them (Sandaña, 2011: 29). Interpretation reaches out for 'understanding or explanation' beyond the study to find broader application and meaning (Sandaña, 2011: 29). Chilisa (2012: 182) states, organising data starts with open coding. Open coding refers to the process of breaking down data into themes, patterns, and concepts to create a meaningful story from the volume of data (Chilisa, 2012: 182). For this study, descriptive coding was employed as the appropriate method to analyse datasets.

For this study, triangulation was an appropriate analysis tool as different research instruments were used to gather datasets. Different research instruments were employed during the study which were: (a) semi-structured interviews, (b) photo documentation, (c) observation, and (d) mapping. Triangulation was an appropriate analytical method for analysis as different instruments were used to capture data. Triangulation is a way of achieving a more meaningful and balanced understanding of a research issue by the use of two or more research methods (Gray & Malins, 2004).

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In the physical/geographical sense triangulation was a measuring technique used by navigators and surveyors for pinpointing a location from two or more different positions (Gray & Malins, 2004). Using the metaphor of exploration, triangulation is particularly useful in helping us to map the terrain and locate our position, and travel to another place (Gray & Malins, 2004). Triangulation helps us to get a 'fix' on something to understand more fully the complexity of issues by examining them from different perspectives, and by generating data in different ways by different methods (Gray & Malins, 2004). In the words of Gray and Malins (2004), the more information we have from varying perspectives, the more able we are to test our ideas and eliminate bias that might arise from each method. Figures 3.6 and 3.7 below shows the triangulation analysis method.

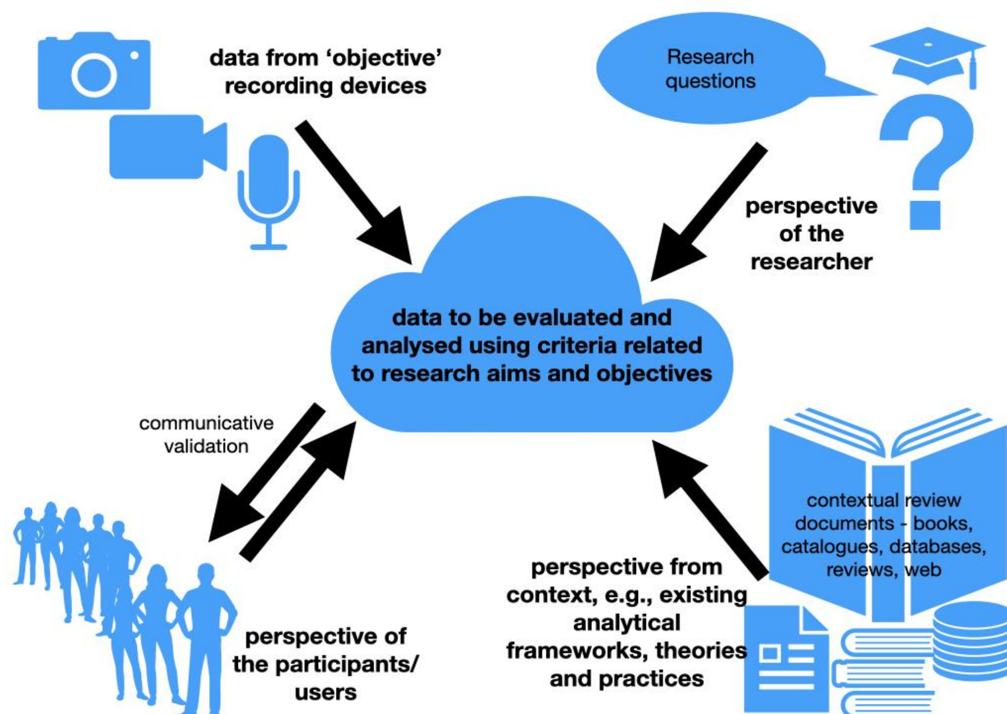

Figure 3.7: Diagram depicting the 'Triangulation' analysis method
(Source: adapted from Gray & Malins, 2004)

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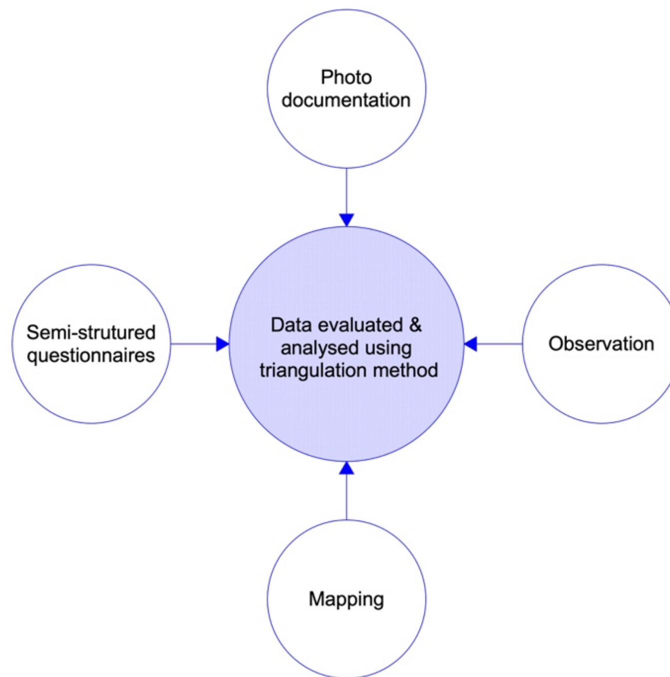

Figure 3.8: Triangulation using different research instruments (Source: author)

3.8.1 Interviews

Most of the interviews were conducted in indigenous languages and transcripts were later translated into English. Care was taken not to translate concepts that were deemed to reflect intimate and spiritual worldviews of the healers. From the interviews, data were coded and broken down into several themes. Themes were in turn broken down into sub-themes. Descriptive coding was used to generate codes and themes. This coding approach is particularly useful when you have different types of data gathered for one study, such as interview transcripts, field notes, and documents (Sandaña, 2011: 104). For this study, there were transcripts, site layouts, photographs, and observation notes. Data were checked for completeness and photographs were checked to support the data from the transcripts.

Datasets that were created were put in an Excel document to analyse the data. From the analyses of the codes, themes were created (see Figure 3.9 below). Themes are extended phrases or sentences that summarise the manifest (apparent) and latent (underlying) meanings of data (Sandaña quoting Auerbach & Silverstein, 2011: 108). Themes, too, can be categorised, or listed in superordinate and subordinate outline

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formats as an analytic tactic (Sandaña, 2011: 108). Relevant code families were created from themes (see Table 3.4 below).

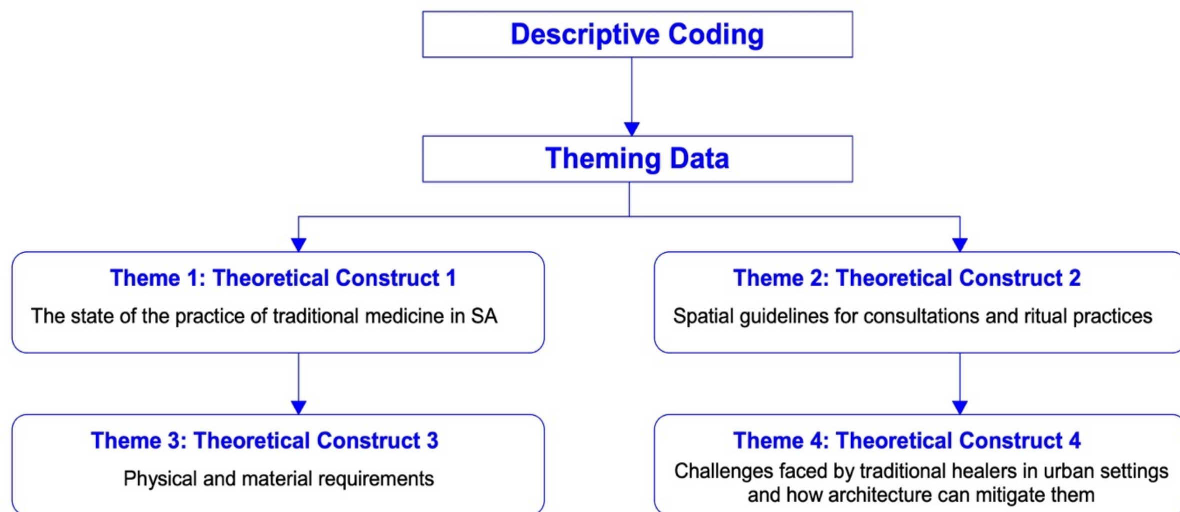

Figure 3.9: Diagram depicting how themes were created

Table 3.4: How the data was themed during analysis

Themes [Theoretical constructs]	Relevant code families
Theme 1 [Theoretical construct 1] The state of the practice of traditional medicine in SA	Privacy & confidentiality The influence of *badimo* Consultation methods Defining traditional healers' callings Training of different mediums Fragmentation of the practice of TM Equality among the healers
Theme 2 [Theoretical construct 2] Spatial guidelines for consultations and ritual practices	Types of consultations Facilities of traditional healers Design of *indumba* The significance of *umsamo* The storage of *muti* The influence of cosmology on design Rituals performed by traditional healers The importance of outside spaces Construction process and maintenance
Theme 3 [Theoretical construct 3] Physical and material requirements	Indigenous construction materials Colours used and their meaning The significance of *amabhayi* Indigenous symbols
Theme 4 [Theoretical construct 4]	Lack of African identity in the current facilities Lack of spaces for rituals Limited access to sites of spiritual significance

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Challenges faced by traditional healers in urban settings and how architecture can mitigate them	

3.8.2 Observations

An observation sheet was developed to observe the manifest during site visits. Together with the transcripts, data from observation sheets were grouped to create themes and sub-themes. The observation sheet was used as a research instrument to note crucial data from how research participants interact with their clients, to construction materials, finishes, and how clients access the site. Artefacts and colour patterns were also recorded on the sheet.

Photography was used as a research instrument to support the dataset from transcripts and observation sheets. This method is what Gillian Rose (2016: 307) calls the 'visual research method' to support the dataset gathered through interview transcripts among others. In this study, photo-documentation was used as part of the analysis. In photo-documentation, a researcher takes a carefully planned series of photographs to document and analyse a particular visual phenomenon (Rose, 2016: 308). Photo-documentation is a method that assumes photographs are accurate records of what was in front of the camera, that is, a precise record of material reality (Rose, 2016: 310). Key to the successful use of photo-documentation is the careful conceptualisation of the link between the research topic and the photographs being taken (Rose, 2016: 311). Shooting scripts depend on the initial research question being addressed (Rose, 2016: 311). They are lists of sub-questions generated by that overall question, and they guide a first go at taking photographs relevant to the research question (Rose, 2016: 313).

3.9 Limitations

Various limitations were identified during data collection, including, organising a focus group and individual interviews during the COVID-19 pandemic, and taking photographs during interviews. However, the researcher felt he was trusted by the

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traditional healers as he was warmly welcomed into their sacred spaces, and they were willing to answer any question.

3.9.1 Limitations During Interviews

Firstly, the researcher planned to start and end the interviews with a focus group of between 10 and 20 research participants. As it was during the COVID-19 pandemic, research participants who initially agreed to be part of the focus group, changed their minds for fear of contracting the virus. Some of the research participants, due to age, were unwilling to expose themselves to the virus by being part of a focus groups. Another phenomenon that was observed is, traditional healers are not united. Traditional healers belong to different groups and associations, and they are always curious about who was going to be part of the focus group. Some did not approve of this idea, and they were vocal that they would not participate. In the end, the focus group never materialized for the above reasons.

Secondly, the researcher planned to interview 20 research participants with individual interviews. In the end, 15 research participants were interviewed instead of 20 as previously planned. Research interviews were conducted during the height of COVID-19 and some of the participants, who initially agreed to be interviewed, later declined. One of the traditional healers, a prominent one in Gauteng, passed on a few weeks after she was briefed about the research over the phone. She was the president of the Traditional Healers Organisation (THO) which was based in Gauteng. Her passing disturbed the researcher because she was fighting for the recognition of traditional healers and the transformation of the practice of traditional medicine in South Africa. Fortunately, 14 research participants were willing to meet physically for interviews and only one research participant agreed to an online interview. The majority of the healers were open and welcoming during the interviews.

3.9.2 Limitations of Photo-documentation

Photo-documentation, as a visual research method, is a crucial research instrument for data collection, especially for ethnography. For this research, photo-documentation was employed as a research instrument to support interview transcripts and

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observations. Unfortunately, some research participants were not comfortable with their *indumbas* being photographed during interviews. They said *indumbas are* their most sacred spaces and their ancestors would not be happy if such sacred spaces were photographed for research purposes. Others put a restriction on what can be photographed, for example, one research participant allowed photographs to be taken of his *indumba* except for the *umsamo* or the shrine, where ancestors reside. Others were not comfortable with their ritual spaces being photographed because of too much blood and goat skins still visible.

3.10 Ethical Considerations

In the past, most of the research protocols were prepared by western researchers on how to engage the indigenous people. According to Smith, it positioned indigenous individuals, communities, and organisations reacting to research as something done only by white researchers to indigenous people (Smith, 2012: 207). It positioned indigenous communities as powerless and research as disempowering (Smith, 2012: 207). The perception remained, especially among western researchers, that indigenous people object to being researched. Indigenous groups argue that legal definitions of ethics are framed in ways that contain the western sense of the individual and individualised property, for example, the right of an individual to give his or her knowledge, or the right to provide informed consent (Smith, 2012: 208). Therefore, researchers must exercise caution when engaging indigenous people during the research process.

The practice of traditional medicine is often associated with animal cruelty and witchcraft. This proposed research will not go that route or even attempt to condone such practice. It must be noted that elements of magic and witchcraft[1] are still prevalent in African medicine and this research will avoid such practices. Some medicines can be used to harm others; however, it is not the intention of this research to promote or condone such practice. Education for traditional health practitioners is

[1] Magic and witchcraft here refer to harmful practices that are not used for healing. For example, it can be used to kill someone.

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important for the advancement of traditional medicine. They must also be made aware of endangered animals and medicinal plant species. They must also be made aware of legislations protecting those endangered animals and medicinal plant species. A good relationship between traditional health practitioners and authorities will minimise misunderstandings and endless fights.

Although the participatory research method is welcomed, it does have its challenges as it involves the previously exploited, the poor, and the marginalised. According to Linda Smith, indigenous peoples have an abhorrence and distrust of research (Smith, 2012: 190) due to abuse by western researchers in the past. Therefore, the researcher will have to win the trust of the THPs whose intellectual property was 'stolen' by the big pharmaceutical companies in the past. The researcher gained access to the sacred spaces of the THPs. The healers had to reveal their closely guarded secrets to the researcher, some of the secrets have been kept within the family for generations. Gillian Rose (2016: 358) argues, the following are ethical research principles that will inform every stage of the research:

- Research participants should take part voluntarily, free from any coercion or undue influence, and their rights, dignity, and (when possible) autonomy should be respected and appropriately protected. Informed prior consent will be obtained before any research is conducted.
- Research should be worthwhile and provide value that outweighs any risk or harm.
- Research staff and participants should be given appropriate information about the purpose, methods, and intended uses of the research, what their participation in the research entails, and what risks and benefits, if any, are involved.
- Individual research participant and group preferences regarding anonymity should be respected, and participant requirements concerning the confidential nature of information and personal data should also be respected.
- Research should be designed, reviewed, and undertaken to ensure that recognised standards of integrity are met, and that equality and transparency are assured.
- The independence of research should be clear, and any conflicts of interest or partiality should be explicit.

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In the words of Rose (2016: 360), key issues include confidentiality, anonymity, consent of research participants, and any copyright issues relating to the images. Ethical clearance was sought from the University of Pretoria's EBIT Ethics Committee. The first ethics approval (Ref no: EBIT 236/2019) was for the pilot study and the second ethics approval (Ref no: EBIT 212/2020) was for data collection. It must be mentioned that the approval from EBIT Ethics Committee was conditional, and the conditions were clearly stated in the approval letter.

3.8 Conclusion

Despite the many challenges highlighted in the section above, the research methodology employed in this chapter was considered successful in capturing sufficient and relevant data from various research participants while answering research questions. This research methodology chapter illustrates different research instruments and approaches employed to capture data. The research design for this project included the following research instruments: (a) observation, (b) mapping, and (c) interviews with different categories of traditional health practitioners. For this study, the work of Bagele Chilisa (2012) and Linda Smith (2012) proved to be useful in the quest to embrace indigenous research methodologies. Triangulation was an appropriate tool to analyse datasets from different research instruments, namely, transcripts from interviews, observation sheets, photographs, and mapping.

Some limitation experienced include cancellation of appointments at the height of COVID-19 pandemic. One research participant agreed to a virtual interview. Some of the research participants did not approve the author taking photographs of their *indumbas*. They said their *indumbas* are sacred and private spaces and were not comfortable being photographed for research purposes.

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CHAPTER 4: THE PRACTICE OF TRADITIONAL MEDICINE IN SOUTH AFRICA

4.1 INTRODUCTION

Based on interviews and a policy review conducted as part of the literature review, this chapter presents the findings that answer the first research query, which is:

(a) What is the current state of the practice of traditional medicine in South Africa?
(b) What impacted its current architectural and urban spatial aspects of healing spaces?
(c) What can be learnt from architectural responses to existing places and elements of healing in Africa?

In response, this chapter gives an overview of the state of the practice of traditional medicine, which include how privacy and confidentiality are maintained by the traditional healers, the influence of *badimo* in the practice of traditional medicine, different consultation methods, definition of traditional healers' callings, training of traditional healers, the use of different mediums during consultations, the current fragmentation of the practice of medicine, and lastly, the equality among traditional healers. By representing these findings, the chapter sets out to show the commonalities and differences between traditional healers in Gauteng. It shows which aspects bind them in understanding and which aspects differentiate them in their callings.

4.2 RESEARCH OBJECTIVE 1

This Chapter presents the findings of the first research objective, which is, to investigate the practice of traditional medicine in South Africa. The objective further seeks to dispel the myths and misinformation about the practice of traditional healing. The objective is to show that, just like biomedicine which has developed through

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research and funding, traditional medicine can also develop and contribute to the healthcare of the nation and reduce the pressure on the South African healthcare system, especially in Gauteng Province which is highly populated and has, due to the legacy of apartheid, limited healthcare facilities, especially in the former black townships. The figure below shows the structure of this chapter.

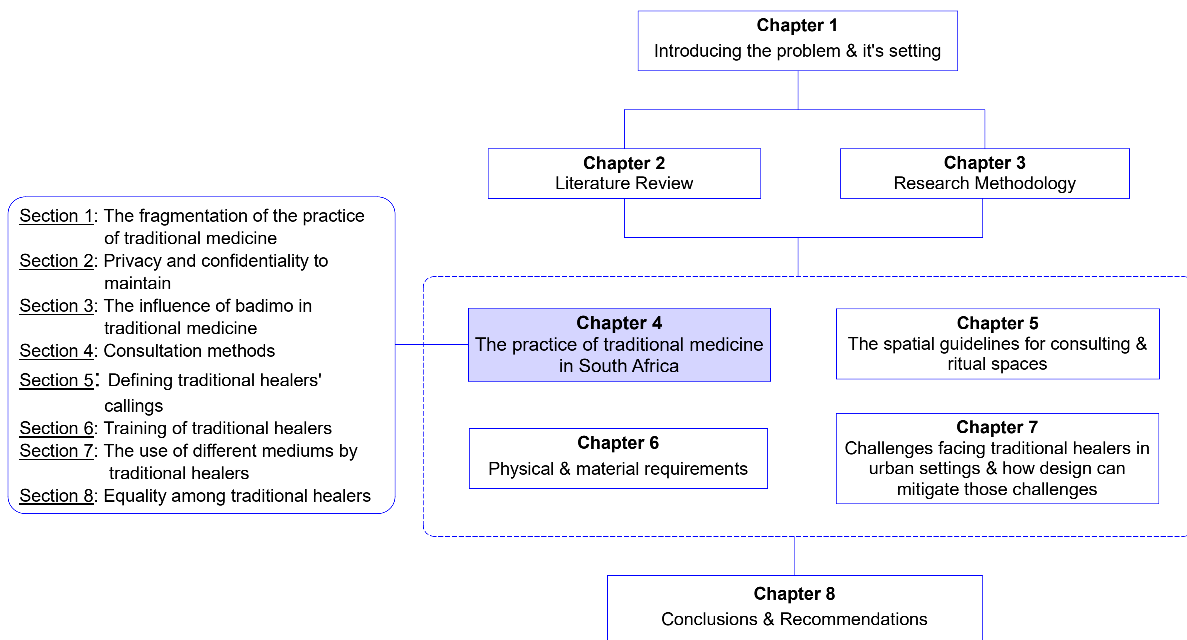

Figure 4.1: Diagram depicting the structure of this chapter in relation to the dissertation (Source: author, 2023)

4.3 Privacy and Confidentiality to Maintain

During the study it was found that young traditional health practitioners are of the opinion that the practice of traditional medicine should be transparent. They said they are on a quest to demystify the practice of traditional medicine so that it can appeal to young professionals who are starting to embrace their African identity. They are aware that for a long time, people have been associating traditional medicine with secrecy and suspicion. However, in as much as the new breed of traditional healers are embracing transparency, they believe some rituals and practices must remain private. They are of the opinion that some elements of traditional medicine are not for public consumption as they might lose their sacredness. Regarding privacy and confidentiality, research participant 10 said, *“rona dingaka re ikana ka nnete ya koma”*

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which translate as "we as healers abide by the truth of *koma*". One of the principles of *koma* is impartial truth (see Figure 2.4).

During the study traditional healers said, just like biomedicine, privacy and confidentiality are important in the practice of traditional medicine. Traditional health practitioners stated that they do not want their private conversations with their clients in confidence to be made public. They said that's the quickest way to lose credibility as a traditional healer. Due to stereotypes that are associated with traditional medicine and horror stories that are reported in the media, some of the clients do not want to be seen consulting traditional healers. Some of the clients have resorted to only consulting virtually or on audio. Some of the clients are prominent people in society like politicians and businesspeople. It is for this reason why the new breed of traditional healers has embraced virtual consultations to cater to this growing market.

4.4 The Influence of Badimo on Traditional Medicine

During the research, traditional health practitioners said *badimo* or ancestors have a major influence on how they practice traditional medicine. This influence starts when they receive their calling to become traditional healers. They said *badimo* would communicate with them through dreams or visions that they are called to become healers. Two types of *badimo* influence the practice of traditional medicine. The first group is the people who once lived on earth and after they died, they are referred to as *badimo*. Traditional healers said indigenous people return to the stars after death and they become *badimo*, and they look after their loved ones. They said in the past their remains were buried in the family kraal as there were no graveyards. They said graveyards are a western concept that was imposed on the indigenous people. A family kraal was a burial space to bury loved ones hence it was regarded as a sacred space by the Africans. A family kraal was also a space to exchange vows when a couple was getting married as there were no churches in the past. Therefore, a family kraal was multi-functional and highly revered. No one outside was allowed to enter without permission from the family.

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The second type of ancestors are the ancestors who never lived on earth but live in the stars, and they are referred to as the gods or *badimo*. Traditional healthcare practitioners are of the opinion that people of all races have ancestors that live in the stars. Reverence of *badimo* is the oldest religion on the planet. Traditional health practitioners are heavily influenced by *badimo* or ancestors in how they practice, dress, and prescribe or dispense *muti*. *Badimo* even influences the design, materials, colours, and space arrangement of their practices. For example, research participant 14 used stone instead of bricks to construct her *indumba*. She said *badimo* instructed her to use natural stones to construct her *indumba*. She said *badimo* even told her that her *indumba* has to be circular and face east, where the sun rises.

Badimo, through dreams or visions, communicates with the people that they are called to become healers. After initiation, *badimo* continue to play the role of guides including instructing the design and decor of the *indumbas*. The way traditional healers practice evolves through time. *Badimo* can instruct them later to change their decor inside their *indumbas* or change their practicing methods. *Gobelas* or teachers can teach initiates up to a certain point, which is mainly how to connect or communicate with *badimo*. After initiation, *badimo* become lifelong guides of the traditional healers even influencing them on how to practice and prescribe or dispense *muti*.

Traditional healers heavily rely on guidance from *badimo* in their consultations. They believe there is a guide or spirit inside every indigenous healer. Indigenous healers refer to that guide or spirit as *ledlozi*. They believe every healer must be obedient and listen to *ledlozi* inside them. Part of the training of all traditional healers is to teach them to connect and follow the instructions of *ledlozi. Ledlozi* is an ancestor or *badimo* from the family lineage of the healers. *Badimo*, through the spirit or ledlozi, will not allow traditional healers to do things they do not approve of.

During the study, many young traditional healers said they are doing online consultations because they are approved by their *badimo*. Continuous communication with ledlozi is important in their practice as they are guides. Traditional healers regard *badimo* or *ledlozi* as the root, and they regard themselves as the stem and branches. They regard themselves as vessels of *ledlozi* inside them. Research participant 9 said, “ancestral reverence is the oldest religion on the planet.” Therefore, everything

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concerning the practice of traditional medicine must be done with the approval of *badimo*. During the study, some research participants said they possess ancestors from the entire continent because black South Africans migrated from the north to the south. Research participant 9 said her ancestors originate from the middle east which is why she has a Buddha statue inside her *indumba*. The Buddha statue is positioned at the sacred *umsamo* or shrine. She was the only research participant with a Buddha statue inside the *indumba*.

4.5 Consultation Methods

From the study, different traditional health practitioners said different healers specialise in certain gifts. Some healers can only help to interpret your dreams. Some healers can only help with herbs and medicines. Some will only help you to cleanse or with ritual practices. Others are just going to give you a reading of the bones and tell you what's wrong. There are however different divination methods. Besides animal bones, others use crystals, bibles, water, mirrors, and sorghum for divination. Forms of divination depend on what the ancestors prefer or on the gift. Healers who use water for divination would source it from sacred bodies of water including rivers, dams, streams, and the sea. If a client is troubled, they would give him or her water from the dam because dam water is considered peaceful, unlike river water. For cleansing rituals, healers would use water from the river or stream because the water is considered clean or pure.

Traditional healers have been practicing this way for many years. However, there is a new breed of traditional healers who are not afraid to think outside the box of time old conventions. These new breeds of traditional healers are mostly young people who want to appeal to young professionals. Most of them have embraced technology and are consulting utilising social media platforms. COVID-19 has also forced many traditional healers to be innovative in their consultation methods. Some healers believe ancestors can communicate and work effectively through technology. They believe the advancement of technology is not man-made, but the ancestors had a part in it. It is no wonder they embrace technology and the use of virtual consultations.

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Younger healers are taking consultation methods outside their *indumbas*. They do not want to be restricted in their *indumbas* and wait for people to come. They want their presence felt everywhere, that is, at homes, universities, and schools. They even have accounts on social media platforms like Facebook, Twitter, and Instagram, and they engage with their followers. They also answer questions on social media that might make older healers uncomfortable. They are more than willing to consult using every available medium including WhatsApp, Zoom, MS Teams, and Skype. Most of their clientele are young professionals and businesspeople who want convenience and privacy. These young healers feel they should not be confined to their *indumbas*. Some of their clientele are from overseas including South African expatriates who are working abroad. Young traditional healers said they do courier *muti* everywhere in the country, including overseas where some of their clients are located.

For a long time, traditional healers were not marketing their services. They never used social media platforms and websites to market their services. They depended on word of mouth for marketing. They regarded their services as a calling instead of a profession. However, this new generation of traditional healers believe times have changed. They are on a quest to demystify the practice of traditional medicine. They want the practice of tradition to be transparent because, for a long time, it was secretive and hidden from the public eye. Some of the healers have websites and others have electronic brochures that are shared on social media. They take their image seriously, even putting on make-up for their images. They use the services of professional graphic designers to make professional brochures and images on their websites and social media. To sum it up, this new generation of healers are treating the practice of traditional medicine as a business which is contrary to the practice of the older healers. They take care of their business image and embrace technology because they believe *badimo* can adapt and grow and evolve with the times.

4.6 Defining Traditional Healers' Callings

Research participant 10 said, according to African spirituality, there are three main healing domains, namely, (1) therapeutics, (2) diagnostics, and (3) rituals and totems. Therapeutics deal more with the healing of the body; therefore, patients would

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traditionally consult *ngaka/inyanga*. Diagnostics, rituals, and totems usually go together as they mainly deal with matters of the mind, spirits, and relations with other people. Patients would consult a *sangoma* or even a ritualist if rituals or cleansing need to be performed. From the study, research participants said usually each healer is trained in one domain. However, traditional healers can be trained in two or all three domains, that is, therapeutics, diagnostics, and rituals and totems.

Traditional medicine has two main training or initiation processes, namely, the *ndawu* training process and the *nguni* training process. The *ndawu* training process is water-based, and the *nguni* training process is land-based. Traditional healers who have initiated through the *ndawu* process use a lot of sacred bodies of water. They also believe in water spirits for guidance and initiation processes. Simply put, *ndawu* is a water-based ancestral spirit. During the study, research participants said the origin of the *ndawu* ancestral is believed to be from Mozambique. They said African indigenous people acquired *ndawu* spirits when they passed through Mozambique when they were migrating to the south from the north.

Traditional healers who trained in *nguni* training process include the Khoi Khoi and the Sān peoples (formally referred to as Khoisan), who do not use a lot of sacred bodies of water. Research participants said the *nguni* ancestral spirits originate from the Khoi Khoi and the Sān peoples who are the original inhabitants of Southern Africa. The *Nguni* ancestral spirit is land-based, where there is limited access to water. Research participants said indigenous people acquired the *nguni* spirits when they interacted with the Khoi Khoi and the Sān peoples in Southern Africa during migration to the south. Traditional healers who have been initiated through the *nguni* process do not usually need bodies of water for their training. But they sometimes go to these sacred bodies of water for certain rituals if there is access.

Traditional healers have different callings. To put it simply, different categories of indigenous healers and some are specialists in their callings. Some of them play the role of spiritual advisors. Spiritual advisors dispense *muti* or perform rituals to treat patient. Their role is simply to advise on spiritual matters and recommend an indigenous healer if need be. Most indigenous healers usually come from a lineage of healers, either from the maternal or paternal side. Some would tell a story of how they

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were groomed from an early age by a family member. The following are the categories of indigenous healers:

(a) Ngaka/Inyanga/Doctor

Traditional healers who are trained as doctors, learn the domains of therapeutics, diagnostics, rituals, and totems in their training. However, they specialise more in therapeutics. They usually do not wear traditional clothes or bracelets like *sangomas* do.

(b) Sangoma/Mokoma/Diviner

Traditional healers who are trained as *sangomas* tend to focus more on divination and rituals, which includes totems. They are mostly referred to as diviners. They are easily recognisable as they wear *amabhayi* or indigenous clothing and put on indigenous bracelets and necklaces. Traditionally, their clothing will have an imprint of their totem, for example, a lion, buffalo, leopard, elephant, etc.

(c) Mosiki/Ritualist

Traditional healers who are trained as *mosiki* or ritualist specialises in rituals and totems. They are experts on different types of rituals even in the area of different totems. They know which animal must be slaughtered for a particular ritual.

(d) Igedla/Herbalist

Indigenous healers who are trained as herbalists are experts on medicinal plants and herbs that are used to create *muti*. It is common for other indigenous healers to inquire from the herbalists on the type of *muti* to prescribe to a patient. They have expert knowledge of *muti* for healing purposes and *muti* for spiritual matters, for example driving away evil spirits.

(e) Mocholoko

Mocholoko is in the doctoral domain of therapeutics. This doctoral domain tends to be more academic and scientific in terms of methodology and deals more with matters of the body, the mind, and the spirit. As this is a specialist field, fortunately the author got to know and interview the only *mocholoko* in the country. He was trained by two prominent traditional healers in the Free State Province.

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(f) Sanusi/Senose

Traditional healers who are trained as *sanusi/senose* are specialists in the domains of divination and rituals. The domain of Sanusi deals with matters of the spirits, the mind, the foreseeing, and the relations with others and the *badimo*. The late Credo Mutwa was probably the most well-known *sanusi* in the country.

(g) Gobela (Professor)

Gobelas are in the doctoral domains of therapeutics, divinations, rituals, and totems. They usually have many years of experience practicing as traditional healers. Traditional healers do not become gobelas out of their own will or decide to train to become *gobelas.* Due to their experience and expert knowledge of the practice of traditional medicine, ancestors promote certain healers to become *gobelas.* In the practice of traditional medicine, it is a serious role becoming a *gobela* as you train *mathwasa* or initiates to become traditional healers and connect them with their *badimo* or ancestors. There is no standard for the length of training, therefore, training may vary from months to years.

(h) Spiritual Advisor

Spiritual advisors are neither trained nor initiated as traditional healers. Their main role is spiritual advisory on spiritual matters including traditional medicine. Spiritual advisors have expert knowledge of the practice of traditional medicine, including the domains of therapeutics, divination, rituals, and totems. It is not uncommon for a spiritual advisor to recommend a traditional healer to a client for consultation, either for therapeutics or to perform a ritual ceremony. Some spiritual advisors have positioned themselves to offer advisory to corporates on matters relating to African spirituality. Research participant 2, who is a spiritual advisor, said he is consulting his services to companies, universities, and schools. He said there is a spiritual awakening among indigenous people, and companies and places of education must not be left behind.

(i) Mmamorapelo/Indigenous Prophet

Traditional healers who are trained in the domain of prophecy mainly use prayers, bibles, and water from sacred bodies of water to heal or perform rituals. They use different colours of candles for different rituals or prayers. They wear distinct uniforms,

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usually plain blue or green, or white, with a cross at the back. The indigenous prophets usually visit different sacred sites to pray, including caves, mountains, and different bodies of water. It is not uncommon for other traditional healers, like *sangomas*, to possess the gift of prophecy. For example, research participant 3 said she functions in the office of a *sangoma* and prophet. Therefore, she has two uniforms for the two spiritual gifts. She says if she is functioning in the office of a *sangoma* she would wear *sangoma* attire, and if she functioned in the office of a prophet, she would wear the prophet attire. She says each case she is dealing with dictates which office she has to function under.

4.7 Training of Traditional Healers

Twasong is an initiation school for *mathwasa* and it is run by a *gobela* (professor). Gobela is a traditional healer who has received further training to train initiates. He or she has expert knowledge and experience in the practice of traditional medicine. Among indigenous healers, *twasong* is a sacred space for training in traditional medicine. Usually, *gobela* does not accept anyone to be trained. Initiates are led by their *badimo* on which *twasong* to train as indigenous healers. The conditions at twasong are not comfortable as the intention is to train initiates to be humble and to submit to *badimo*. Initiates train under gobela for months or years, depending on their training. There are two types of *twasong*, the first one trains initiates using *nguni* spirits, which are water-based spirits. The second *twasong* trains initiates using *ndawu* spirits, which are land-based spirits.

As previously mentioned, there are two types of training methods, namely, the *ndawu* and the *nguni* training processes. The former is water-based spirits, and the latter is land-based spirits. After initiation, the indigenous healers will function on one or more of the categories mentioned above. The training of indigenous healers can vary from a few months to a few years. It all depends on the ancestors and your *gobela.* In the first few months, initiates are usually walking on their knees as a sign of submission and connecting with the earth. There's no description of how long the training of indigenous healers should last. Some qualified healers go for further training to become *gobelas*, thereafter, they have their own initiates.

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There are a group of people who function in the space of traditional medicine who do not see the need to be initiated formally. They have some experience, usually having learned different medicinal plants and treatments from their family members. Research participant 2 said, “I was not conditioned to think I have to be initiated to become a healer.” His father is a prominent traditional healer in Kwa-Zulu Natal. He regards himself as a spiritual advisor. He says, ‘I have been able to articulate and teach people African spirituality and African healing and medicine with reference to science’. He says people understand and can engage with it much better when you begin to speak their language.

Some *gobelas* confirmed that they train their initiates virtually when they are not present physically. They do consultations with their clients; therefore, they are comfortable teaching initiates virtually. Many indigenous healers have embraced technology even for training. Indigenous healers are of the opinion that distance is no longer a problem for initiates as they can learn everything online.

There is a school of thought that believes to become a traditional healer you must be outside your comfort zone and physically come to be trained as a healer. It is usually the conservative traditional healers who have that thought because that’s how they were trained. They believe initiates must wake up every morning at 3h00 and beat the drum and dance to the spirits. They believe physical training builds character in the initiates. They also believe leaving your comfortable life at home and coming to submit under a *gobela* also builds character.

Some indigenous healers believe nature is the best initiation school for the practice of traditional healing. They believe that if you have the gift, you cannot be taught. They believe what initiation schools do is just mimic what nature does. It is mimicking the kinds of processes that traditional initiation used to do in the past. As in the past initiates had to go alone to sacred forests, mountains, and bodies of water, where the spirits would teach them traditional medicine. There were no *gobelas* who would teach you traditional medicine. Healer 9 (Rutendo) said she learned healing by the land, on the mountain, and at water bodies. She went through many processes to become an indigenous healer.

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4.8 THE USE OF DIFFERENT MEDIUMS BY THE TRADITIONAL HEALERS

Traditional healers use different mediums in their consultations. That includes *ditaola* (bones), *mabele* (sorghum), water, *muti*, and the bible. *Dingaka* (Doctors) and *sangomas* usually use ditaola and muti in their consultations. Indigenous healers who have a prophetic calling usually use water and the bible. Therefore, different indigenous healers tend to use specific mediums in their consultations.

(a) Ditaola/Bones

Traditional healers, especially *dingaka* and *sangomas*, use *ditaola* during their consultations. *Ditaola* are mainly animal bones, seashells, dice, cold drink cap, and small toys. *Ditaola* are usually kept in an animal skin sack. *Ditaola* are considered a gift from *badimo* to the traditional healer. *Ditaola* are the means by which traditional healers communicate with *badimo* and diagnose their clientele. Research participant 5 said a good and experienced traditional healer does not necessarily need *ditaola* to diagnose patients. He said a good healer, through his intimate relationship will *badimo*, will know beforehand who is coming for consultation and the problems they are having. He said when the client arrives at the *indumba*, the healer will have a solution or treatment for the client. He said most healers will just throw bones on the floor to please the clients even though they already have a solution.

(b) Muti

Muti simply refers to treatments or concoctions used by traditional healers to heal or perform rituals. From the study, different groups of *muti* are used by traditional healers, namely, (1) volcanic *muti*, (2) botanic *muti*, and (3) ritualistic *muti*. The first group is volcanic *muti* which includes medicinal stones, certain soil, and crystals. These are usually used for divinations by traditional healers. The second group is botanic *muti* which refers to land plant species and aquatic plant species that possess healing properties. *Igedla* or herbalist has expert knowledge of the indigenous medicinal plants. The third and last group is called ritualistic muti which is specifically used for different ritual ceremonies. A *moseki* or ritualist would be the expert or specialist on this group of muti and would know which muti to use in different rituals. The fourth group is aquatic muti which refers to all medical plants sourced from different bodies

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of water. An example of aquatic *muti* is seaweed which is either cooked or dried by traditional healers for different ailments.

Most indigenous healers burn *imphepho* to cleanse their consulting spaces. Indigenous healers who are practicing in corporate offices do not burn imphepho in their practices. They usually cleanse their spaces by waving *ishoba*. Traditional healers use the use phrase, 'clearing the space' for anyone who brings negative energy into their space. The purpose of *imphepho* is to make sure the negative energy from any person is neutralised. Indigenous healers do not want their *indumbas* to be contaminated, they are protective of their consulting spaces. Most indigenous healers display their *muti* on the shelves in their *indumbas*. Some of the *muti* are properly labeled and some are not.

Many indigenous healers grow medicinal plants in their yards. They intentionally grow indigenous plants that they are going to use. They know it is organic, it is clean and fresh, and it is not contaminated. They mix the herbs to make *muti*. Indigenous healers agree that there is a lot of energy when making *muti*. They say you want a clean space with good energy when making *muti*. Research participant 3 says she usually waits for everyone to sleep and for be house to be quiet. She would then cleanse the space by burning *imphepho* before boiling *muti* in the kitchen. She knows her *muti* is guaranteed to be pure. She says she is always led into what goes into the mixture even though it is the same *muti* for the same purpose. The process must be clean because the intention is pure, which is to heal. She says you do not prepare *muti* as if you are cooking food. One must always ask Mother Nature for permission to boil *muti* to heal people. She said, "the right intention must always be there."

Some *muti* is made from animal parts. Indigenous healers would use parts from elephant and wildebeest if they want to strengthen patients. They prefer parts from wildebeest and elephant because they cannot be threatened by other animals. For patients who want to foresee the future, healers would use parts from a giraffe. They use parts of giraffe because they can see from afar. Indigenous healers use goat if a patient wants to strengthen their house and drive away evil spirits.

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Traditional healers regard the human placenta as a crucial medicine. They say the placenta kept the baby alive for nine months. Research participant 10 said, "the human placenta possesses medicinal properties as it covered the baby like a veil during pregnancy." He said in the past, after a woman had given birth, the elders would dry the placenta and grind it into powder. They would then feed the baby the powder made from the placenta. Usually, they would mix the placenta powder into soft porridge or mix it with breast milk. He said, "traditional healers regard powdered placenta as a natural vaccine." He said in the past indigenous people did not need modern vaccines to strengthen their immune systems. If a baby was sick, the elders would give him or her a teaspoon of placenta powder mixed in breast milk. He said, "it is against African beliefs how doctors and nurses dispose the placenta in hospitals after a woman has given birth." Different traditional healers were in agreement saying the placenta is highly sacred as it carried the baby for nine months.

(c) Sacred Water

Traditional healers use water from sacred bodies of water during consultations. For example, indigenous prophets use sacred water a lot in their sessions for therapeutics and different ritual ceremonies. When a client is troubled by the spirits, traditional healers would give him or her water from a calm body of water like a dam to calm him or her. Different sources of water are used to cure or perform different ritual ceremonies. Sometimes traditional healers would instruct their clients to bathe in the sacred water to get rid of evil spirits.

(d) Mabele (Sorghum)

In African spirituality, *mabele* is considered as a sacred grain crop. During the study, traditional healers regarded *mabele* as the food of the ancestors. *Mabele* is also used to prepare traditional sorghum beer, which is considered as a drink of *badimo*. In most rituals, traditional healers would prepare sorghum beer to communicate and please *badimo*. The scent of *mabele* or sorghum beer is considered sacred by the traditional healers. Some traditional healers use *mabele* for divination in their consultations instead of the bones.

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(e) Cow Dung

First of all, a cow is regarded by indigenous people as a sacred domestic animal. Cow dung is revered by the indigenous people as possessing healing properties. During the study, traditional healers said the scent of cow is sacred and pleasing to *badimo*. It is, for this reason, cow dung is applied on the floor of most African homes and mixed with clay soil to construct houses. After a woman has given birth to a baby, cow dung is used as a gynecological healing modality by traditional midwives to speed up recovery. The traditional midwife prepares an overlay of treated cow dung on the floor for the mother to rest upon it like a bed. The mother usually heals relatively quickly compared to a mother who does not rest on cow dung overlay (Zulu, 2019).

(e) The Bible

Indigenous prophets, alongside the sacred water, usually use the Bible in their consultations. They would sometimes pray over the patient in their sessions. Their prayer usually involves communicating with God through *badimo*. The use of the Bible by traditional healers is different from the way Christians use the Bible.

4. 9 The Fragmentation of the Practice of Traditional Medicine

During the interviews, traditional health practitioners mentioned that they are not as united as they would like to be. During the pilot study, one research participant said the Mpumalanga Provincial Government was once willing to donate an old military hospital to the traditional healers. The healers were to manage the hospital and treat their patients in the hospital. The project failed because the healers disagreed on how the hospital was supposed to be managed. Unfortunately, the Mpumalanga Provincial government ended up taking back the hospital due to disagreements among the traditional healers.

The Traditional Health Practitioners Act of 2007 called for the establishment of the Traditional Health Organization (THO) to represent and register all categories of traditional health practitioners in South Africa. As previously mentioned, the council was supposed to be established to lead the THO. However, due to disagreements among the healers, the THO is dysfunctional, and the council has not yet been

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established. Research participant 5 was vocal and said, "the ACT does not represent us and we do not recognise the council."

Currently, there are many associations and organisations that claim to represent traditional healers in South Africa. Some of the research participants said one of the contributing factors is the disagreements among the healers, amongst them being who should represent and lead them. Sometimes traditional healers who are aggrieved start their own associations or organisations where they feel they would be well represented.

Contrary to the above, there are examples of traditional healers that act in unity together in organised gatherings. For example, research participant 13, who is also a well-known politician, poet, and academic, said he once organised a gathering of more than 2000 traditional healers at Vlakplaas[1], where many apartheid atrocities were committed. He said the main intention of the gathering of traditional healers at Vlakplaas was to cleanse the farm because many indigenous Africans were brutally murdered at the farm for political reasons by the apartheid regime. He said the spirits of the deceased were still at the farm and had to be collected so that they can find peace. He said the event, which was just after the dawn of democracy, was a significant occasion for the practice of traditional medicine in South Africa.

Research participant 13 said he made sure traditional healers are allocated a sacred space when the Freedom Park Museum was designed in Pretoria. He said *Isivivane*[2], which is a sacred space at Freedom Park, was designed to celebrate the practice of medicine in South Africa. He said when Freedom Park was officially opened by former President Thabo Mbeki, he organised several traditional healers to dedicate the museum to the ancestors. He said the event was well attended by traditional healers and it is well located within the city of Pretoria.

[1] Vlakplaas was a farm 20km outside Pretoria where apartheid atrocities were committed between 1979-1994 by the security hit squads. Many freedom fighters were assassinated in the farm.

[2] Isivivane is an outside shrine at Freedom Park Museum in Pretoria that was dedicated to fallen heroes who died during apartheid. This space is sacred to the traditional healers as these fallen freedom fighters are regarded as *badimo.*

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4.9.1 Institutional Challenges

The Act was adopted by the South African Government to officially recognise different categories of traditional health practitioners. However, during the study, traditional healers said they felt they were not consulted when the Act was drafted by the South African Government. As they were not consulted, traditional healers felt the Act was imposed on them by the authorities. They were not even consulted when the Department of Health established the Traditional Health Council to regulate the practice of traditional medicine in South Africa. The Department of Health imposed leadership of the council to oversee the practice of traditional medicine without consulting traditional healers. Due to the above, traditional healers felt marginalised and disrespected, and it reminded them of the era of apartheid when they were discriminated against. Due to a lack of consultation, the council failed dismally, and the practice of traditional medicine is still not regulated.

4.9.2 Policy Challenges

One of the issues traditional healers have a problem with is the four categories of traditional health practitioners that are in the Act. Since they were never consulted, they believe that the four categories are not inclusive. They want the Act to be drafted again and they want to be consulted. During the study, traditional healers said the way the Act was drafted is Eurocentric and there is nothing African about it. Lack of consultation is the reason why the Act was not accepted by the traditional healers in South Africa. The Government has also failed the healers by not publishing architectural guidelines for the facilities of traditional healers. Unlike China, Japan, and India, South Africa does not have a clinic or hospital for the practice of traditional medicine. Due to suspicion and ignorance, the practice of traditional medicine has still not been incorporated into existing healthcare facilities.

4.9.3 Challenges of Being Relevant

During the study, many of the young traditional healers want to continue to express their personalities in the manner they practice. They are comfortable practicing in

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urban areas closer to their clientele who are mainly young professionals and celebrities. They are comfortable with modern and upmarket facilities. Research participant 1 said, "I am on a quest to demystify the practice of traditional medicine in South Africa." Unfortunately, they feel older traditional healers continue to judge them because of their appearance. This is because many of them put on make-up, trend on social media, and offer visual and audio consultations. During the study, conclusions were made that, unlike older healers, many of the young healers have embraced modern facilities and believe it is the future of traditional medicine in South Africa.

4.10 Equality Among Traditional Healers

The indigenous knowledge system is different from western epistemology. During the research, traditional health practitioners said hierarchy is considered a western concept. Hierarchy is foreign to the healers as they respect each other's calling as a gift they have received from their ancestors. Traditional healers are aware that every healer is simply a vessel of the ancestors, and they respect that. They never go to upgrade their skills unless they are instructed to do so by their *badimo* or ancestors. Traditional healers treat each other with respect irrespective of whether they are famous or not. That is why they address each other as *ugogo* or *umkhulu* irrespective of age, gender, or how one has been practicing as a healer. The words *ugogo* and *umkhulu* simply mean grandmother and grandfather respectively, which is in reference to the spirit possessing the healer. This is simply to honour and acknowledge the ancestors each healer is representing.

As there is equality among indigenous healers, it is common for them to refer patients to other healers. For example, a diviner might tell a patient that they do not need *muti* and refer the same patient to an indigenous prophet to be prayed for. A diviner might even refer his patient to an herbalist who possesses a deep knowledge of *muti*. It is not uncommon for traditional healers to refer some of their patients to biomedical healthcare professionals. They are aware that some patients can better be treated at biomedical healthcare facilities. During the study, traditional healers said biomedical doctors do not refer patients to them due to suspicion and mistrust. However, they all want that to change and to be treated with respect.

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4.11 Discussion

This chapter focuses on the current state of the practice of traditional medicine in South Africa and what has influenced these practices. The findings revealed the general rules of conduct and understanding amongst healers, shared practices, and differences among the healers. Table 4.1 below shows the aspects traditional healers have in common and differ on.

Table 4.1: Aspects that traditional healers have in common (Source: author: 2023)

Privacy and confidentiality	There is common agreement in privacy in consultations. Everything that is shared with traditional healers is confidential.
Reference of *badimo*	The practice of traditional medicine is underpinned by reference of *badimo*. *Badimo* are influential in how healers practice and the design of *indumbas*.
Training methods	There are two major training methods in the training of traditional medicine, that is, the *ndawo* and *nguni* training methods.
Equality among the healers	There is no hierarchy among different categories of traditional healers. Healers treat each other as equals.

Table 4.2: Aspects in which traditional healers differ (Source: author, 2023)

Consultation methods	Conservative traditional healers believe in physical consultations. However, many young healers have embraced audio and virtual consultations; and they are using social media to market their services.
Callings of traditional healers	Healers are trained in the domains of (1) therapeutics, (2) diagnostics, and (3) rituals and totems. Therapeutics deal with the healing of the body. Diagnostics, rituals, and totems usually go together as they deal with matters of the mind, spirits, and relations with people. It is common for healers to be trained in more than one domain.
Use of different mediums	Different healers use different mediums including *muti*, sacred water, bones, the Bible, cow dung and sorghum.

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Organisation to represent healers	The practice of traditional medicine has endured many years without being regulated. Therefore, there is not a single body that represent them. Currently there are many organisations that claim to represent traditional healers.

The aspects that healers have in common stretch across the four different types of healers that were identified by the Traditional Health Practitioners Act. On the other hand, the aspects that healers differ on, are also not necessarily similar among the four different types of healers identified by the Traditional Health Practitioners Act. The different callings identified and listed in 4.6 are not necessarily exhaustive of all the callings that exist, yet they go far beyond the current four categories recognised by the Act. There are several clear expressions from healers that they feel the Act does not represent them and there is a need of a proper consultation process to inform and adjust the organisation of traditional healers in the country. Two aspects that surfaced from this chapter that are worthy of further discussion to inform the current state of the practice of traditional medicine in South Africa are, the fragmentation among healers and how this could be remedied. The second topic of discussion is how traditional health practices can supplement biomedicine.

(a) Fragmentation among healers

The Traditional Health Practitioners Act was meant to bring all traditional health practitioners together and to register with the council. However, due to lack of consultation, traditional healers do not recognise the Act nor the council. It is for this reason why the practice of traditional medicine is still fragmented and there are different organisations and associations claiming to represent traditional healers in South Africa. Figure 4.2 below shows some of the organisations representing traditional health practitioners in South Africa.

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Figure 4.2: Logos of different traditional health organisations in South Africa
(Source: author, 2022)

Despite these different organisations and the lack of buy-in to the Act, it has been shown that traditional healers can be united for a cause. After the 1994, Wally Serote, a respected traditional healer, organised over 2000 traditional healers from all corners of South Africa to perform rituals at Vlakplaas where atrocities of apartheid where committed. In 2004 he organised hundreds of traditional healers to dedicate Freedom Park to *badimo*. It was a great occasion for traditional healers to perform rituals at such a special landmark. Isivivane, a special site for African spirituality, was incorporated in the design of the site. Figure 4.3 below shows the Isivivane at Freedom Park. The above is evidence that traditional healers can be united if they are properly consulted before any Act is gazetted by the government. It is a common desire among traditional healers to be recognised and consulted on matters pertaining to the practice of traditional medicine.

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Figure 4.3: [A] Isivivane shrine and [B] Sacred tree next to Isivivane, Freedom Park in Pretoria (Source: author, 2020)

The Isivivane site was a monumental occasion in the history of the practice of traditional medicine. It brought different traditional healers together to perform rituals and dedicate Freedom Park to *badimo*. The manifestation of the built form, with reverence to *badimo*, was significant in African spirituality. The occasion was a symbol of African identity and achieved unity among the traditional healers.

Traditional healers have never accepted the Traditional Health Practitioners Act. They felt they were not consulted prior to the Act being gazetted in parliament. They feel the Act was imposed on them by the government as they were never consulted. During the study, young healers expressed that they want to be relevant and do things different, like consulting through audio and virtually. However, they feel older healers are quick to judge them because they do things differently. The young healers have embraced technology like social media as they want to be appealing to young professionals and businesspeople.

(b) Supplementation of biomedicine practices

The practice of traditional medicine is governed by certain indigenous principles that are different from biomedicine. There are some similarities, for example, privacy and confidentiality which has to be maintained in both practices. In African spirituality, the principles of traditional medicine are sacred and respected by the traditional healers.

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In the words of Zulumathabo Zulu (2014), the following are the principles of traditional medicine:

- The truth of *koma* refers to (1) the drum, (2) *badimo*, and (3) the impartial truth.
- The triangle knowledge system, which refers to (1) cosmic knowledge, (2) empirical knowledge, and (3) theoretical knowledge.
- The three spiritual principles are (1) cleansing, (2) veneration, and (3) abstinence.

Contrary to biomedicine, these are the sacred indigenous principles that govern the practice of traditional medicine. Foucault (1963) argues, biomedicine relies on the 'medical gaze,' which is the act of seeing for symptoms and signs on the body. The medical term 'medical gaze' objectifies the body of the patient as separate from their personal identity (Foucault, 1963). Historically, "disease has always been observed through symptoms and signs" (Foucault, 1963). In biomedicine, the eye becomes depositary and source of clarity (Foucault, 1963). Spirituality is not part of the training of biomedical practitioners as practitioners examine physical ailments. Besides the differences between biomedicine and traditional medicine, both practices can easily co-exist. Due to the spiritual role indigenous healers fulfil, the practice of traditional medicine can supplement biomedicine and reduce the strain on the South African health system, especially in Gauteng Province which is highly populated. According to Statistics South Africa (2022), Gauteng Province has over 12 million people and there are not enough health facilities to meet the healthcare needs of everyone in the province. Gauteng Province has 18 000 people per clinic which is a shortfall from the World Health Organization's recommendation of 10 000 people per clinic (WHO, 2022). The practice of traditional medicine is well positioned to supplement biomedicine as the people are familiar with the practice and the practitioners. Indigenous people trust traditional medicine because it has been the only healthcare system they have used for centuries. Based on this, the author argues that the practice of traditional medicine must be formalised and supported through the documentation of design principles that could guide the physical manifestation and construction of healing spaces.

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4.11 Conclusion

The first inquiry seeks to consider the state of traditional medicine. The findings shed light on aspects that healers have in common and aspects that differ in their practices. From the above, conclusions can be drawn that there are set principles that govern the practice of traditional medicine. Even though there are traditional healers who have embraced technology and offer virtual consultations, core principles are still respected by all groups of healers in South Africa. The core principles include privacy and confidentiality, reverence of *badimo*, training methods, and equality as there is no hierarchy among the healers. Some of the differences include consultation methods, callings of healers, the use of different mediums, and organisations that represent the healers.

From these preliminary findings, no fundamental differences in the practice of traditional medicine among different groups of traditional healers could be identified. There are a lot of similarities in the practices and spatial arrangement of different groups of healers as stated above. The indigenous principles that govern the practice of traditional medicine include the principle of *koma*, the triangle knowledge system, and the three spiritual principles (cleansing, veneration, and abstinence), and these principles apply to all groups of healers. From this it can be concluded that the architectural design of traditional healing spaces could aid the unification of healers and also stand as symbols of African identity that represent people's beliefs. Even though traditional medicine differs from biomedicine, it can meaningfully supplement biomedical practices.

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CHAPTER 5: SPATIAL GUIDELINES FOR CONSULTATION AND RITUAL SPACES

5.1 INTRODUCTION

This chapter presents the findings that answer the second research inquiry, which is, to identify spatial guidelines for consultation and ritual spaces. The findings are based on the interviews, photo documentation, and observation during site visits. In response, this chapter gives an overview of the spaces and facilities used by traditional healers both for consultation and ritual ceremonies. Some of the spatial requirements identified in response to the research questions include spatial requirements for sacred elements and rituals such as *indumba* and *umsamo*, and more practical aspects such as storage of *muti*, treatment rooms for steaming and bathing, external spaces and sacred elements such as bodies of water, mountains and caves. From the study, research participants emphasised the need for consulting spaces to be near sites of spiritual significance, including sacred bodies of water, mountains, and other sacred sites. These are sites where ritual ceremonies, including initiation, are used by traditional healers. After presenting the findings on the important facilities the rest of the chapter considers the design and the significance or meaning of aspects such as the *indumba*, *umsamo*, *muti* storage, and outside spaces which imply spatial requirements such as light, orientation, joint usage versus separation and privacy.

5.2 RESEARCH OBJECTIVE 2

The second research objective is to identify spatial guidelines for consulting and ritual spaces. Currently, there is no clarity whether the four recognised groups of traditional health practitioners (i.e., diviners, herbalists, traditional surgeons, and traditional birth attendants) have different spatial requirements. While in the previous chapter we saw that there was much in common between healers with different callings, in this chapter we will inquire into the spatial requirements for the four recognised categories. The

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study aims to prepare guidelines while reflecting on the similarities and/or differences of the four recognised categories identified in the Traditional Health Practitioners Act.

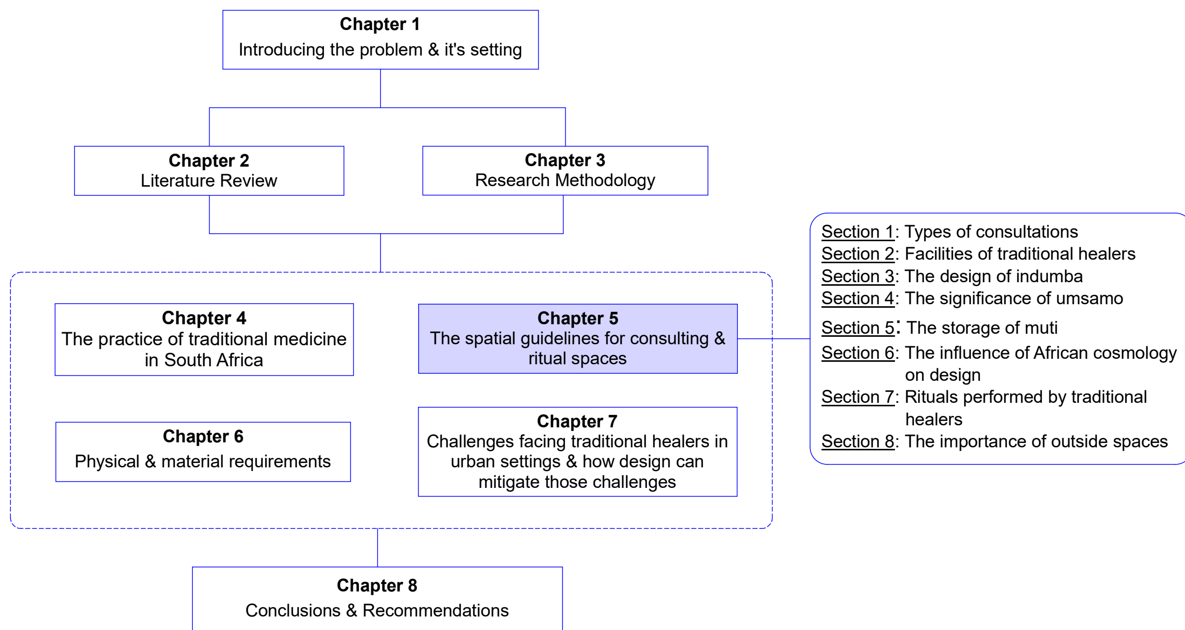

Figure 5.1: Diagram depicting this chapter in relation to the thesis (Source: author, 2023)

5.3 Types of Consultations

The way traditional healers consult and some movement towards audio and virtual consultation is worthy of consideration in terms of the spatial implications they have.

5.3.1 Audio and Virtual Consultations

During COVID-19 lockdowns in the country, several traditional healers started to embrace audio and virtual consultations. During the study, traditional health practitioners said the demand for audio and virtual consultations spiked. Research participant 1 said, due to the demand for virtual consultations, she does not do physical consultations anymore because virtual consultations are more convenient. She said she has developed an online booking system for virtual consultations, and she has

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also designed a virtual studio in her *indumba* for online consultations (see Figure 5.2 below). She says her clientele are local and from abroad, especially in the United Kingdom. Most of her clientele from abroad are South African expatriates who are working overseas. She said, “I am on a quest to change the image of traditional healers. I want to show everyone that we can also go global.”

Research participant 3 said she started receiving many requests for audio consultations during the COVID-19 pandemic as the country was on lockdown. Due to demand from her clientele, she then started offering consultations through mainly WhatsApp audio calls. After the lockdown in the country ended, she continued with audio consultations with some of her clientele. She now offers hybrid consultations which include physical and audio consultations. She believes audio consultations offer convenience and privacy, especially for clients who are busy, and some are prominent people in society who want privacy. During the study, many young traditional healers believe audio and virtual consultations are here to stay as they offer convenience for professionals, who are their main clientele.

Figure 5.2: Makeshift studio with personal branding for online consultations
(Source, author, 2019)

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5.3.2 Physical Consultations

Many traditional healers consult in their *indumbas* as it houses the *umsamo*. The *umsamo* is their most sacred space inside the *indumba*, as it is where their *badimo* reside. The significance of the *indumba* and *umsamo* will be discussed in detail later in this chapter. They said their *indumbas* are sacred and they can function and connect with their *badimo*. in this sacred space. Many of these traditional healers prefer physical consultations because that's how they have been taught. During the study, many traditional healers said they prefer physical consultation as they can diagnose their clients through eye contact. Many of the healers said eye contact and physical contact is an important part of therapeutics.

During the study, some traditional healers said they have more than one *indumba* due to demand. For example, research participant 3 who is based in a village and is a prominent healer, said he also has an *indumba* in town to accommodate his clients in town. His *indumba* in a village is his main practice and he travels to town once a week (on Wednesdays) for consultations. He said he is not confined in one place and his *badimo* travel with him wherever he goes. Other healers are more flexible and are willing to come to their clients' houses for consultations. They are also of the opinion that *badimo* travel with them wherever they go. They can also connect with their *badimo* at their clients' houses. Therefore, it is not uncommon for traditional healers to have more than one *indumba* for consultations.

5.4 The Facilities of Traditional Healers

From time immemorial, the practice of traditional medicine has been using unique facilities, both natural and manmade, for consulting and ritual ceremonies. These facilities have remained the same even though the practice of traditional medicine has moved on with the times. As explained in section 1 of Chapter 2, in the past, the traditional healers were practicing predominantly in villages. In the mid-1900s the apartheid regime established the so-called 'Native Townships' specifically for black migrant labourers. Due to the demand for their services, traditional healers migrated

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to the urban areas. After the dawn of democracy in 1994, black professionals increased in the country, and they started buying properties in the suburbs. We then started witnessing several traditional healers consulting in the urban areas. However, through the research process it was determined that the facilities have not changed, they have remained the same. The following are the facilities that are used by the traditional healers:

5.4.1 INDUMBA

An *indumba* is simply a room where traditional health practitioners consult their clients. Usually, consultation takes place with both the traditional healer and patient seated on the floor. The floor will be covered with either goat skin or a reed mat. The goat skin used on the floor is from the goat that was slaughtered when the traditional healer was initiated during the initiation ceremony. Therefore, the goat skin has a sentimental value to the traditional healer as it is a symbol of their transition to becoming healers. Regarding the orientation of an *indumba*, there are three schools of thought from the interviews. Firstly, some traditional healers subscribe to an *indumba* that is circular and should face east, where the sun rises. The door will be on the east and *umsamo* will be on the west, directly opposite the door. *Umsamo* is described in detail below in section 5.4.2.

Secondly, some traditional healers believe that healing originates from Kemet, which is Ancient Egypt. They believe the name Egypt is a ‘colonial term’ hence they still call it Kemet. They believe an *indumba* should face north, where Kemet is located, which is the source of healing and African spirituality. They are of the opinion that an *umsamo* should also face Kemet. This is like Islam where every mosque is facing Mecca, their spiritual home. This group of traditional healers believes in the pyramid-shaped *indumba* instead of the circular building. Research participant 12, based in Orlando in Soweto, is planning to build a pyramid-shaped *indumba*. He said his finances allowed him to build one. He said the pyramid-shaped structure is a spiritual shape and *badimo* are pleased with the form. He believes the pyramid form connects well with the stars where *badimo* are located.

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Thirdly, there is a school of thought of traditional healers who do not mind practicing in an *indumba* facing any direction. They do not mind having an *indumba* of any shape. They are comfortable practicing in a modern square-shaped room. They believe that *badimo* dwells inside them and do not mind if the room is circular or square or pyramid shaped. What is important to this group of traditional healers is a comfortable space to practice traditional medicine. They are also comfortable with modern finishes inside their *indumbas* instead of conventional finishes. They would still have *umsamo* inside the *indumba* to offer their prayers to *badimo*.

5.4.2 UMSAMO

Umsamo is simply a shrine where the traditional healers offer their prayers to *badimo*. Nobody is allowed to touch any of the items on the *umsamo* because the area is sacred. Some of the items on the *umsamo* include candles, snuff, *imphepho*, and different traditional artefacts (including calabash, masks, etc). During a consultation, traditional healers would burn *imphepho* on the *umsamo*. The purpose of burning *imphepho* is to cleanse the room and drive away evil spirits if so, happens the client comes along with them. Besides *imphepho*, traditional healers would sometimes light up different colours of candles on *umsamo* during consultation.

5.4.3 MUTI ROOM

Traditionally, different types of *muti* have always been kept inside the *indumba*. Their *muti* would be kept in different used plastic and bottle containers. During the study, several traditional healers were keeping their *muti* in separate rooms and neatly labelled on shelves. The *muti* would be stored based on the source, for example, botanic *muti* would be stored separately from volcanic *muti*, and ritualistic *muti* would be stored separately.

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5.4.4 Treatment Rooms

(a) Steaming Rooms

Treatment rooms are important to traditional healers as they use them often to heal their patients. The first treatment room that is used by traditional healers is the steaming room. Traditional healers use steaming to cure many illnesses and for cleansing. Steaming can also be used by traditional healers to perform rituals. Traditional healers would mix different herbs in boiling water and the mixture would be used for steaming. Different treatments and different rituals would require different mixtures.

(b) Bathing Rooms

Bathing facilities are some of the treatment rooms that are important in the practice of traditional medicine. Bathing is used by traditional healers to cleanse and for ritual purposes. Traditional healers would mix a special *muti* which would be poured into the bathtub. The specific mixture depends on the treatment for the patient. The patient will then immerse his or her whole body in the bathtub. Traditional healers would specify the time the patient will need to be immersed in the bathtub.

(c) Recovery Rooms

During the study, research participant 2 said there is a need for traditional healers to have recovery rooms on site for patients who are weak and cannot walk back home. These patients will need a recovery room where they can be monitored by traditional healers or their initiates. She said these recovery rooms can also be used for patients who need long-term care in close proximity to traditional healers. Some of the research participants said some of their patients are troubled by the spirits at their homes and they need a peaceful space where they have access to the healers.

5.4.5 Sacred Tree or Plant for Ukuphahla or Prayers

Besides the *umsamo*, which is explained above, traditional healers have an outside space in their yards to offer prayers to *badimo*. It is usually a tree or plant which is regarded as sacred. During the study, traditional healers always had this sacred space

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outside for *ukuphahla* or prayers. The plant or tree is considered sacred, and children are not allowed to play with or even touch it. Sometimes the traditional healers would have two plants, a male and a female, representing paternal and maternal ancestors.

5.4.6 The Kraal

In African spirituality, besides the *indumba*, the kraal was the most sacred space in the homestead. The kraal was constructed in a circular form, which is regarded as a sacred form, and the houses were built around it. The kraal was always in the centre because it was considered the most sacred space in the homestead. In the past there were no graveyards in African settlements, therefore, the dead were buried in the family's kraal. Secondly, vows were exchanged in the family kraal to introduce the newlyweds to the ancestors as there were no churches. Therefore, the kraal became the most sacred space in the homestead because the ancestors were buried there.

The third function of the kraal was for the safekeeping of the cattle which are regarded as gods according to African spirituality. Even before a cow is slaughtered, the spiritual elders or healers would request permission from a cow to be slaughtered. According to African spirituality, just like Hinduism, a cow is the most sacred animal. The cow dung is also considered sacred hence the healers often smear the dung on the floor of their *indumbas.* The scent of cow dung is regarded as pleasing to the ancestors. The fourth function of the kraal was to offer prayers to the ancestors. In African spirituality, a kraal is regarded as a shrine or sacred space, where prayers are offered to the ancestors.

5.4.7 Sacred Bodies of Water

As previously mentioned, sacred bodies of water are used by traditional healers for different ritual ceremonies. Traditional healers need to have easy access to these bodies of water. Unfortunately, some of the sacred bodies of water are in private hands and traditional healers cannot access them to perform their rituals. During the study, traditional healers said bodies of water in Gauteng Province are contaminated due to

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urban sprawl and informal settlements mushrooming everywhere. People do not adhere to the floodlines, and they have built close to these sacred bodies of water. Due to encroachment, traditional healers do not have privacy to perform their sacred rituals. This was another matter that was raised during the study is especially in Gauteng Province.

5.4.8 Sacred Mountains and Caves

Sites of spiritual significance, including sacred mountains and caves, are part of African spirituality. Traditional healers perform different ritual ceremonies on these sacred mountains and caves. During the study, many traditional healers regarded the caves as the womb of the indigenous Africans. Traditional healers believe *badimo* dwells in the mountains and caves and should be respected as they are sacred sites.

5.5 The Design of Indumba

As explained in the previous chapter, an *indumba* is a sacred consulting room used by traditional healers. An *indumba* must be detached from the house because it is a sacred space. The main purpose of an *indumba* is for consultation and dispensing *muti*. How *indumbas* are built is usually based on the instructions from ancestors of each traditional healing practitioner. *Indumbas* are supposed to be comfortable, and the aura of the space must convey to the patient they are in a therapeutic space. *Badimo* are usually specific when it comes to the exterior and interior details of the *indumba*. Some *badimo* may instruct on the number of windows an *indumba* might have. *Badimo* might even instruct on the colour of the *indumba* and construction materials. Research participant 8 said her *badimo* instructed her to use stones to construct her *indumba* instead of bricks. Research participant 3 said “an *indumba* is always a work in progress” depending on the instructions from *badimo*. Sometimes *badimo* might instruct a healer to change the decor or colour of an *indumba* after a while.

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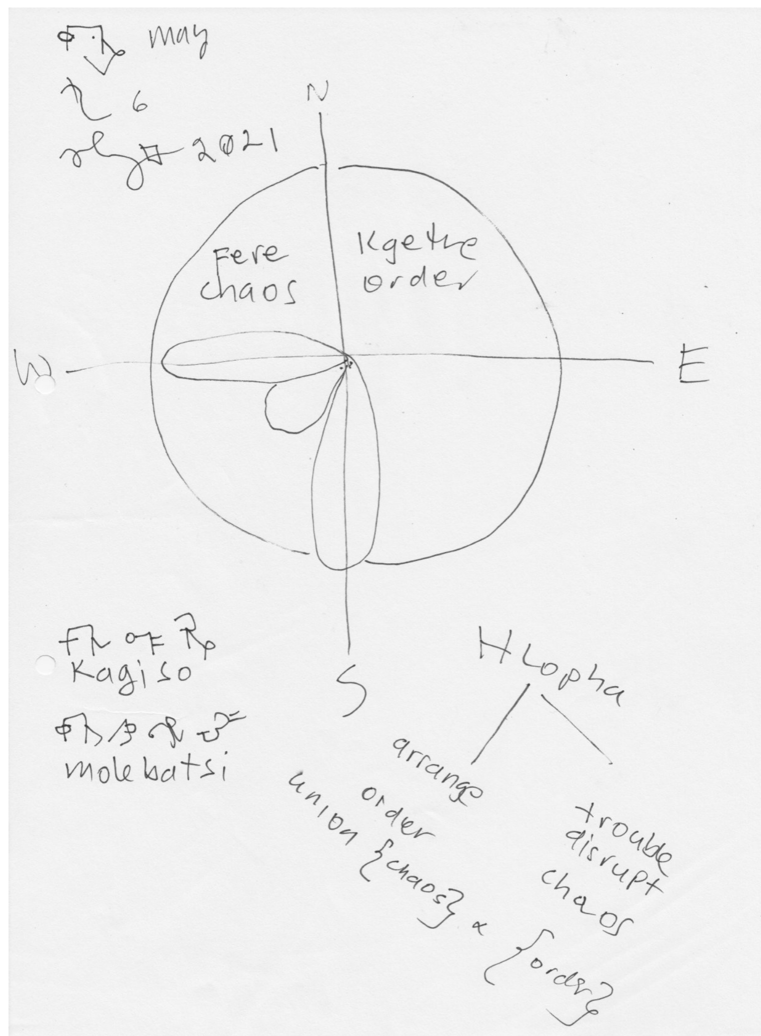

Figure 5.3: Hand drawing of research participant 10 depicting the circular shape of an *indumba* showing sun movement (Source: Research participant 10, 2020)

A conventional *indumba* is a rondavel or round structure and it is facing east where the sun rises (see Figure 5.3 above). The entrance door is on the east and *umsamo*, which is the shrine, is opposite the door on the west. The walls are usually made from clay and reinforced with sticks. The roof is thatched, and the floor is usually covered with cow dung. Thatch and cow dung are important materials among healers. The scent of the cow dung is regarded as sacred and pleasing to the ancestors. The height of the entrance is lower than the normal door height which forces people to bend down as a sign of submission and respect. The *idumba* entrance was special to the indigenous people. The *nguni* people call it *'iqhugwane'* and the *basotho* call it *'mohlomafatshe'* which all mean 'submission.' It was symbolic to show the place is sacred and you cannot enter the same way as entering a house.

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In the past traditional healers who did not have the means used their *indumbas* also for the treatment of their patients. They did not have separate rooms for steaming and bathing. Therefore, everything was done inside an *indumba* including consulting, steaming, and bathing. There is a school of thought among some groups of traditional health practitioners who believe that healing originates from Kemet, originally Egypt. They even prefer to call the country Kemet as they believe Egypt is a colonial name. They believe that an *indumba* should face Kemet where healing originates from. They are of the opinion that an *indumba* should be shaped like a pyramid as it connects with the stars. They believe a pyramid is a sacred form inspired by the ancestors. Traditional healers believe a pyramid-shaped structure creates the same sacred environment as a circular structure.

During the study, some research participants said it is not uncommon for traditional healers who have two gifts of *sangoma* and prophesy to sometimes want two *indumbas*. The first one would be for the practice of *sangoma*, which involves divination and *muti*, and the second one for the practice of prophecy, which involves spirits, water, and praying. It all depends on the requirements from the ancestors on the setup of the practice. Some indigenous healers do not want anything that resembles technology or modernity inside their *indumbas*. In their *indumbas* there is not even electricity, they use spiritual candles during consultation. They do not want water from the municipality because they regard it as being contaminated by chemicals. They prefer water from sacred bodies of water or a borehole. They want everything inside the *indumba* to be natural.

The new breed of traditional healers believes an *indumba* should be well lit unlike in the past where *indumba*s were dark. According to research participant 3, there is a spiritual part of *indumba* that cannot be seen with the naked eye, and there is a physical *indumba* that is seen. Outside there should be a space called isibaya, which is an extension of *indumba.* Usually, the traditional healers would plant sacred plants which are for the ancestors. It is also a dedicated area where the traditional healers would slaughter the goat or chicken and spill the blood for the ancestors or *badimo*.

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Figure 5.4: *Indumba* in Mamelodi painted with Ndebele colourful patterns (Source: author, 2019)

Figure 5.5: [A] and [B] Husband and wife timber-structure *indumbas* in the same yard in an urban setting (Source: author, 2020)

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Figure 5.6: [A] and [B] Typical brick-structure *indumba*s in an urban setting (Source: author, 2020)

Figure 5.7: [A] and [B] *Indumba* of research participant 10 with a boardroom, in an office complex, in Sandton (Source: author, 2020)

Figure 5.8: [A] and [B] Modern *indumba*s with consultation seated on chairs (Source: author, 2020)

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5.6 The Significance of Umsamo

First and foremost, *umsamo* is more than just a physical space. It is a representation of the healer's ancestors, from both the maternal and the paternal sides. In explaining the significance of the *umsamo*, research participant 3 said, "*umsamo* is a foundation and a source of every traditional healer's gift." *Umsamo* is a sacred space inside an *indumba*, and nobody is allowed to touch any of the items on it. The items vary but may include a calabash, candles, spear, snuff, and *imphepho* to consecrate the room. Traditional healers offer their prayers to their ancestors at the *umsamo*. In African spirituality, the type of prayer is called *'ukuphahla.'* Usually, the traditional healers would offer their prayers to *badimo* and pour snuff on *umsamo* and light candles while imphepho is burning. This is their sacred ritual that they perform every day.

A conventional *umsamo* is usually positioned inside *indumba* on the west, opposite the door which is on the east. The idea was for the sunrise to light the *umsamo* which is to symbolise a new day. There is no prescription on how indigenous healers should build their *umsamo*. Everything inside the *indumba*, including *umsamo*, is based on instructions from the healer's ancestors. During interviews, the researcher noticed *umsamos were* decorated with snuff, different colours of candles, and *imphepho.* Some traditional healers believe *umsamo* should face Kemet, ancient Egypt. They believe healing originates from there.

Umsamo is not only confined to *indumba*s of indigenous healers. In African spirituality, indigenous people do have *umsamos* in their private houses to *'phahla'* or pray to their ancestors. It is part of the spiritual life of the indigenous people, and they have been doing that for many years. In fact, according to the participants, in the past, before the advent of Christianity, every house used to have *umsamo* to *'phahla'* to the ancestors who are regarded as a foundation. Indigenous prophets would have mainly candles, water, and the Bible as part of their *umsamo*. The rest of the indigenous healers would usually have *imphepho,* candles, snuff, calabash, and *muti*. Research participant 9 had a statue of Buddha as part of the *umsamo*. When asked about the statue she said, "my ancestors originate from the middle east." She was the only research participant with a statue of Buddha inside the *indumba*.

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Figure 5.9: [A] and [B] Typical *umsamos*, consultation on the floor (Source: author, 2020)

Figure 5.10: [A] Elaborate *umsamo* with indigenous artefacts and [B] *umsamo* with an ankh symbol displayed on the wall, consultation on the floor (Source: author, 2020)

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Figure 5.11: *Umsamo* with goat skins on top of reeeds (Source: author, 2019)

5.7 THE STORAGE OF MUTI

During the study it was evident that many of the traditional healers kept their *muti* inside *indumba*s. They did not have a separate room for the storage of *muti* due to financial constraints. Only a few traditional healers had separate rooms where *muti* was stored. From the interviews, all traditional healers agreed that if they had resources, they would have a separate room for the safekeeping of their *muti*. This is like having separate rooms for steaming and bathing. Traditional healers said some of the *muti* should not be easily accessible to their clients and should be stored safely. They said an *indumba* should be clean and not be used for the storage of *muti*.

Financial resources seem to be limiting many traditional healers from having conducive facilities for the practice of traditional medicine. From the study, it is evident that traditional healers who are well-resourced seem to have built proper facilities

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including facilities for the storage of *muti*. During interviews, the researcher noticed that most traditional healers have stored their *muti* inside plastic and glass containers. The researcher noticed that some of the *muti* has been placed on make-shift shelves and some *muti* has been placed on the floor (see Figures 5.12 & 5.13 below). Research participant 4, who is also a trained nurse, has properly labelled his *muti* on bottles. His *muti* is neatly placed on shelves and he also has files for every patient. He keeps records of all his patients and which *muti* he has dispensed. He is one of the better organised traditional healers based on his nursing background.

The study revealed that many traditional healers have not labelled their *muti* inside bottle containers (see Figure 5.12). Research participant 13 said a good healer knows his *muti* and he does not need to label it. Many healers rely on texture, colour, scent, and experience to identify their *muti*. The herbalist would have expert knowledge of different types of *muti*. As previously mentioned in Chapter 4.9, there are various types of *muti*, namely, (1) botanical *muti*, which is sourced from plants, (2) volcanic *muti*, which is sourced from rocks and crystals, (3) ritualistic *muti*, which is *muti* used for ritual purposes, and lastly (4) aquatic *muti*, which is sourced from different bodies of water.

Figure 5.12: *Muti* packaged in bottles that are not labelled, neatly placed on glass shelves (Source: author, 2019)

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Figure 5.13: [A] and [B] Conventional storage of *muti*, containers not labelled on shelves inside *indumba* (Source: author, 2020)

Figure 5.14: [A] and [B] *Muti* neatly packed and labelled in dispensary room, next to *indumba* (Source: author, 2020)

5.8 The Influence of African Cosmology on Design

During the study, some research participants said African indigenous people trace their genesis to the cosmos. They said this sacred knowledge was passed on to them by their ancestors. Research participant 13 states, cosmic knowledge plays a vital role in the practice of traditional medicine among traditional healers. For instance, phases of the moon have different symbolic meanings to traditional healers. A full moon is important to the traditional healers and special rituals are performed during that period.

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Traditional healers believe that the moon plays an integral part in healing. Besides the moon, the sun is also important in African spirituality and healing. The stars system is also important in African spirituality. During the study, traditional healers said ancestors reside in the stars after they are laid to rest, and they become spiritual guides of the indigenous people. In fact, the sun, the moon, and the stars play an integral role in African spirituality and healing.

Research participant 15 believes that the orientation of an *indumba* must be aligned with the stars. He said in the past the traditional healers would align their *indumbas* with stars because they were aware that alignment with the stars is important in African spirituality. During the study, research participants kept on referring to the Great Pyramids of Giza which are perfectly aligned with the stars. Zodiac signs as reference to the stars were also found in several *indumba*s (see Figure 5.15 below). Besides the stars, traditional healers would orientate their *indumba*s to the east where the sun rises. This was to make sure that the morning sunlight gets inside the *indumba*. From the study, the significance of African cosmology on design is mainly on the orientation of the *indumba*s, especially concerning alignment with the cosmos.

Africans observed the African calendar which was linked to the cosmos. Research participant 10 states, “the African calendar starts in September during spring, which signifies new beginnings, and ends in August, which is the end on the winter season.” He further said, “the start of the African calendar in September is linked to the beginning of the planting season by the indigenous people when they would offer prayers to *badimo* for a good harvest.” The Gregorian calendar does not connect to African spirituality and to the indigenous people.

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Figure 5.15: [A] Zodiac sign displayed inside *indumba* and [B] Zodiac sign on flipchart to teach initiates (Source: author, 2020)

5.9 Rituals Performed by Traditional Healers

Firstly, there is a difference between ritual practices and cultural practices. Cultural practices are common among the African indigenous people and can be performed by anyone who is knowledgeable about indigenous practices. In African spirituality, there are rituals that can only be performed by people who have received training in spiritual practices, especially *mosiki. Mosiki* is trained in the domain of performing ritual practices. He or she specialises on performing different ritual practices. During the study, some research participants who are not *mosiki,* said they can also perform rituals. Research participant 12 said, “I prefer to perform rituals in the middle of the night because it is quite and private.” She continues, “because it is quiet, I connect better with *badimo*.”

Rituals are crucial in the practice of traditional medicine. In fact, all traditional healers perform rituals on numerous occasions for different purposes. The first ritual initiates

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are exposed to is the initiation ritual to become traditional healers. It is a ritual that symbolises that you have completed your training as a healer and the community is witnessing you becoming a traditional healer. Everyone including the neighbours and witnesses will know you are a healer. A *gobela* would have now completed his or her duty training the initiate, and the initiate who is now a competent traditional health practitioner will begin to practice independently. A goat would be sacrificed to *badimo*, and the goat skin would be placed inside the *indumba*, usually as a mat on the floor.

During the study, research participants said some of their rituals are site-specific. For example, some rituals must be performed at sacred bodies of water or inside caves. The ritual may be specific like where the healer may require running water like a river or stream, or still water like a dam. When a ritual must be performed at a body of water, traditional healers usually consecrate themselves before going to a specific body of water. For example, they would usually abstain from sex and not eat certain foods like meat for several days. The healers would leave their gadgets and jewelry at home. They would even wear their ancestral clothes when approaching the body of water. Before entering the water, they would ask for permission from the water spirits to enter the water. Traditional healers believe in the sacredness of the body of water; therefore, they also do not want to contaminate it. In addition, they also want to show reverence to the water spirit.

Some rituals involve the slaughtering of animals and beating the drums. Therefore, traditional healers need to have space to dance to the drumbeat during rituals. In fact, in most rituals, traditional healers would beat drums and dance. In African spirituality, the drumbeat is significant in the practice of traditional medicine. Traditional healers feel connected to *badimo* when they hear the beat of the drum. The beat of the drum is like their spiritual connection to *badimo*. Customarily, traditional healers would wear their traditional attires called *amabhayi*. They would fall into a trance when they dance to the beat of the drum. During the study, the healers said their spirits or *ledlozi* become alive when they are wearing *amabhayi* and they hear the drumbeat.

Different rituals usually involve sacrificing different animals. For example, during initiation ceremonies, usually, a goat is slaughtered by the ancestors. For some ancestorial ceremonies, a cow, goat, or chicken can be slaughtered. During the study,

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traditional healers who are based in the suburbs said they do not perform rituals in their yards as they usually receive complaints from their neighbours. Their neighbours would complain of noise from the drumbeats and object to the sacrificing of animals. Research participant 6 said she prefers to perform her rituals in the rural Eastern Cape Province, where she grew up. She says the area is pure and the bodies of water are clean, and they are not contaminated like in Gauteng Province where she is based. She says everything is organic and everybody knows and understands traditions and culture.

Figure 5.16: [A] Drums are warmed in the fire before the ritual, [B] Goats ready for a sacrifice (Source: author, 2020)

5.10 The Importance of Outside Spaces

(a) Outside space to pray

In the practice of traditional medicine, outside spaces are as important as the *indumba*. Traditional healers use outside spaces for many reasons including the offering of prayers to *badimo*. Traditional healers typically have a dedicated space in the yard where they pray. Usually, traditional healers would have a sacred plant or tree where they offer their prayers to *badimo*. These sacred spaces are regarded as an extension of their *indumba*. During the rituals or prayers, traditional healers would pour traditional beer on the sacred plant or beer as an offering to the ancestors.

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Figure 5.17: Sacred male and female plants in front of *Indumba*. The plants are for *ukuphahla* or to offer prayers to *badimo* (Source: author, 2020)

Figure 5.18: Outside shrine with a sacred plant is enclosed with a stone wall. This plant, colloquially known as *kxutsana yanaha*, is highly revered and used extensively by traditional healers in Southern Africa (Source: author, 2020)

(b) Outside space for muti garden

During interviews, it was evident that most traditional healers prefer planting their own medicinal plants. Research participant 2 said, "planting my own medical plants is my way of guaranteeing my *muti* will not be contaminated." During the study, many traditional healers said they do not want their medicinal plants to be touched by many hands for fear of contamination. In this instance, contamination includes spiritual contamination as some people are considered to be spiritually unclean. Traditional healers said too many hands have a greater potential of contaminating the medicinal

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plants. The researcher observed that many traditional healers had planted medicinal plants in their yards.

During the study, traditional healers raised a concern that some crucial medicinal plants are becoming extinct due to high demand. They are saying that some traditional healers are over-harvesting some medicinal plants and are not replanting. All the research participants agreed saying the practice of traditional medicine is about respecting nature. The healers have a motto that says, “what you take from nature, you must return.”

Figure 5.19: [A] and [B] Typical *muti* gardens (Source: author, 2020)

Figure 5.20: *Muti* garden showing different medicinal plant species (Source: author, 2020)

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5.11 Construction Process and Maintenance

During the study, traditional healers said the site has to be dedicated to *badimo* before an *indumba* is built. They said usually this is done when initiates arrive fresh from *twasong*, which is an initiation school. A ritual ceremony is done by slaughtering a goat and blood is spilled where an *indumba* is going to be build. This is an important ritual ceremony as it signifies that an initiate has graduated to become a healer. After the site has been dedicated to *badimo*, construction of *indumba* can commence. *Badimo* would communicate with the healer with regards to the designs of *indumba* including orientation, construction materials, colours, and interior décor. Common authentic materials like thatch, adobe bricks, and cow dung need regular maintenance. These are the materials that are often used by the traditional healers. For example, many healers said the scent of cow dung is pleasing to *badimo* but it is hard to get it in Gauteng. Therefore, they would traditionally bring it when they visit villages.

5.12 Discussion

This chapter inquired into the spatial requirements for traditional healing spaces. Based on the findings above, conclusions can be drawn that facilities used by traditional health practitioners are unique as they are heavily influenced by *badimo*, especially in their designs. *Badimo* influences the designs concerning the orientation of *indumba*, construction materials, colours, and internal décor. It can be concluded that different healers therefore have specific preferences, but no evidence was found that the four categories of healers identified in the Act had a more specific impact on the facilities or their design.

In summary while there are some differences in preferences in the design of the *indumba* or significance of *umsamo* or how *muti* is stored, certain facilities are required by all healers such as: (a) indumba, (b) *umsamo*, (c) *muti* room, (d) treatment rooms, (e) sacred trees or plants, (f) outside spaces such as the kraal, (g) proximity to sacred natural elements such as bodies of water, caves and mountains for specific rituals.

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The above facilities and how they are used, provide general practical and functional guidelines for design purposes, which are summarised in Table 5.1 below.

Table 5.1 Facilities of traditional healers (Source: author, 2023)

Facility	**Description**
Indumba	It is a consultation room of the traditional healers.
Umsamo	It is a shrine inside an *indumba* where *badimo* resides. Some of the elements placed on the *umsamo* include a calabash, candles, snuff, and *imphepo*. No one is allowed to touch any of the elements on the *umsamo* other than the healer as the area is sacred.
Muti room	It is a room where *muti* is kept. The types of *muti* include botanical *muti*, volcanic *muti*, aquatic *muti*, and ritualistic *muti*.
Treatment rooms	These are rooms where different treatments are performed. The treatments include steaming and bathing. Usually, healers would pour *muti* in the water when steaming and bathing.
Sacred tree or plant	It is a sacred tree or plant where prayers are offered to *badimo*. Sorghum beer is usually poured on the plant or tree during prayers.
Outside spaces such as a kraal	These are sacred spaces in the yard where rituals are performed. Ancestors are buried in a kraal hence it is regarded as sacred.
Sacred natural elements	These are sites of spiritual significance outside the yard which are sacred. It includes bodies of water, mountains, and caves,

These facilities form three identified spaces of importance for rituals which are depicted by Figure 5.21 below. The sites of spiritual significance can also be divided between the natural and the man made (see Figure 5.22). The illustrations below are

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specifically important for designers in terms of selecting the right location, versus adhering to spatial rules of conduct that unite or separate specific functions based on rules of privacy, contamination and other sanitary requirements.

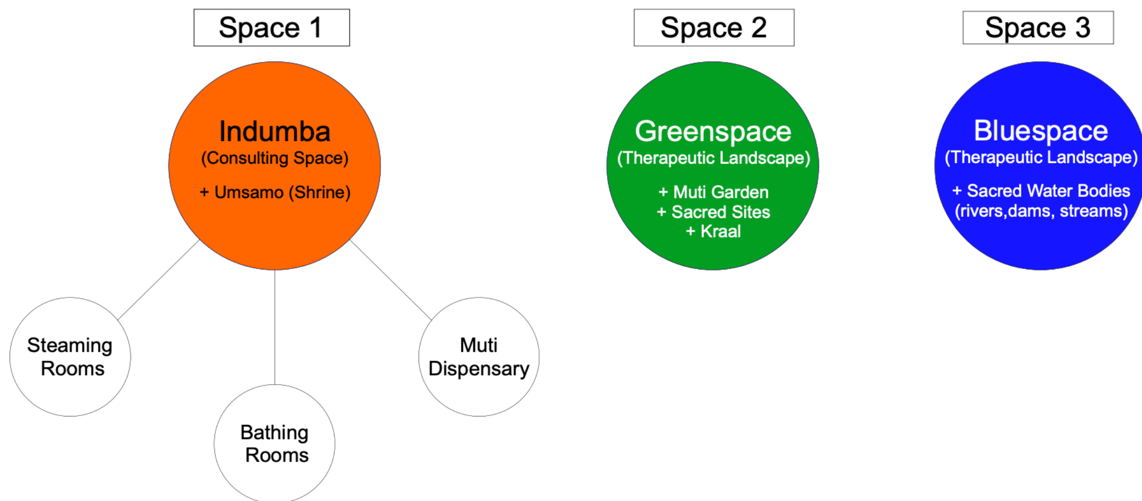

Figure 5.21: A drawing depicting the relationship between *indumba* and its support facilities, and sites of spiritual significance (Source: author, 2022)

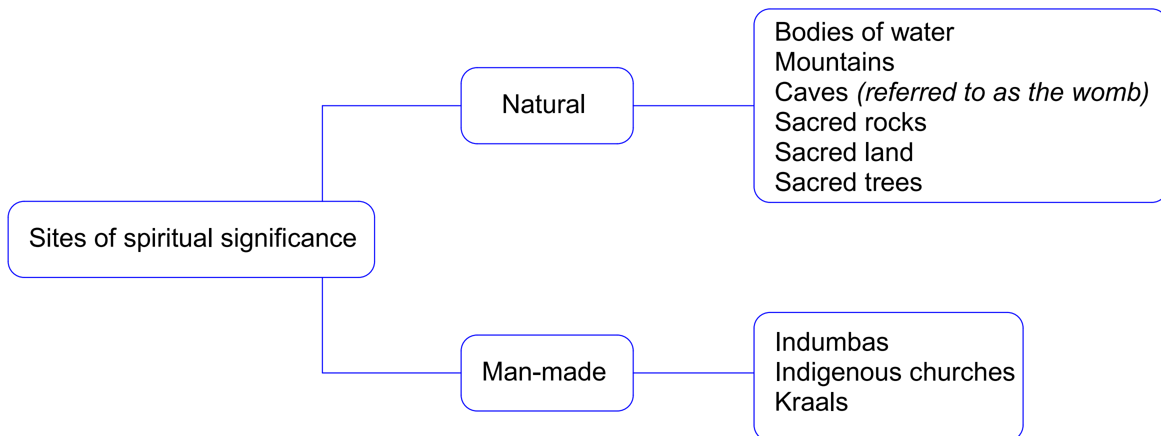

Figure 5.22: Sites of spiritual significance (Source: author, 2022)

There are however three overarching and integrated meaning response aspects that must be discussed to gain clarity on the similarities between preferences by the different healers. That is African spirituality, the cosmos, and African fractals.

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5.12.1 Arrangement of Internal Spaces

The waiting area can either be indoor or outdoor but traditional healers want to have the liberty to burn *imphepo* to cleanse the space and drive away evil spirits. Traditional healers are of the opinion that patients sometimes bring evil spirits with them. Therefore, it is imperative for the spaces to be cleansed by burning *imphepo* before patients are consulted.

An *indumba* should be separate from the treatment rooms**.** Treatment rooms include steaming and bathing facilities. Treatment rooms to be separated by gender, for example, female treatments rooms to be separate from male treatments rooms. Traditional healers are open to modernising treatment rooms. For example, the bathing facilities to have bathtubs with change rooms with lockers. The steaming rooms must also have changing rooms with lockers. The traditional steaming room is different from the mainstream steaming rooms, for example gym or spa steaming rooms. The healers' steaming room is usually for one person, where a mixture of *muti* is thrown on a bucket with hot water. The patient would lean on the bucket and cover the head.

Muti room can either be incorporated into an *indumba* or it can be a separate room but close to the *indumba*. That's because traditional healers want to have easy access to muti to dispense to patient during consultations. Therefore, close proximity of dispensary or *muti* room is important to the traditional healers. A herbalist would usually have a larger *muti* room as he or she specialises on muti. The *muti* would be divided into (1) botanic *muti*, (2) aquatic *muti*, (3) volcanic *muti,* and (4) ritualistic *muti.*

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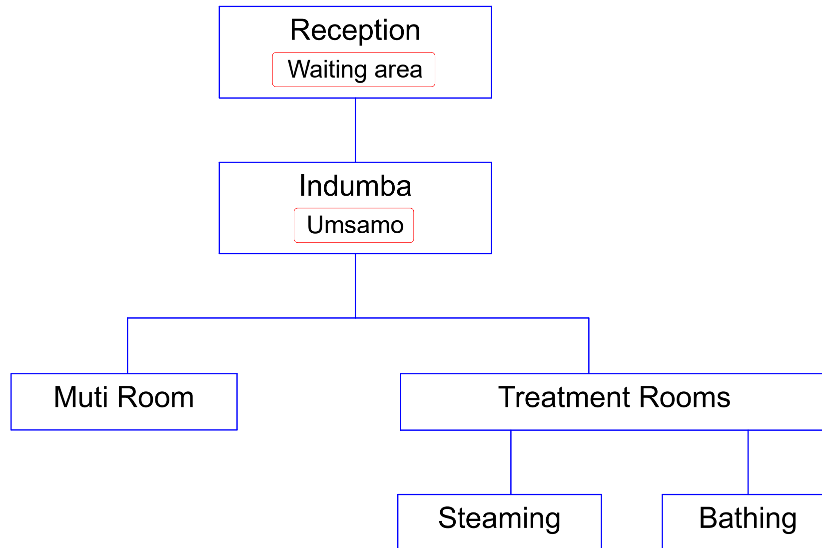

Figure 5.23: Diagram depicting arrangement of internal spaces (Source: author, 2023)

5.11.2 African Spirituality and Cosmology

From the responses it became clear that healing and African spirituality cannot be separated. Spirituality is important to the African indigenous as it shapes their view in life. Besides their built facilities, access to sites of spiritual significance is important to the traditional healers. This is because rituals play a crucial role in the practice of traditional medicine. That is why traditional healers are sometimes referred to as *mokoma*, which loosely translated means 'the drum person.' Zulumathabo Zulu (2014) argues, *koma* is a powerful concept as it refers to the drum, the ancestors, and impartial truth.

Spirituality is "one's internal sense of connection to the universe, "which may include one's personal connection to a higher being, humanity, or environment (Wilson, 2008: 91). Spirituality can be viewed as a connection to the cosmos so that any exercise that increases connection or builds relationships is spiritual and ceremonial (Chilisa, 2011: 106). Indigenous literacy is based on reading the cosmos; it is about reading all the things around us that are not necessarily the written word but nevertheless contains valuable information (Smith, 2019). Indigenous people regard knowledge as a sacred object, and seeking knowledge is a quest that may begin with a prayer or a ceremony (Chilisa, 2011: 106).

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Zulumathabo Zulu (2014: 56) argues that Africans trace their origins to the cosmos. He continues, therefore “they are subjected to both terrestrial laws of nature and the cosmic laws of their genesis" (Zulu, 2014: 56). Cosmology is the basis of the worldview of reality held by the African people (Chabalala *et al,* 2021). It is informed by their ontology or way of being in turn, cosmology informs people’s actions and ways of relating to their environment (Chabalala *et al,* 2021). Various African nations have a unique cosmogony that represents their understanding of human beings beyond the human body (Chabalala *et al,* 2021). Sandy Grande (2015) asserted, cosmologies are deep-rooted, symbolically expressing understandings of ‘humanness’. They predate all other human-structured expressions, including religion and social and political orders (Grande, 2015). The first indigenous cosmologies were based on the perception that the spirit of the universe resided in the earth and things of the earth, including human beings (Grande, 2015). Due to this perception, people remained equally open to all possibilities that might manifest through the natural world (Grande, 2015).

Although the continent of Africa has been influenced vastly by the west, she continues to draw most of her values from traditional cosmology (Karangi, 2019). African cosmology is the way Africans perceive, conceive, and contemplate their universe; the lens through which they see reality, which affects their value systems and attitudinal orientations (Karangi, 2019). African cosmology is the base through which one can understand African religions and spirituality (Karangi, 2019). In understanding African cosmology, one can understand the past, the present and predict the future. Indigenous healers are guided by three organising principles, namely, (1) abstinence, (2) cleansing, and (3) veneration (Zulu, 2022). These hallowed principles are inspired by the rhythms of the moon and womb (Zulu, 2022).

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5.11.2 Alignment to the Cosmos

Because Africans trace their genesis to the cosmos, they believe everyone returns to the stars after they die where the ancestors live. Therefore, knowledge of cosmology is sacred among indigenous healers. The cosmos is connected to the African calendar which is different from the Gregorian calendar. The Gregorian calendar, which was first introduced by Pope Gregory XIII in 1582 (Britannica, 2022), does not connect to African spirituality and to the indigenous people. It is based on Christianity and the European seasons. Traditional healers have expert knowledge of the African calendar which is linked to the cosmos. They know the meaning of every month and the cycles of the moon. As discussed in Chapter 2 in section 4, knowledge of the cosmos is also connected to the stars, animals (including totems), and nature. In fact, in African spirituality, everything is connected like a web. From their book entitled *'African Folklore'*, Peek and Yankah (2004) wrote the following regarding cosmology:

> An important part of the cosmology of the African people, the belief in ancestors affirms that life continues after death, that the spirit realm is not an alien world inaccessible to humans, and that even after death, relationships are not eternally severed between the deceased and their living descendants.

Regarding the stars, knowledge of cosmology is important in African spirituality. Traditional healers believe indigenous people originate from the stars, because the stars are where the ancestors live, knowledge of cosmology is important in African spirituality. Some animals are sacred to traditional medicine, for example, a cow which is also considered a god. The significance of the cow in African spirituality is discussed in detail in Chapter 6 under section 3. Traditional knowledge is also connected to nature, which is connected to the stars and the animals. The circle and the triangle are two sacred African fractals. Africans used the circle to construct their houses for generations. The triangle, which is the building block of the pyramids, is also a sacred form. This will be discussed further in the next section.

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5.11.3 African Fractals

Ron Eglash (1999) states, fractal geometry and its patterns are common in traditional African designs, and some of its basic concepts are fundamental to African knowledge systems. Africans have always built their settlements with structure and with patterns. This is in contrast to western epistemology which believes that African settlements are built without any thought or planning. Eglash (1999) argues that African fractals are not simply due to unconscious activity. The indigenous Africans were intentional in their planning and design, which is in sharp contrast to western epistemology that viewed African settlements as being informal and unplanned. In African spirituality, two fractals are regarded as sacred; they are the circle and the triangle. These fractals are regarded as spiritual and pleasing to the ancestors. Africans believe the triangle and the circle are fractals that are aligned with the cosmos.

(a) The Sacredness of the Triangle

The first significant geometric shape is the triangle. Indigenous healers believe the triangle offers the same effect as the circle. In fact, both the circle and the triangle are regarded as spiritual geometric shapes. The triangle is the building block of the pyramids, which are regarded as sacred. As discussed in the previous section, traditional healers believe healing originates from Kemet, which is ancient Egypt. In fact, many healers that were interviewed do not even accept the name Egypt, they still refer to it as Kemet. They are of the opinion that the name Egypt is a colonial name that was imposed on the indigenous people. They even believe that the symbol ankh, which is from Kemet, is a symbol of healing. The pyramids of Kemet are also triangular, and the healers believe the designers of the pyramids were influenced by the ancestors. They believe the position of the pyramids is perfectly aligned with the stars. This is part of cosmic knowledge which is significant to the healers. Traditional healers believe the indigenous people of Kemet possessed cosmic knowledge to align the pyramids perfectly with the stars.

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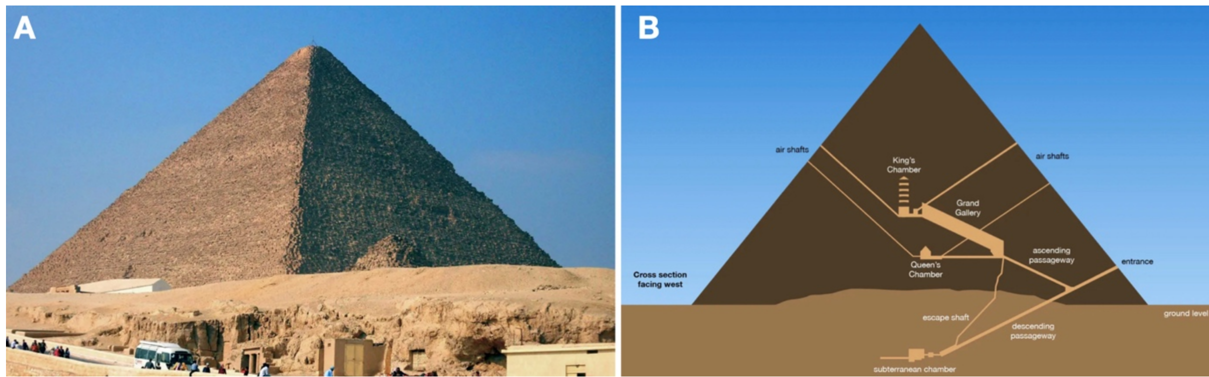

Figure 5.24: [A] and [B] Pyramid of Khufu, also known as the Great Pyramid, near Giza, Egypt (Source: Britannica, 2022)

Figure 5.25: Pyramid-shaped *indumba* at Credo Mutwa's homestead in Soweto. The structure was built with gum poles and thatch (Source: author, 2020)

(b) The Sacredness of the Circle

Zulumathabo Zulu (2014) states, indigenous Africans believe the most sacred and fundamental geometric shape is the circle. They use this in their architectural tradition to engineer and construct their built environment (Zulu, 2014). This is because indigenous Africans have always known that planets, along with the earth, are spherical (Zulu, 2014). This is due to their deep understanding of cosmic knowledge that they have learned and inherited from their forefathers. As discussed in the

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literature review in Chapter 2 under section 6.3, circularity can be seen on the design of the sacred site of Inzalo Ye Langa in Mpumalanga (see Figure 2.19). The site is made up of large boulders placed in a circular form. Many traditional healers regard it as the most sacred site in South Africa. During the study, many traditional healers said, "Inzalo Ye Langa is where humanity started."

African indigenous people have used the cosmic knowledge to construct their homesteads including the kraal, their most sacred space as discussed in section 5.4.6. In the past couples would exchange vows in the kraal because there were no churches. Secondly, the kraal was for the safekeeping of the cattle, which are considered gods in African spirituality. The scent of the cow dung in the kraal was considered sacred and pleasing to the ancestors. Thirdly, the kraal was a burial site of the loved ones who were referred to as *badimo* or ancestors. In the past there were no graveyards, and every homestead had a kraal where the departed were buried. Lastly, because the loved ones were buried in the kraal, it was considered a shrine, and prayers were offered to the ancestors inside the kraal. No one was allowed to enter the kraal without the permission of the family due to its sacredness. Due to its sacredness, some rituals were performed in the kraal by the indigenous people.

Circularity represents wholeness and connectedness that brings all of creation together in a circle of interdependent relationships grounded in land and under the Great Mystery (Styres, 2011). The Great Mystery is generally seen as the creative life force that finds expression through the land in all its abstractness, concrete connection to place, fluidity, and interrelatedness (Styres, 2011). Circularity is organic and fluid rather than static and linear (Styres, 2011). Placing elements within circles indicates that there is dynamic synergy and interconnected movement. Stories go in circles, they do not go in straight lines (Styres quoting Tafoya, 2011). It helps if you listen in circles because there are stories inside and between stories and finding your way through them is easy and as hard as finding your way home (Styres, 2011). Part of finding is getting lost, and when you are lost you start to open up and listen (Styres, 2011).

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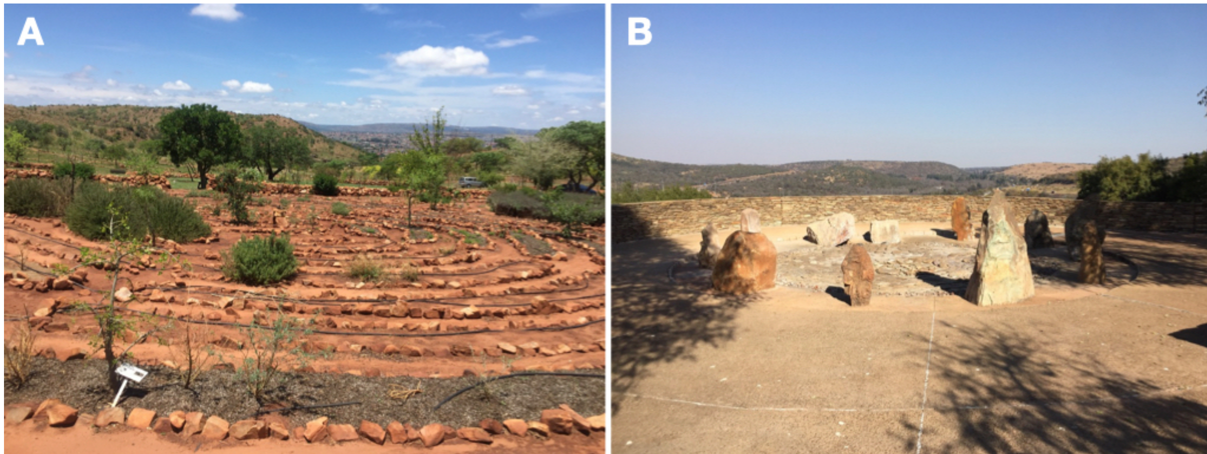

Figure 5.26: [A] Circular shaped sacred *muti* garden in Mamelodi and [B] Isivivane, a sacred site, in circular form at Freedom Park, Pretoria (Source: author, 2020)

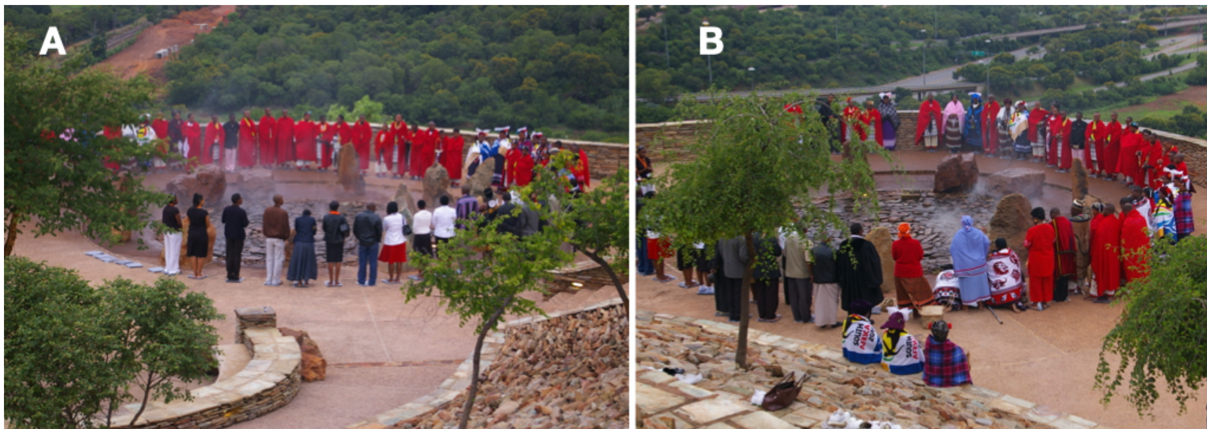

Figure 5.27: [A] and [B] A ritual ceremony performed by traditional healers at Isivivane (Source: Young, 2023)

Zulumathabo Zulu (2023) states, the cosmic knowledge can be seen on how African families are arranged. The arrangement is as follows: (a) the outer circle represents the clan, the middle circle represents the extended family, and (c) the inner circle is the immediate family (Zulu, 2023) (see Figure 5.28 below). The clan, extended family and immediate family have an influence in the upbringing of an indigenous child. In moralo or indigenous design, the same concentric circles can be seen in the design of a typical African homestead. The arrangement is as follows: (a) the outer circle is the hedge or fence for safety, (b) the middle circle is the rondavels, and the inner circle is the kraal which is the sacred space in the homestead. The three concentric circles thus create 'layers of access' to the sacred space, which is the kraal.

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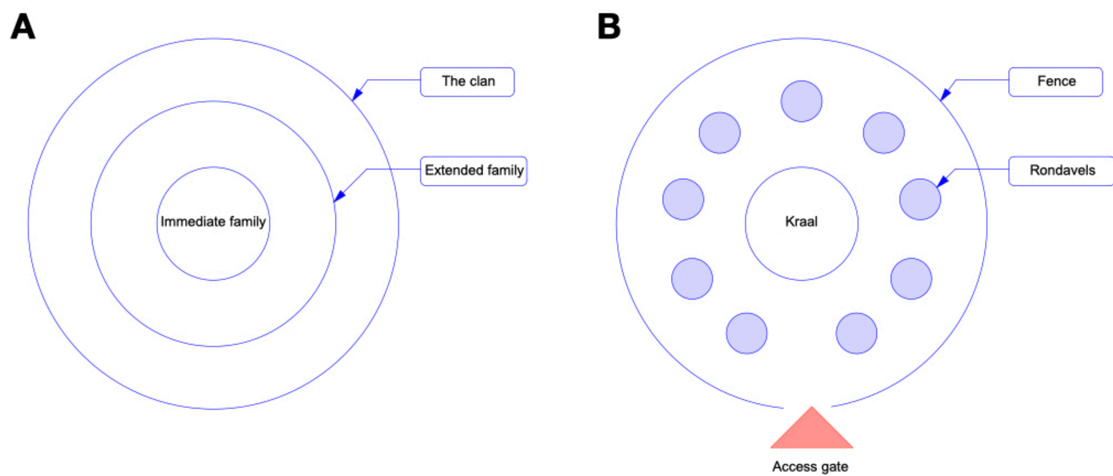

Figure 5.28: [A] Typical African family layout depicting concentric circles and [B] Typical African homestead layout (Source: author, based on descriptions by Zulu, 2023)

5.13 Conclusion

Based on the second research inquiry, which is, to identify spatial guidelines for consultation and ritual spaces, this chapter provided findings that answer the research question. The summarised findings from the study are the following:

(a) There are unique facilities used by traditional healers as shown in Table 5.1. They are *indumba*, *umsamo*, treatment rooms, *muti* rooms, sacred trees or plants, outside spaces such as a kraal, and proximity to sacred natural elements such as bodies of water, caves and mountains to conduct specific rituals. These facilities are pertinent in the practice of traditional medicine.

(b) Healing and African spirituality cannot be separated. Rituals play an important role in African spirituality. There are three overarching and integrated meaning response aspects are crucial in understanding traditional medicine. They are African spirituality, the cosmos, and African fractals. The first two deal with how Africans are connected to the cosmos and to the animals. The latter refers to the African fractals, which are the circle and the triangle. These fractals are regarded as sacred according to the indigenous people. As shown in Figure 5.24, the triangle was used as the building block in the pyramids of Kemet. Lastly, Figure 5.28 depicts concentric circles were used to arrange African families and homesteads.

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CHAPTER 6: PHYSICAL AND MATERIAL REQUIREMENTS

6.1 INTRODUCTION

This chapter presents the findings that answer the third research inquiry, which is the physical and material requirements of consulting and ritual spaces of traditional health practitioners. The findings are based on the interviews, photo documentation, and observation during site visits. In response to the inquiry, this chapter gives an overview in detail of the preferred physical and material requirements. From the study, the following topics are presented, namely, indigenous construction materials, indigenous colours, indigenous artefacts, *amabhayi*, and indigenous symbols for healing. From the engagements, traditional health practitioners emphasised the need for their consulting and ritual spaces to reflect their African identity. They said everything in their spaces must reflect African identity, from their choice of materials to their décor, their choice of colours, patterns, artefacts, and overall design approach.

6.2 RESEARCH OBJECTIVE 3

The aim of the research for objective three is to identify physical and material requirements for consulting and ritual spaces of traditional health practitioners. The study will also explore what goes inside those spaces in terms of material, colours, artefacts, and interior design in general.

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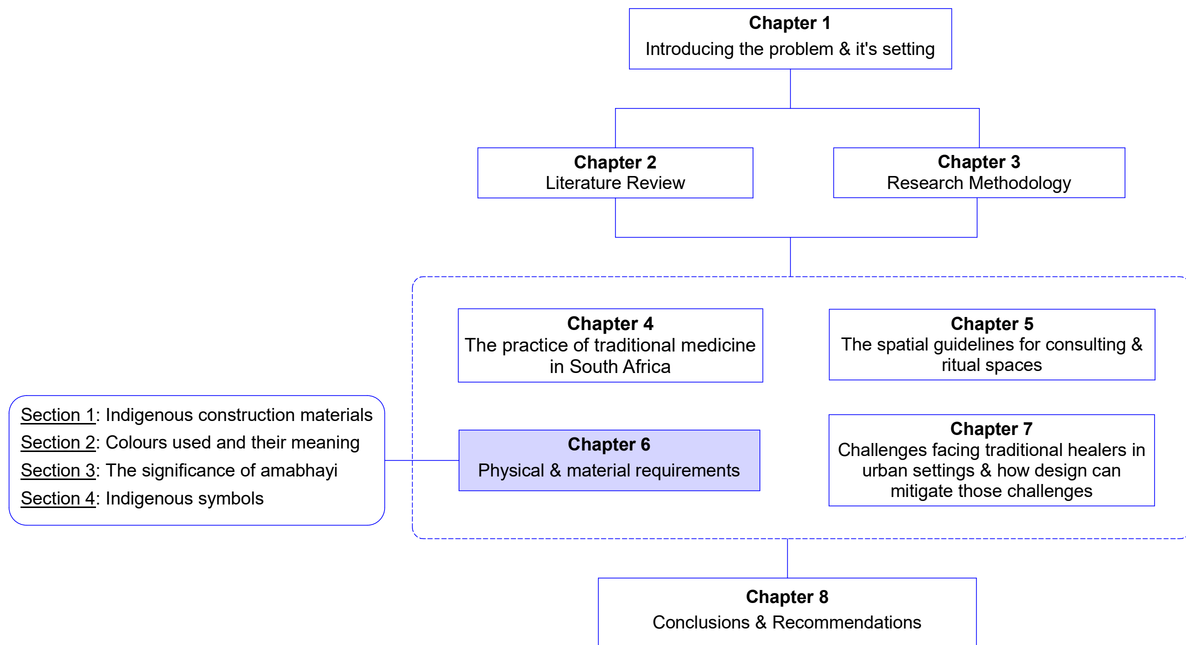

Figure 6.1: Diagram showing how the chapter relates to the thesis (Source: author, 2023)

6.3 Indigenous Construction Materials

Besides the design and orientation of an *indumba*, the choice of construction materials and colours are important to the traditional health practitioners. The choice of construction materials must speak to their African identity. During the study, the majority of traditional healers were saying indigenous materials are significant with regard to the practice of traditional medicine. They said indigenous contraction materials are also pleasing to the ancestors as they reflect their African identity. However, there were some, especially young healers, who do not have a problem with contemporary materials. Research participant 1 said, “I want my *indumba* to appeal to young professionals.”

(a) Roofing

In the past *indumba*s were rondavels, or circular buildings, and they were roofed with thatch. Thatch was a material of choice for traditional healers for roofing because it was easily available, and it was natural. As traditional healers migrated to the urban areas due to demand, they still preferred to use thatch to roof their *indumba*s. During the study, the majority of the traditional healers confirmed they still prefer thatch as

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they feel closer to nature and their *badimo* prefer it. During the study, it was observed that some of the healers who used modern materials like concrete tiles for roofing would use thatch inside as a ceiling. Research participant 4 said, "I have decided to use concrete tiles as roofing and thatch as a ceiling because thatch needs maintenance if it is used outside for roofing." He said using thatch inside as ceiling does not lose its significance. He said, "you have to think outside the box by using concrete tiles outside and thatch inside."

(b) Flooring

In the past cow dung was a material of choice for flooring in the *indumba*s. In African spirituality, a cow is a sacred domestic animal, and it is considered a god. Research participant 10 said, "a cow is revered among the indigenous people and the healers." He continued, "in fact Africans are the spiritual cousins of the Hindus, as they also venerate the cow as a sacred animal" (Zulu, 2014). He continues, *"kgomo ke modimo wa rona wa nko e metsi"* which translates, "a cow is our god with a wet nose." The only difference is, in India, a cow is worshipped as a god called *'Gaumeta*,' indicating its nourishing nature like a mother (Bajaj *et al,* 2022). In contrast, Africans do not worship a cow but treat it as a sacred domestic animal.

Research Participant 5 said, "cow dung is sacred because cows eat natural medicinal plants and it comes out as cow dung which is sacred." As mentioned in Chapter 5, traditional healers believe the scent of cow dung is pleasing to the ancestors. Research participant 4 said, "every time I go to the village, I bring some cow dung with me and I would personally smear it on the floor." He said the smell is pleasing to *badimo* and possesses therapeutic properties. He said no one is allowed to smear the cow dung inside his *indumba* as it is his sacred space. Even today most traditional healers still prefer cow dung for flooring, but the challenge is access to it especially in urban areas.

Cow dung is also used by ordinary indigenous people as a flooring material in their houses, especially those who understand its spiritual significance. The challenge when using cow dung is that it needs to be renewed often. Traditional healers who are based in urban areas have resorted to alternative materials like tiles on the floor. During the

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study, some traditional healers did not want any modern materials on the floor, and they left their floors unfinished or with an exposed concrete slab.

Besides aesthetic use, cow dung is considered to possess healing properties according to African spirituality. During the study, traditional healers believed applying cow dung on the floor in their *indumba*s is therapeutic. Research participant 10 said, “cow dung is also used as a gynaecological healing medicine usually by the traditional birth attendants.” He said after a woman has given birth, *‘mobelegisi’* or traditional birth attendant would smear cow dung on the floor for a woman to lie on. He said, “the skin contact with cow dung will expedite the healing process of the woman after giving birth.” In this case, besides being used as a floor material, cow dung is used as *muti* to heal due to its therapeutic properties.

During the study, it was observed that the majority of the traditional healers consult seated on the floor. They would customarily lay goat skin as a mat to sit on. That particular goat skin is special because it is from the same goat that was killed during their initiation ceremony. Besides the cow, the goat is sacred to traditional healers. Other healers would also lay reed mats on the floor. Research participant 13 said, “I have laid reed mat on the floor and this is the same reeds I brought from the river.” She said, “the reed mat from the river symbolises the ndawu spirits from the waters.” She said said her *badimo* instructed her use reeds from the river.

(c) Walls

In the past, Africans would construct their houses using adobe walls. In fact, adobe was a material of choice for many. Research participant 10 said, “sometimes cow dung would be mixed with clay to make adobe bricks.” Adobe is a building material made of organic materials such as earth, clay, and straw. Traditional healers would also construct their *indumba*s using adobe walls or stones (see Figure 6.2). During the study, traditional healers said their adobe wall would be a mixture of cow dung, clay soil, and mabele (sorghum). They said it was important for cow dung and mabele to be in the mixture to represent the ancestors. They believed a mixture of cow dung and mabele created a therapeutic and spiritual environment inside the *indumba*s. The surface of the adobe wall would then be laid with an array of breathtaking colour patterns from organic materials. The colour patterns are usually inspired by the

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ancestors of each traditional healer. During the study, it was observed that some traditional healers would engrave the *indumba* walls with their spiritual symbols (see Figure 6.2 below).

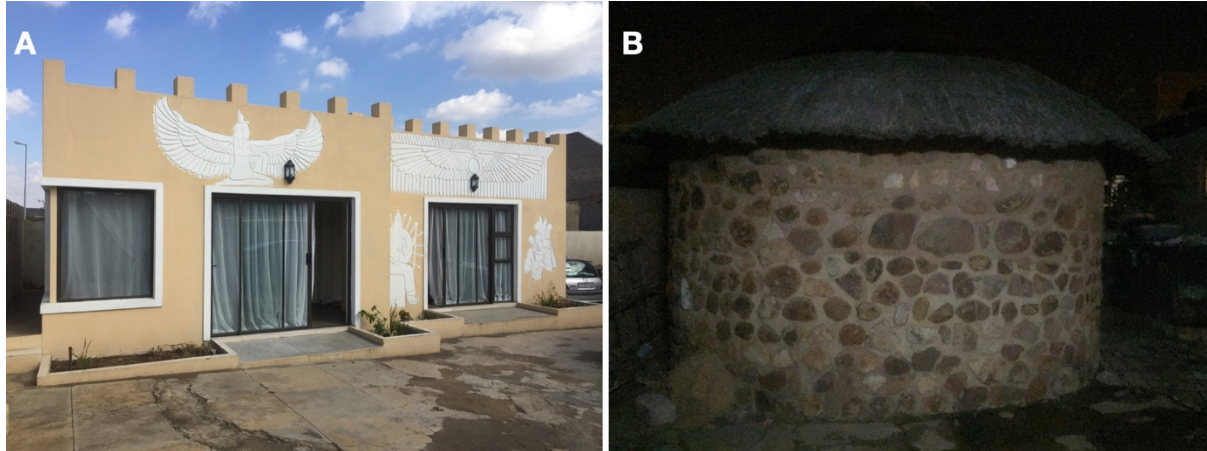

Figure 6.2: [A] *Indumba* engraved with Kemet symbols, [B] *Indumba* constructed with natural stones (Source: author, 2020)

6.4 Colours Used and their Meaning

Colours, just like physical features, have meaning to traditional healers. Different colours have different meanings to the healers. The same applies to the colours of ancestral clothes used by traditional healers. The choice of colour for painting the walls also has meaning. For example, black is the colour of water, red is the colour of the gods, white is the colour of purity, and yellow and green are the colours of the earth. Yellow and green always go together. *Mathwasa* or initiates always wear red cloth called *"siyendani'* when they are still at *twasong* or initiation school. They are not allowed to wear any other colour. After initiation, traditional healers are given the colours of their ancestral clothes by their ancestors. In addition to the colour of the ancestral clothes, the ancestors would also specify the totem on the cloth.

(a) Black

Black is the colour of the water. The colour black is associated with ndawu spirits, which are water-based. The colour black is also a symbol of power. During the study, traditional healers said they seldom light black candles in their *indumba*s as they bring dark energy.

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(b) Red

Red is considered to be the colour of the gods. It is associated with the bloodline, which is the ancestors. Red is associated with Nguni spirits, which are land-based. As mentioned, initiates wore plain red clothes while they are still at initiation schools. After initiation, *sangomas* would wear mostly red and white clothes.

(c) White

White is associated with purity. Even white candles are associated with purity and are considered to create a pure atmosphere. Traditional prophets usually wear white clothes as they do not use *muti* and *ditaola* (bones).

Traditional healers use different candles with different colours. Every colour of a candle has a different meaning. Therefore, the traditional healer would light up candles of different colours to create a specific atmosphere. White candles are usually associated with purity.

During the study, it was observed that some traditional healers have chosen their own colours that blend with their own brands. It is usually traditional healers who are young and who have created their own brands. For example, research participant 1 said, "I prefer black colour because it is elegant and it blends with my own brand." She continues, "I am trying to sell elegance and class while mixing it with traditional medicine." She said, "for the practice of traditional medicine to succeed, it has to be elegant and professional." She regards herself as a "classy and upmarket *sangoma* who appeals to a niche market." She only does virtual consultations, and her background setup is a black cloth with gold letters (see Figure 6.3 below).

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Figure 6.3: Customed made cushion with brand colours (Source: author, 2020)

6.5 The Significance of Amabhayi

Amabhayi or ancestral cloths, are significant in the practice of traditional medicine. They are worn by traditional healers during consultations and ritual ceremonies. *Amabhayi* can also be used as decoration, like wallpaper, inside the *indumba*s (see Figure 6.4 below). Not everyone can wear *amabhayi* as they are regarded as sacred ancestral clothes. During the study, due to their sacredness, traditional healers said one has to be initiated first before wearing *amabhayi*. These ancestral cloths are printed with unique images such as animals, flowers, sun, or shield and spear (see Figures 6.5 to 6.7). These ancestral cloths and images are known as the ancestral image of the traditional healers. The ancestral image is unique to each traditional healer. These ancestral cloths are referred to as *'masela a badimo'* or 'cloths of the ancestors.' The indigenous healers would either wear the garment during consultation and rituals or use them as a decoration material inside their *indumbas*.

Initially, *mathwasa's* wear plain red garments called '*siyendani'* at *twasong* during their training. Usually, the *amabhayi* worn by *mathwasa* are plain and they do not have any animal images on them. Research participant 7 said, "the plain red cloth shows one has not grown yet in ancestral training." After initiation, each indigenous healer would wear garments inspired by their family totems or *badimo* as discussed above.

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Amabhayi would display their family totem-like an elephant, lion, crocodile, etc. According to research participant 7, "each animal totem has a certain meaning, for example, an elephant image speaks of authority and fearlessness, a lion image represents immense power and royalty, and a leopard image speaks of royalty." He continues, "*amabhayi* printed with chicken or guinea fowl symbolises *badimo* who are quick to respond." Some of the ancestral cloths do not have an animal image on them, they would display the sun image or flowers (see Figure 6.7 below).

During the study, it was noticed that some research participants have a dual calling or gift. For example, research participant 4 had a gift of a *sangoma* and a gift of prophecy. She said she has two garments for each gift. All research participants with dual gifts said they would wear the right garment when they function under a specific gift. Those who have initiated either through the *ndawu* or *nguni* process would also wear specific colours in their consultations or rituals. Traditional healers also use traditional cloths to decorate their *indumba*s. The colours and patterns of the cloths become a theme inside their *indumba*s.

Figure 6.4: [A] and [B] Amabhayi displayed, like wallpaper, on the walls of an indumba (Source: author, 2020)

These cloths are worn by traditional healers who have a prophetic gift. These cloths are plain with no animal image on them. These clothes can be plain white, green, yellow, red, or blue, and usually have a cross image on them at the back to symbolise a prophetic gift. *Njeti* ancestral cloth symbolises the highest point traditional healers can attain. The *njeti* cloth has a lotus flower image on it. It must be noted that the

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colours of ancestral cloths go hand-in-hand with the colours of the beads. These are bracelet and necklace beads.

Figure 6.5: [A] and [B] *Amabhayi* displaying the big five and on the right displaying a lion (Source: Manzini, 2021)

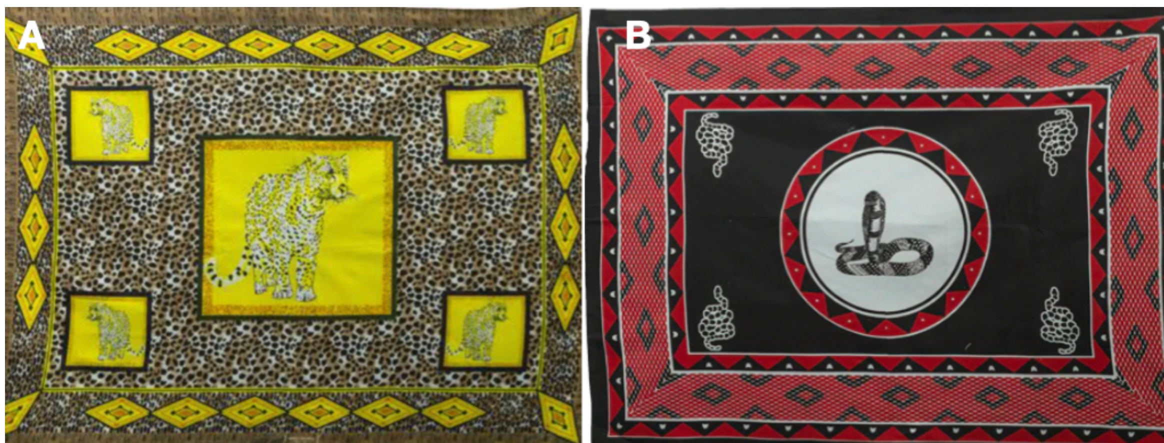

Figure 6.6: [A] *Amabhayi* displaying leopard image, [B] *Amabhayi* with snake image (Source: Manzini, 2021)

Figure 6.7: [A] *Njeti amabhayi* with lotus flower image, [B] *Amabhayi* with rooster image (Source: Manzini, 2021)

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Research participant 12 said, "I no longer subscribe to the idea of using *amabhayi* anymore, both as a garment and as decoration inside my *indumba*." He continues, "in the past *amabhayi* were made in South Africa and it was mainly indigenous people working in the textile factories making them." He said these days, "all *amabhayi* are manufactured in China and they have lost their sacredness." He asked, "what's so sacred about *amabhayi* that are manufactured in China?" He added, "this is because the textile industry in the country is dead, and the cheap Chinese imports have infiltrated the market." From the study, research participant 12 is the only healer who has stopped wearing *amabhayi*. Even inside his *indumba,* there are no signs of *amabhayi.* He says he now wears plain clothes during both consultations and ritual ceremonies.

6.6 INDIGENOUS SYMBOLS

Traditional symbolism is important to traditional healers. Traditional healers do not want the practice of traditional medicine to be associated with the symbols of biomedicine. They believe that symbols of biomedicine do not talk to them and are foreign to African spirituality. It was observed that none of the research participants had any indigenous signage outside their *indumba*s. Only one research participant had his name on the board outside his practice, but it was not a symbol. During the study, the following indigenous symbols were suggested by research participants:

- Calabash (a very sacred African artefact)
- Kika (traditional wooden pestle and mortar)
- Spear
- Green tree or leaf (believed to be a sign of life)
- Ankh

From the research, having interviewed several healers, the ankh seems to be the most used, preferred, and widely recognised symbol across the African continent. During interviews, most of the *indumba*s had the ankh symbol displayed on the walls. Some of the traditional healers wear the ankh as a necklace. Even most of the *mathwasa* or

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initiates put on the ankh necklace. During the study, there are several reasons why the ankh is widely accepted by traditional healers. Below are some of the reasons offered:

- Ankh symbol is believed to originate from Kemet, ancient Egypt, where traditional healers believe healing originates from
- The Ankh is widely recognised as a symbol of healing in Africa
- The Ankh is widely accepted and used by traditional healers in Africa
- Ankh is believed to be the key of life or a symbol of healing

Figure 6.8: The Ankh symbol (Source: Britannica, 2022)

Figure 6.9: [A] The ankh symbol displayed on the boundary wall, [B] The ankh symbol displayed inside *indumba* (Source: author, 2020)

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6.7 Discussion

Based on the third research inquiry, which is, to identify the physical and material requirements of consulting and ritual spaces of traditional health practitioners. The summarised findings from the study are the following:

6.7.1 Choice of Construction Materials

From the study, conclusions can be drawn that many traditional health practitioners prefer indigenous construction materials to build their *indumba*s. They feel closer to *badimo* when they have used indigenous materials. As discussed at length in Chapter 4 section 4, *badimo* have an influence on how traditional healers practice. From the study, the influence of *badimo* extends to the choice of construction materials, including choice of colours and physical requirements inside the *indumba*. Below we will discuss some of the natural and "modern" materials and their significance or meaning inside African cosmology and spirituality. We believe that the meaning is important to understand and not merely the colours and materials. These meanings transcend the different categories of healers and bring uniformity and universality to TH practices.

During the study, most of the research participants said cow dung is their preferred floor material. The significance of cows within African spirituality is discussed in Chapter 7 section 6. Research participant 4 said, "every time I go to the village, I bring some cow dung with me, and I would personally smear it on the floor." He said the smell is pleasing to *badimo* and possesses therapeutic properties. Research participant 10 said, "sometimes cow dung would be mixed with clay to make adobe bricks." The belief of cow dung possessing healing and spiritual properties is like the Hindu belief system (Bajaj *et al*, 2022). The Hindus have been using cow dung and urine for their wellness and cure of illnesses since ancient times (Daria & Islam, 2021).

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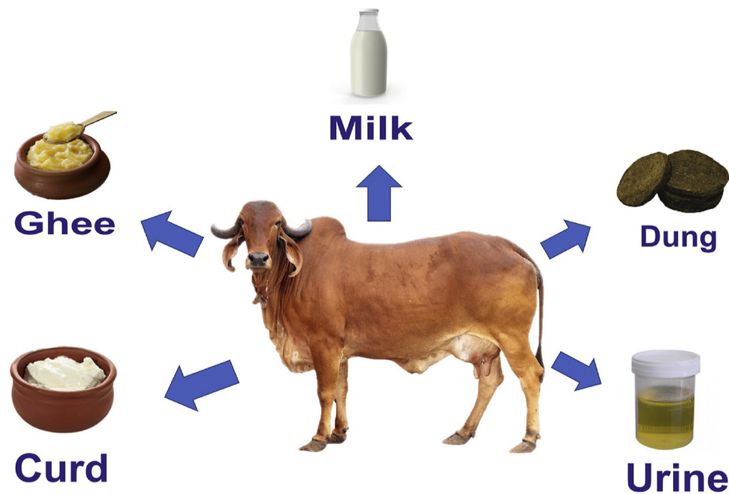

Figure 6.10: Sacredness of the cow in African and Hindu spirituality (Source: Bajaj *et al,* 2022)

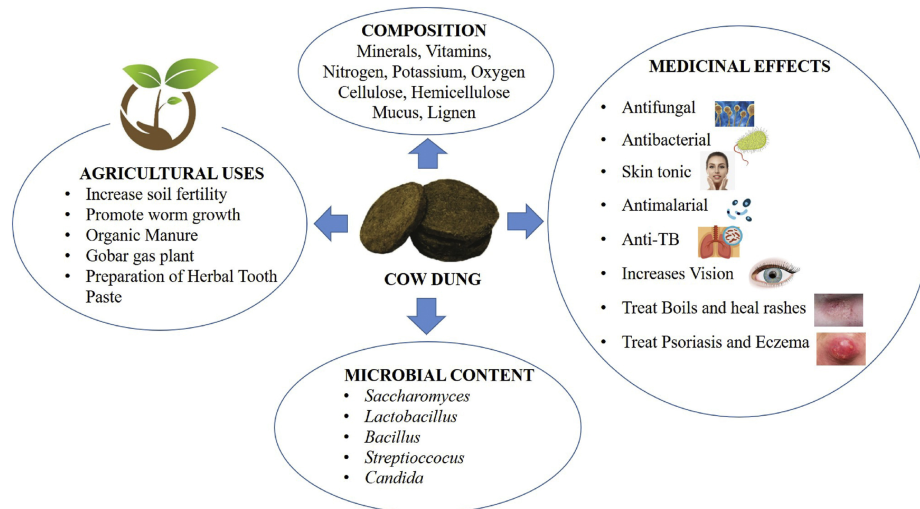

Figure 6.11: The use of cow dung (Source: Bajaj *et al,* 2022)

6.7.2 Amabhayi

In the past, indigenous people wore animal skins and feathers of the clan totems to symbolise positions of authority as a king, chief, soldier, or indigenous healer (Manzini, 2021). The animal skins and feathers were later replaced by the fabrics (or *amabhayi*) with animal prints which are worn today (Manzini, 2021). The animal prints on the cloths were part of the African totems and had meaning attached to them. Majority of traditional healers still wear *amabhayi* during consultations and ritual practices. Amabhayi are also used like wallpaper to decorate *indumba*s. However, there are

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some healers who have decided to use their own colours that blend with their branding. During the study, one research participant is not using *amabhayi* as they are made in China. He said *amabhayi* have lost their sacredness.

6.7.3 Symbols

The identity of a place comprises of meaning and symbols (Ziyaee quoting Relph, 2018). People react to the environments based on their perception of the meaning that the environment provides them (Ziyaee quoting Rapoport, 2018). The common understanding of the symbolism of artefacts creates the cultural identity of a community (Osman, 2004: 3). Signs and symbols play main roles to shape the perceptional meaning of the places for their users (Ziyaee quoting Rapoport, 2018). The question of an African identity in design cannot and should not be answered in a singular or definitive sense (Noble, 2011: 264). Creating space for valued experiences, views, and identities, even where this presents global or cultural challenge, is important to formulating futurities for the indigenous people (Smith, 2019). It can be argued that signs and symbols are some of the components of place identity. Indigenous symbols and signage are important in African spirituality. From the study, traditional health practitioners want their consulting and ritual spaces to reflect African identity. Indigenous symbols and signage are some of the cultural features that create an identity for a place and a belonging.

Due to the influence of the west, the South African government and the South African Medical Association (SAMA, 2023) adopted the use of the Rod of Asclepius on their medical logos (see Figure 6.13 below). Their logos are based on the logo of the World Health Association (WHO, 2023). According to WHO, the staff with a snake has long been a symbol of medicine and the medical profession. However, in African spirituality as discussed in Chapter 2, the image of a snake is a sign of protection (Zulu, 2021) and not of health or healing. In Africa, a snake is highly revered and is regarded as the messenger of the gods (Zulu, 2021). In African homesteads, the snake image was engraved on the door lintels of the houses as a sign of protection.

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Figure 6.12: [A] The World Health Organisation's logo (Source: WHO, 2023), [B] the Rod of Asclepius on the left and the Caduceus symbol on the right (Source: Johnny & Prakash, 2015)

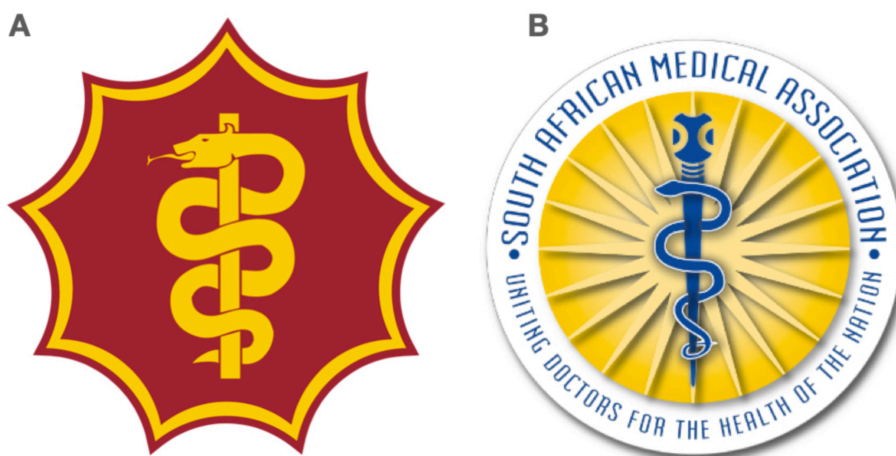

Figure 6.13: [A] South African Army Health Service logo (Source: SANDF, 2023) and [B] South African Medical Association logo with an adaptation of the Rod of Asclepius (Source: SAMA, 2023)

6.8 Conclusion

This chapter seeks to answer the third research inquiry, which is the physical and material requirements of consulting and ritual spaces of traditional health practitioners. From the study, conclusions can be drawn that there are specific materials and physical requirements that create conducive environments for the practice of traditional medicine. Firstly, traditional health practitioners want natural construction

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materials and to please the *badimo*. Secondly, the colour scheme is important to traditional healers. The use of colour is a spiritual act as it creates an atmosphere for a therapeutic experience. Thirdly, *amabhayi* are important in the practice of traditional medicine as they are ancestral clothes. *Amabhayi* are worn by traditional healers, and they can also be used for decoration. Fourth and last, the ankh seems to be the most preferred indigenous symbol by traditional healers. This is because the ankh is the most recognisable and accepted indigenous symbol of healing and life on the African continent. These practices and symbols have been displaced by “foreign” symbols borrowed from faraway places. To create an African identity, it is important that indigenous symbols gain positions of prominence and are formalised in the design of spaces of traditional health practitioners.

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CHAPTER 7: CHALLENGES FACING HEALERS IN URBAN SETTINGS AND HOW ARCHITECTURE CAN MITIGATE THESE CHALLENGES

7.1 INTRODUCTION

This chapter presents the findings that answer the fourth research inquiry, which is, the challenges traditional health practitioners face daily in urban areas, especially in Gauteng Province. The challenges faced by traditional healers practicing in urban settings were formulated based on the interviews. This chapter presents findings concerning challenges with consulting spaces, ritual spaces, and access to sites of spiritual significance. The solutions are presented on how architecture and urban design can mitigate the challenges traditional health practitioners face in urban settings. Due to urbanisation and urban sprawl, traditional health practitioners found themselves in urban areas that are presented challenges and not conducive to the practice of traditional medicine. Immigration to urban areas by black African labourers increased demand for traditional health practitioners.

7.2 RESEARCH OBJECTIVE 4

The fourth research objective is to identify the challenges facing traditional health practitioners performing rituals in an urban setting and how architectural design responses could mediate these challenges. As previously mentioned, spatial planning in the past discriminated against traditional health practitioners. Apartheid spatial planning was used as weapon against the practice of traditional medicine. Public spaces and buildings were not conducive for traditional health practitioners to consult and perform their rituals.

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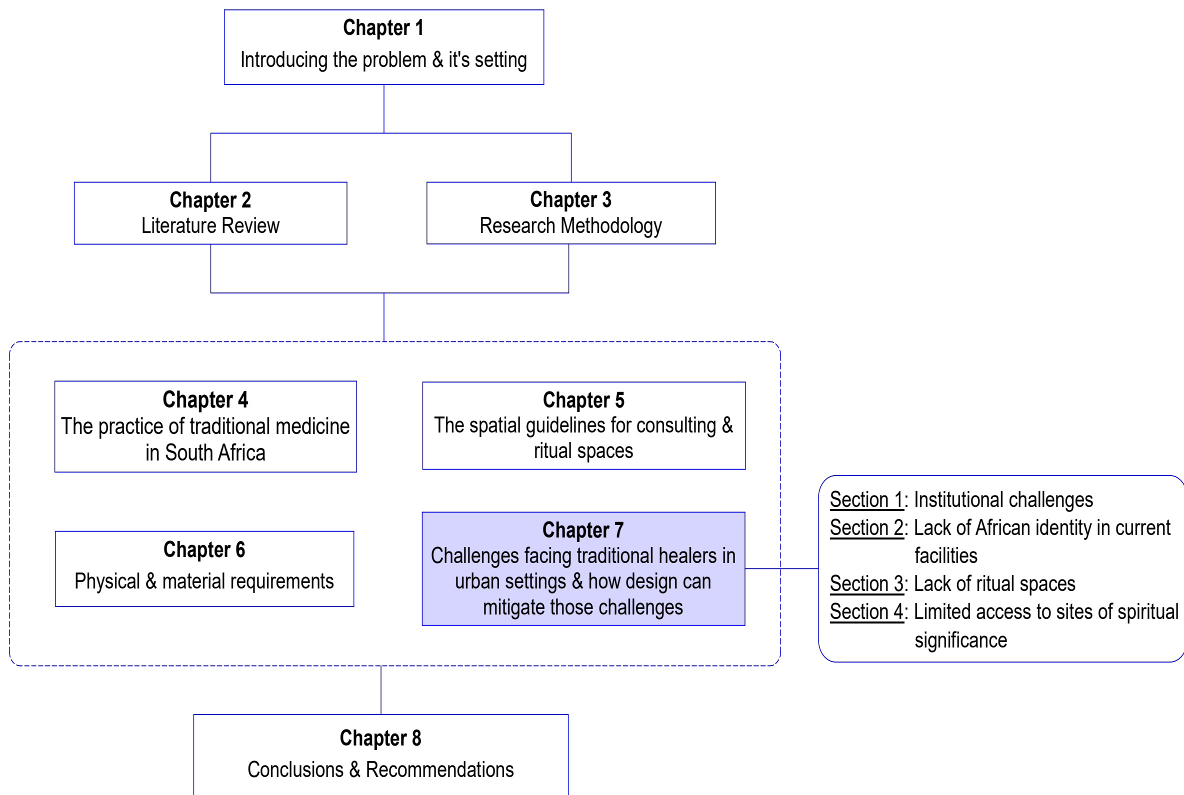

Figure 7.1: Diagram depicting how the chapter relates to the dissertation
(Source: author, 2023)

7.3 Lack of African Identity in the Current Facilities

As discussed in Chapter 1, there was an influx into urban areas by different categories of traditional health practitioners in the 1990s mainly due to black migrant labourers. Urbanisation and urban sprawl also contributed to the influx of traditional healers into urban spaces. However, traditional healers quickly found out that urban spaces and buildings do not reflect their African identity. During the study, traditional healers said African identity is important to them and they want their facilities and spaces to reflect that. They said there is a huge demand for their services in urban areas from politicians, businesspeople, young professionals, and ordinary people. Unfortunately, the urban spaces and facilities in South Africa were not designed to embrace the practice of traditional medicine.

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7.3.1 Lack of Acknowledgement from Biomedicine

During the study, traditional healers said they do not mind working with biomedical healthcare professionals. They said working with them is the future of healthcare and it is inevitable. However, they do not want to lose their identity, they still want to remain true to their calling. They believe sharing knowledge and expertise with biomedical healthcare professionals is the future. They also want each side to refer patients to one another. They do not mind referring their patients who need biomedical treatment to biomedical doctors. They also want biomedical doctors to refer patients who need traditional treatment to them. Traditional healers want to be recognised as equals with biomedical healthcare professionals. In fact, research participant 7 said, “we respect and refer patients to biomedical professionals, but we do not receive the same respect from them.” She continues, “and they would never refer their patients to us even when they are aware that the patient has spiritual problems that the attention of traditional healers.” Research participant 13 said, “we are not even allowed to see our patients in hospitals.” She said, “nurses treat us with suspicion every time they see us in hospitals.” She said the nurses would follow them every time they enter hospitals. She said, “we are not even allowed to dispense *muti* to our patients who are in hospitals.”

7.4 Lack of Spaces for Rituals

Ritual practices are part of the practice of traditional medicine. Traditional health practitioners perform different ritual ceremonies as part of their practices. Some rituals are performed at their houses while other rituals are performed at sacred natural sites, for example at bodies of water, or mountains. From the study, traditional healers said they all perform rituals from to time. Beating the drum is part of the ritual practices as it connects them to the *badimo*. From the study, they said beating the drum is a deeply spiritual act by all traditional healers as they easily connect with *badimo*. To traditional healers, the drum represents something magical and sacred. Traditional healers based in urban areas mentioned the difficulty of beating the drum in urban areas as their neighbours often call the police or local authorities.

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Figure 7.2: [A] and [B] A ritual ceremony performed by tradition healers
(Source: Gary I. Stafford, 2020)

Slaughtering of animals is part of the ritual ceremonies of traditional healers. It is part of their identity. They said every time there is an initiation ceremony a goat must be slaughtered at an initiate's home. Blood must be spilled to please the ancestors. There is no replacement for such a deeply spiritual ritual. These practices are in direct conflict with municipal by-laws and regulations regarding the slaughtering of animals.

Due to limited space in her yard in the suburb, research participant 3 mentioned that sometimes she travels to the rural Eastern Cape to perform some rituals that need bigger space. She said recently she had to perform a ritual that included slaughtering a cow, but due to space constraints in her yard, she had to move the ritual to the Eastern Cape. She also says sometimes she asks her friend, who is also a *sangoma* and owns a farm in Gauteng, to perform some rituals at her place. Some of the rituals include slaughtering domestic animals, like goats and cows. She says performing rituals in the rural Eastern Cape has added benefits because sacred bodies of water are pure and have not been contaminated and the people respect sacred sites of spiritual significance.

The challenge of limited space in the suburbs is also shared by research participant 1, who said the neighbours sometimes call the police when she performs rituals, which include beating the drum and dancing. She says she used to slaughter animals in her rituals but stopped as she is not allowed. She says she now performs all her rituals at her *gobela's* place which is in the rural area. Research participant 12, who is based in

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the suburb of Johannesburg, says he used to perform all the rituals in his yard but stopped after the neighbours started calling the police and the local authorities.

7.5 Limited Access to Sites of Spiritual Significance

Water is life. The land is our first teacher.
A popular proverb among Maori people (Smith *et al*, 2019).

First and foremost, African spiritual healing requires access to a flowing body of water. As mentioned in Chapter 5, sacred bodies of water are important to African spirituality. Traditional healers use bodies of water for initiation ceremonies, cleansing, and other rituals. For a body of water to remain sacred it must not be polluted. Gauteng Province does not have many bodies of water that are sacred due to pollution and urban sprawl. Crime in Gauteng is also a big problem. Many healers have told stories of being robbed at these places. No wonder many healers go to other provinces when they want to perform rituals and other ceremonies. They know that in other provinces people respect sacred bodies of water and they will not interfere with the work of traditional healers.

Some of the dams are regarded as sacred, however, some of them are in fenced-in National Parks. The healers cannot access some of the dams. These are dams that have a long-established reputation as sacred bodies of water. Some healers regarded these sacred bodies of water as ‘hospitals’ because of the healing powers they possess. In African spirituality, water is important, and it is regarded as a source of spiritual life and healing by the traditional healers. Traditional healers cannot function without access to sacred bodies of water. Research participant 2 said, “apart from being a source of life, water is also a source of spiritual life.” Therefore, there is a need to look after these bodies of water and maintain them.

In African spirituality, in addition to bodies of water, mountains and caves are also regarded as sites of spiritual significance. Research participant 8 states, “we regard a cave as a womb because all races used to live in caves in the past.” She said, “caves

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are deeply spiritual and need to be protected and respected." Unfortunately, some of these sacred mountains and caves are on private land, and some healers cannot easily access them. Sometimes landowners who are understanding permit the indigenous healers to access sacred mountains and caves. Rituals and other sacred ceremonies are often performed in the caves and mountains.

Figure 7.3: [A] and [B] Popular traditional healers' site, Valley of a Thousand Hills, KZN (Source: Gary I. Stafford, 2020)

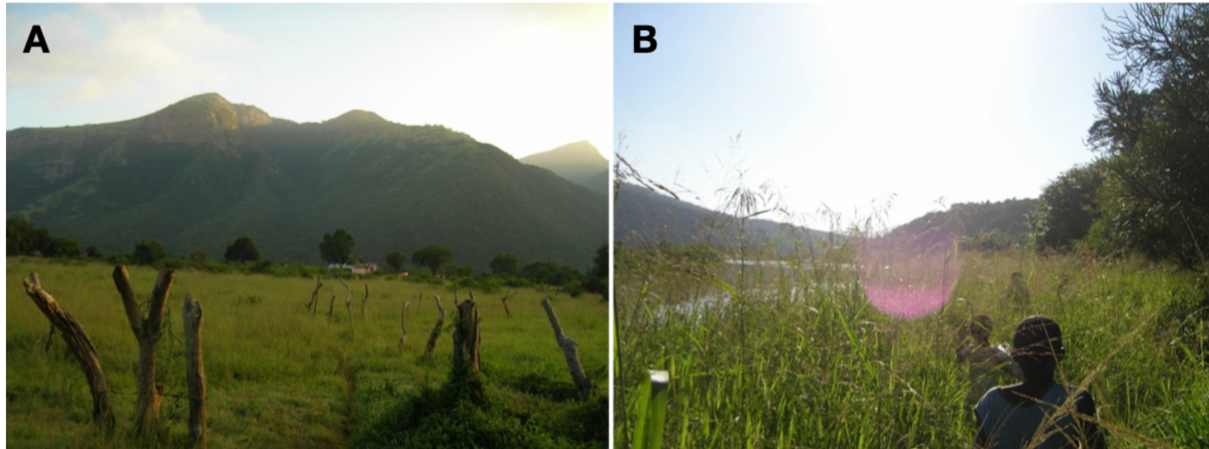

Figure 7.4: [A] and [B] Natural sites of spiritual significance (Source: Gary I. Stafford, 2020)

7.5.1 Safety at Sacred Sites

During the study, traditional healers raised the issue of security when accessing sites of spiritual significance. They are of the view that the authorities must provide security at these places. Research participant 11 said, "as people are aware that these places

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are special to us, sometimes robbers wait and rob us at gunpoint or with a knife." She said, "sometimes I prefer to perform some rituals alone and in private, but because of safety issues and I am a woman, I have to ask someone to accompany me to these places." She continues, "the other day I was performing a cleansing ritual ceremony in a dam and then suddenly a man came in the water." She said she had to cut short her ritual ceremony for her own safety. During the study, most of the traditional healers said they usually visit sacred sites in groups for safety reasons. They said they have heard of other healers, especially women healers, who have been robbed at the sacred sites.

7.5.2 Facilities at Sacred Sites

Research participant 2 said, "authorities need to identify sacred sites and conduct a need analysis." He said, "for example, there is a need to provide facilities like showers and change rooms at sacred bodies of water." He continues, "there is a desperate need for these facilities, especially after performing rituals and cleansing because the healers would be wet and muddy." He said, "it is similar to the beaches on the coastline where people would shower and change after swimming." Research participant 12 said, "access to the sacred sites must also be looked into because some of them, like some caves and mountains, is not easy to access them." She said sometimes one has to park far and walk on a rocky path.

7.6 Discussion

This chapter inquired into the challenges faced by traditional healers in urban environments. The main challenges identified were a lack of identity and recognition, lack of spaces for rituals, and lack of access to sites of spiritual significance. According to the WHO's Traditional Health Strategy 2014-2023 (2013), the far east Asian countries, including China, India, South Korea, and Japan, have shown that it is possible to integrate traditional medicine into the formal healthcare sector. These countries have developed their traditional medicine to an extent where their traditional healers have easy access to their indigenous medicines. Their governments have

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developed an efficient supply chain of everything needed by their traditional healers. Unfortunately, this is in sharp contrast to Sub-Saharan Africa, including South Africa, where traditional medicine is not integrated into the formal health sector and healers do not have proper facilities. Even after the dawn of democracy in 1994, traditional healers are still faced with challenges practicing in urban areas, Due to the colonial legacy of apartheid, public spaces in the cities and towns do not reflect African identity and traditional healers found it difficult to connect to the built environment. Architecture can mitigate these challenges by (a) making sure facilities of traditional healers portray African identity, (b) space is provided for rituals, and (c) traditional healers have access to sites of spiritual significance. These three strategies are discussed further below.

7.6.1 Facilities of Traditional Healers to Portray African Identity

Paul Kotze (2021) states, “architectural expression, as we know so well, could also be how well-meaning, benign, and inventive motions of a better future could be realized." The built environment, in the quest to become well-meaning and benign, must accommodate the indigenous people including the traditional healers who were marginalised in the past. Architects and designers must think deeply about the production of architecture and how it can mitigate the challenges traditional healers are facing. Archibald (2008) argues that there is an interrelationship between place and indigenous identity.

From the study, majority of traditional healers kept on referring to the lack of African identity in current facilities. The first step is to make sure the orientation of new facilities is correct. The facilities can either face east, where the sun rises, or north facing Kemet. Second, the circle and the pyramid are two indigenous fractals that are widely accepted by the traditional healers. The third step is to use indigenous construction materials. The fourth step is to put the correct sign or symbol on the facilities, which is the ankh. As discussed in Chapter 5 section 4, the ankh is the most recognised symbol in Africa and is widely accepted as a symbol of life and healing. And the fifth and last step, is to allow traditional healers to decorate their *indumba*s according to the needs of their *badimo*. As discussed in Chapter 5 section 3, traditional healers would decorate their *indumba*s with *amabhayi* as wallpapers.

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7.6.2 Spaces for Ritual Ceremonies

From time to time, traditional healers perform rituals as part of their calling. The first space needed by traditional healers for rituals is the treatment rooms, which are steaming and bathing rooms. As discussed in Chapter 5 section 4, steaming and bathing rooms for ritual purposes are unique as *muti* is used for cleansing and for therapeutics. The second ritual space is exterior spaces used for common rituals ceremonies where healers would beat the drums dancing to *badimo*. This is an outside space within the yard which is dedicated for different ritual ceremonies and may contain a sacred tree or plant as described in Chapter 5 section 4.5. The tree or plant is sacred as it is where the healers would communicate with *badimo*. During rituals, the healers would pour sorghum beer on the tree or plant to appease *badimo*. The relationship between ritual spaces and *indumba* is discussed at length in Chapter 5 and shown in Figure 5.20.

The contribution of livestock to human wellbeing is well documented (Thondhlana *et al*, 2021), including contribution to African spiritually. Sometimes during ritual ceremonies, the healers would sacrifice a domestic animal to *badimo*. Animal sacrifice is important in African spirituality as blood must be spilled to appease the ancestors. Cattle and goats are sacrificed to introduce family members to their ancestors (Thondhlana *et al*, 2021) and for other rituals like initiation and cleansing ceremonies. Unfortunately, urban spaces were not designed to accommodate cultural practices like ritual ceremonies. In addition, the local by-laws were also drafted not to accommodate these cultural practices. Therefore, architecture must mitigate these immediate challenges by accommodating these cultural practices within facilities of traditional healers in urban areas. The local by-laws must also accommodate these cultural practices which include the sacrificing of domestic animals and beating the drum.

7.6.3 Access to Sites of Spiritual Significance

The land is deeply connected to African spirituality. Access to sites of spiritual significance is important in the practice of traditional medicine. This includes access to land, bodies of water, caves, mountains, and other sites of spiritual significance as

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discussed in Chapter 5. Traditional healers must have access to these sites of spiritual significance to perform different ritual ceremonies. For example, in African spirituality, indigenous people associate themselves with bodies of water. In the words of Archibald (2008), this is similar to the Maori people who, have the following saying:

> We are the River People, my identity to the river, the land, and its resources has significantly influenced my identity.

Firstly, to mitigate the challenge of access, meaningful sites of spiritual significance must be identified by the authorities. Secondly, a national registry of sacred sites must then be established. Thirdly, these sacred sites must fall under the control of the state. Fifth and lastly, a committee must be appointed by the state for the safekeeping and maintenance of these sites. A needs analysis must be conducted for each site. Easy access that can be spatially designed and safe parking close to sacred sites must be provided to the healers with access routes and other facilities such as benches, signage, and lighting where appropriate. This is to make it convenient for the healers to access these scared sites that are meaningful to them.

7.7 Conclusion

This chapter presented the findings that answer the fourth research inquiry, which is, the challenges facing traditional health practitioners daily in urban areas. Based on the findings, conclusions were drawn regarding established institutional challenges, lack of African identity in current facilities, lack of spaces for rituals, and limited access to sites of spiritual significance. Solutions were presented on how architecture can mitigate the challenges faced by healers. Based on the findings drawn from the study, the first mitigation is, the facilities of traditional healers must reflect African identity. The second mitigation is, spaces for ritual ceremonies must be provided that meet the minimum requirements for specific rituals. The third and last mitigation is, designers must design the access to sites of spiritual significance.

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CHAPTER 8: CONCLUSIONS AND RECOMMENDATIONS

8.1 INTRODUCTION

One of the main ambitions of this study was to demystify the practice of traditional medicine in South Africa. The study showed that, just like many Asian countries, with funding and research, the practice of traditional medicine can be well integrated into the official healthcare system. In the process, traditional healers do not have to lose their African identity. The study further reveals that architectural aspects that have meaning to the healers can be incorporated into their facilities. Based on the research questions and objectives, findings were presented and analysed in Chapters 4 to 7. Based on the findings that were presented, conclusions were drawn, and recommendations are made. This chapter is divided into six sections, namely, (1) summary of study, (2) guiding principles, (3) summary of contributions to practice, (4) summary of contributions to knowledge, (5) recommendations to future research, and (6) concluding reflections (see Figure 8.1 below).

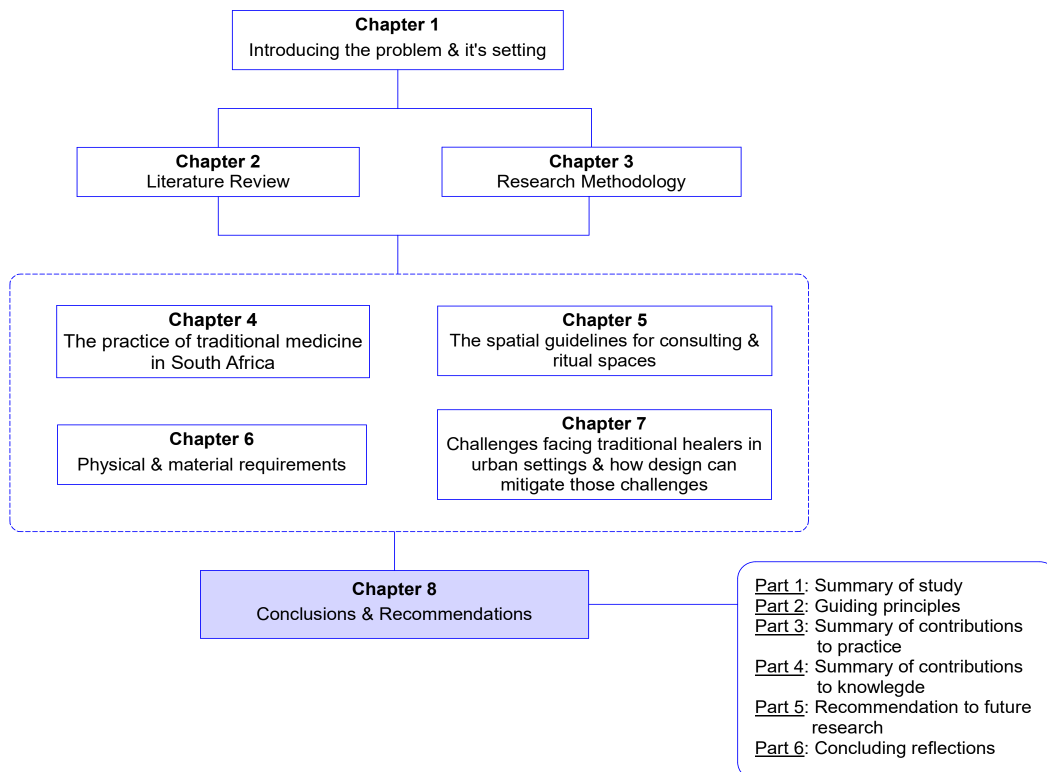

Figure 8.1: Diagram depicting how the chapter relate to the dissertation
(Source: author, 2023)

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8.2 Summary of Study

The thesis set off to address the following research questions and objectives that will be responded to one by one below:

8.2.1 Research Question 1 Summary

(a) What is the current state of the practice of traditional medicine in South Africa?
(b) What impacted its current architectural and urban spatial aspects of healing spaces?
(c) What can be learnt from architectural responses to existing places and elements of healing in Africa?

Currently traditional health practitioners are fragmented, and they are not united. Due to their disagreements, they have formed different associations to represent their own interests. During the study, traditional health practitioners said the Traditional Health Practitioner's Act does not represent them as they were not consulted when the Act was gazetted by the South African Government. They are also disputing the four categories of traditional health practitioners that were proposed in the Act. They are not accepting the leadership of the Traditional Health Practitioners Council that was imposed on them by the South African government. To this end, the current council has been inactive due to the impasse imposed by the traditional health practitioners.

During the study, traditional healers highlighted several challenges they are facing while practicing in urban spaces. The first challenge that was highlighted is an institutional challenge. Traditional healers want the Traditional Health Practitioners Act (Act 22 of 2007) to be repealed as they were never consulted. Traditional healers want to be involved in the drafting of the new Act and the appointment of the leadership of the council. The above could be interpreted as fragmentation among the healers, but in fact there has been evidence of unity and shared vision among healers brought about by events after democracy at Freedom Park.

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Lastly, traditional healers want the practice of traditional medicine to be integrated in the public health sector and traditional health practitioners to be treated as equals with biomedical practitioners. There is evidence that traditional medicine can be incorporated alongside biomedicine in the province which would benefit a great majority of people. Traditional healers want public health facilities like clinics and hospitals in South Africa for the practice of traditional medicine.

Aspects which the traditional healers have in common include the following:

(a) Privacy and confidentiality
(b) Reference of *badimo*
(c) Training methods
(d) Equality

Aspects in which traditional healers differ include the following:

(a) Consultation methods
(b) Callings
(c) Use of different mediums
(d) Organisation to represent healers

The practice of traditional medicine is governed by unique indigenous principles that are different from biomedicine. The first principle is the truth of *koma* which refers to (a) the drum, (b) *badimo*, and (c) impartial truth (see Figure 2.4). The second principle is the triangle knowledge system which refers to (a) cosmic knowledge, (b) empirical knowledge, and (c) theoretical knowledge (see Figure 2.5). The third and last principle is the three spiritual principles which are (a) cleansing, (b) veneration, and (c) abstinence (see Figure 2.6).

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8.2.2 Research Question 2 Summary

Question 2: What are the guiding principles for the spatial design requirements of healing spaces?

There are functional aspects that are mostly familiar with small differences in preferences. There are meaning aspects which entails spirituality and cosmology and are represented by indigenous fractals.

The design of facilities of traditional health practitioners must be aligned with the cosmos. According to African spirituality, the stars, the moon, and the sun are important in the practice of traditional medicine. Regarding orientation, there are two schools of thought. The first group believes an *indumba* must orientate eastward where the sun rises. This is the group that believes in the circular form for an *indumba*. The second group believe an *indumba* must orientate north towards Kemet, ancient Egypt. This is the group that believes in a pyramid-shaped *indumba*. They believe a pyramid-shaped *indumba* must align with the stars to connect with *badimo*. In African spirituality, the triangle and the circle are regarded as sacred fractals. In the past, *indumbas* were circular and faced east where the sun rises. The rondavels were indigenous building forms and were common shapes. Recently, there is a growing school of thought that believe healing originate from Kemet, which is ancient Egypt. They believe that the triangle is also a sacred form, and the Pyramids of Egypt were built from the triangle shape.

The following is a list of unique facilities used by traditional healers:

(a) Indumba
(b) Umsamo
(c) Muti room
(d) Treatment rooms (bathing and steaming rooms)
(e) Sacred trees/plants
(f) Kraal
(g) Natural sites of spiritual significance (bodies of water, mountains, and caves)

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Table 5.1 in Chapter 5 explains in detail how the above facilities are used by the traditional healers. There are however three overarching and integrated meaning response aspects that are significant in African healing. They are (a) African spirituality, (b) the cosmos, and (c) African fractals.

African Spirituality and Cosmology

Healing and African spirituality cannot be separated. Spirituality is important to the indigenous people as it shapes their worldview. Africans trace their origins to the cosmos. They feel they have a strong connection to the cosmos.

African Fractals

In African spirituality, the circle and the triangle are the two sacred fractals. Africans have always been intentional in planning their homesteads and settlements. The African homesteads and settlements were always built in circular form thus creating concentric circles with scared spaces in the centre. The triangle was the building form of the pyramids in Kemet. The orientation of the pyramids were intentional as they needed to be in alignment with the stars.

8.2.3 Research Question 3 Summary

Question 3: What meaningful materials, artefacts, symbols, and colours must form part of the architectural design of the traditional healer's practice?

Traditional healers were all in agreement that the spaces where they practice must speak to them and must embrace African identity. The design including materials, colours, shapes, and symbols must be in alignment with the requirements for the practice of traditional medicine. Indigenous healers want to feel the design guidelines speak to them.

During the study, many traditional healers stated that an *indumba* must look as natural as possible. In the past, earth construction was the common building material. Traditional healers would mix mud with cow dung to construct walls. They would even smear cow dung on the floor because they believed the scent of cow dung is pleasing

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to the ancestors. As they revered a cow, they believe cow dung is sacred and possess therapeutic properties. During the study, many traditional healers in Gauteng Province said they would regularly smear cow dung on the floor if it was easily available. Thatch is a preferred roofing material on the *indumba*s as it is a natural material. During the study, some traditional healers said they would even use a modern material for roofing, like concrete tiles and corrugated sheets, and use thatch inside as ceiling. This is because thatch, if used outside is exposed to elements and need regular maintenance. They said they still get the benefits when they use thatch as ceiling inside the *indumba*s.

Colours play an important role in the practice of traditional medicine. Different categories of traditional healers use different colours, either for painting their *indumbas*, or different colours of candles, or different colours of *amabhayi* or ancestral clothes. This is because different colours have different meanings to the traditional healers. For example, initiates use certain colours of *amabhayi* during training, indigenous prophets use certain colours of *amabhayi,* and different categories of healers use different colours. *Gobelas,* who are professors and teach initiates, use different colours of *amabhayi.* Typical colours used are red, white, and black that symbolises that one has initiated to practice as a traditional healer. The interior and exterior colours of *indumba*s are heavily inspired by *badimo*. This is similar to the choice of construction materials that are also inspired by *badimo*.

When it comes to using *amabhayi* as decor, traditional healers would use *amabhayi* that resonate with their calling. The animal images on the cloths are important as they resonate with the unique callings of the traditional healers. For example, a leopard image or print symbolises royalty, and an elephant print symbolises authority or power. Therefore, the choice of *amabhayi* should be left to the individual healers as there is an influence of *badimo* which is different from one healer to the next healer.

Regarding exterior signs or symbols, traditional healers were in agreement that the ankh is widely accepted in Africa as a symbol of healing and of life. The ankh was chosen as the symbol that can be displayed outside their *indumba* or traditional health facilities.

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8.2.4 Research Question 4 Summary

Question 4: What are the challenges facing traditional healthcare practitioners when performing rituals in an urban setting and how can architectural design mediate these challenges?

The first challenge that was highlighted for healers in urban environments is lack of African identity in the current facilities. During the study, traditional healers said identity is important to them and they want their facilities to embrace and reflect African identity. Traditional healers said they are comfortable practicing and performing rituals in urban areas. They are aware that apartheid spatial planning excluded the black majority in the public spaces. This is evident in the apartheid spatial planning and public spaces. There was nothing African about public spaces and public buildings. African cultures and customs were excluded in urban centres. In reversing the injustices of the past, public spaces must embrace African identity and indigenous customs which include the practice of traditional medicine. Architecture can mitigate this challenge by designing buildings that reflect and embrace African identity.

The second challenge that was raised is the lack of spaces for rituals in towns and cities. Ritual ceremonies are part of the practice of traditional medicine. Traditional healers perform different rituals outside in their yards and some rituals are performed in sacred sites, for example at rivers, mountains, and caves. These ritual ceremonies are significant to the traditional healers. Some of the rituals may involve sacrificing animals and some may include beating the drums. Beating the drums is sacred as it causes the traditional healers to connect with *badimo*. Traditional healers need spaces to continually perform different rituals. These rituals, which are significant to the healers, may infringe on the local by-laws due to noise levels and sacrificing domestic animals. Architecture can mitigate this by designing spaces for ritual purposes within facilities of traditional healers. These spaces should accommodate dancing, which is significant to the healers, and animal sacrifices.

The third challenge being lack of access to sites of spiritual significance. Traditional healers were all in agreement that outside spaces, especially sacred sites, are as

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important as the built form and internal spaces. Traditional healers perform different rituals outside in their yards and some rituals are performed in sacred sites, for example at rivers, mountains, and caves. They are of the opinion that they want to connect to nature because nature plays an integral role in healing and spirituality. Traditional healers believe that, where possible, their consulting facilities or *indumba*s, should be close to sites of spiritual significance like sacred bodies water, sacred mountains, and sacred caves. They are of the opinion that an *indumba* must connect with these natural elements. This is because traditional healers often use these sacred sites for different ritual ceremonies including initiation and cleansing ritual. During the study, the challenges that were raised include safety at the sites and lack of facilities. Facilities that were mentioned include changerooms, parking, and proper walkways.

Architecture can address the above challenges with the following mitigations:

(a) The facilities of traditional healers must reflect their African identity.
(b) Spaces for ritual ceremonies must be provided that meet the requirements for specific rituals.
(c) Designers must design the access points to sites of spiritual significance.

8.3 Guiding Principles

From the summary of study above, a set of principles that govern the practice of traditional medicine were drawn up. These set of principles have a direct influence on the designs of facilities of traditional health practitioners. Based on the findings, the following are the guiding principles of spaces of traditional health practitioners:

(a) Location

Traditional healers were all in agreement that they would want to have either a hospital or clinic away from biomedical hospitals. They said integrating traditional medicine into existing biomedical facilities will not work as biomedical doctors always discriminate against the practice of traditional medicine. Secondly, the treating methods of traditional healers are different from the methods of biomedical doctors. For example, traditional healers burn *impepho* and they perform rituals in their facilities which is part

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of therapeutic process. Therefore, traditional healers want their own facilities where they will have liberty to perform rituals and treat patients the way they want to.

(b) Alignment to the cosmos

Traditional healers believe their facilities must be aligned with the stars or the cosmos. They believe knowledge of the cosmos is important in African spirituality.

(c) Orientation

Orientation is important when it comes to facilities of traditional health practitioners. There are two schools of thought when it comes to orientation of consulting facilities. There first is that consulting spaces must face east where the sun rises. The second school of thought is that the facilities must face Kemet, ancient Egypt, the source of healing and life.

(d) Indigenous fractals

There are two schools of thought regarding indigenous fractals. The first school of thought believes an *indumba* must be circular. The circle is a spiritual shape among the healers. Many *indumba*s in villages are circular and are facing east. The second school of thought, which is strongly gaining momentum, believe *indumba*s must be in a pyramid shape. They believe an *indumba* must be aligned with Kemet, ancient Egypt, which is in the north. The triangle is also a sacred shape, and it is one of the building blocks of the pyramids. Traditional healers who subscribe to the pyramid shape also believe in Kemetic philosophy.

(e) Indigenous construction materials

Indigenous natural materials are preferred by the traditional healers. Traditional healers believe their consulting and ritual spaces must look as natural as possible. In the past, earth construction was the common building material. Indigenous healers would mix mud with cow dung to create abode bricks and construct walls. They would even smear cow dung on the floor because they believed the scent of cow dung possess therapeutic properties. Thatch is their preferred roofing material, and some would even tile their roof and use thatch inside as their ceiling material.

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(f) Colour and decor

Firstly, the colours depend firstly on the type of training (for example, *ndawu* training which is water based) and *nguni* training which is land-based training. Secondly, the colours depend on the category of a traditional healer. For example, the colours of a *sagoma* are white and red and the colours of a *gobela* are black and red. Thirdly, the colours depend on the preference of *badimo*. For example, *badimo* can instruct a traditional healer to paint the room red. The researcher was in an *indumba* that was painted pink and the research participant said it is at the instruction of the *badimo*. Lastly, it is not uncommon for the traditional healers to leave the mud walls plain. Some traditional healers prefer the natural look instead of painting the walls with colours. Therefore, the choice of colours should be left to the individual traditional healers.

When it comes to using *amabhayi* as decor, traditional healers would use *amabhayi* that resonate with their calling. The animal images on the cloths are important as they resonate with the unique callings of the traditional healers. For example, a leopard image or print symbolises royalty, and an elephant print symbolises authority or power. Therefore, the choice of *amabhayi* should be left to the individual healers as there is an influence of *badimo*. This is unique to individual traditional healers.

(g) Indigenous symbols

During the study, the ankh is the preferred symbol by many of the traditional healers. Traditional healers are of the opinion that the ankh is well recognised in Africa as a symbol of health and life.

(h) Arrangement of internal spaces

In sharp contrast to biomedical facilities, the arrangement of internal spaces of facilities of traditional healers must be unique (see Figure 5.22). The waiting area can either be indoor or outdoor and *imphepo* can be burnt to cleanse the space and drive away evil spirits. The next room is an *indumba* which is for consultations. An *indumba* to link to the treatment rooms which are used for steaming and bathing. Close to an *indumba* has to be a *muti* room which is used by the healers to dispense *muti* to patients.

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(i) Steaming and bathing facilities

Traditional healers were all in agreement that treatment rooms, which include steaming and bathing facilities, must be separate from the *indumba*. They are of the opinion that an *indumba* must be clean and used only for consulting and not for treatment purposes. Traditional healers recommend steaming and bathing facilities to be properly designed with changerooms and lockers. In addition, these facilities must provide safety and privacy for their clients.

(j) Design of the landscape

Firstly, due to the absence of kraals in urban spaces, there should be a dedicated space for *'ukuphahla'* or prayers in the landscape. Usually, a tree or plant would be chosen for prayers to *badimo*. Secondly, there should be a provision on the landscape for planting of medicinal plants. These are sacred medicinal plants which should not be contaminated. These medicinal plants are to be used to make *muti* for the patients.

There must also be enough space for ceremonies and rituals when traditional healers beat drums. The drums are important to traditional healers. When they beat the drums, they connect to the ancestors. That is why traditional healers are sometimes referred to as *mokoma*, which loosely translated means 'the drum person.' *Koma* is a powerful concept, it refers to a drum, the ancestors, and impartial truth (Zulu, 2014).

(k) Construction process

Before any construction commences, the site is dedicated to *badimo*. Blood has to be spilled by slaughtering a goat. This ritual process is important to traditional healers as it signifies a strong connection between the site where *indumba* would be built, and *badimo*. After dedication, the construction process can start and the healer would have a picture of an *indumba* in terms of orientation, colours and decor.

(l) Post construction maintenance

Authentic materials like thatch on the roof, adobe bricks or mud walls, and cow dung on the floor need maintenance regularly. Therefore, thatch must be replaced, adobe brick or mud walls must be fixed, and cow dung must be re-applied on the floor. During research, traditional healers would tell how they love the scent of cow dung in their

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indumbas. They would bring cow dung with them to apply in their *indumbas* after they had visited their loved ones in villages.

8.4 Summary of Contributions to Practice

Asian countries, including China, Japan, and India, have demonstrated that the practice of traditional medicine can be successfully integrated into mainstream health system. These countries have demonstrated that the two healthcare systems (i.e. traditional medicine and biomedicine) can co-exist without competing with each other. Due to a long history of stigmatisation and ignorance, integration into mainstream health system is the sensible way to demystify the practice of traditional medicine in South Africa. As traditional healers were previously discriminated against, this will give importance and credibility to their work and practices.

The purpose of the study is to demystify the practice of traditional medicine in South Africa and make it relevant. During the study, the spaces and practices of traditional healers were documented for future use and research. The study covered orientation of facilities, design, preferred construction materials, colours, preferred indigenous symbols, sites of spiritual significance, and institutional challenges. During the study, traditional healers highlighted the need to decolonise public spaces where they are practicing in urban spaces. This is due to the long legacy of colonisation and apartheid spatial planning especially in urban areas. To redress the wrongs of the past, there is a need to decolonise urban spaces and to create inclusive spaces for all especially the indigenous people. The facilitates of traditional healers must embrace and reflect African identity. This will create a sense of ownership and pride on the part of the traditional healers.

This study has several implications for architecture. The study reveals that a western approach is not appropriate for the design of spaces of traditional healers. Firstly, the production of architecture must be revisited by the practitioners and academics. For a long time, the production of architecture in South Africa was used by politicians to divide people and discriminate against the marginalised communities. For a long time, politicians have used architecture and urban planning as a weapon during apartheid.

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Secondly, this study challenges dominant school of thought in architectural research that heavily relies on western epistemologies that see research participants as objects of research. The approach of the researcher was that the voice of traditional health practitioners must be heard. The study reinforces that architecture must be empathetic to marginalised communities. Architecture as an art of care has to embrace everyone in the cities and reflect identities of the indigenous people.

In practical terms the study has documented the spatial and material preferences of healers and has delivered a list of guiding principles that can aid government in the development of policies and practitioners that are engaged to design such facilities. Besides the functional considerations the study took care to focus on the meaning response and clarify the reasons behind the preferences.

The study has shed light on the current state of traditional medicine and how it has been shaped historically. It clarified the reason for fragmentation among healers and it thereby provides insight into the next steps to unify and bring together a council for THP, that will be elaborated in the next section.

8.5 Summary of Contributions to Knowledge

The words of Ngūgī wa Thiong'o (1981: 20) ring true, "Africa had a past and culture of dignity and human complexity." Since time immemorial, traditional health practitioners have always looked after the well-being of Africans especially in the villages. Their remedies and therapeutic practices are tried and tested, and African indigenous people have always trusted them. During colonisation and apartheid in South Africa, traditional healers have endured marginalisation including the Witchcraft Suppression Act of 1957 which was set aside after the dawn of democracy in 1994. It was replaced by the Traditional Health Practitioners Act of 2007 which was adopted by the South African government to formally recognise the practice of traditional medicine. Unfortunately, the South African government never allocated resources for research and documenting the practice of indigenous medicine.

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The study brings the practice of traditional medicine, which has been marginalised for a long time, into architectural discourse. This study brings the practice of medicine to the fore and for Government policy makers to pay attention and publish guidelines for spaces of traditional health practitioners. The practice of traditional medicine cannot be an after-thought 28 years after the dawn of democracy. This study implores the notion that the practice of traditional medicine is here to stay, and the Government must move with speed to build facilities for the healers. East Asian countries including China, India, and Japan have shown that it can be done.

This unfolds paradoxes to what constitutes 'traditional medicine.' Western thought has forgotten that biomedicine used to be traditional medicine, but through funding and research, it has developed to be what it is today. Biomedicine has been packaged well and it is warmly accepted by everyone including Africans. Through consistent funding and research, traditional medicine can be packaged well such as the Chinese, Indians and Japanese have done. When these nations visit their traditional healers, they do not believe it is of inferior quality as compared to biomedicine. On the contrary, some believe their traditional medicine is better than biomedicine. This study contributes to timely research on the practice of traditional medicine, especially on consulting and ritual spaces on an urban setting.

Traditional healing practices have received little research in terms of their spatial practices and implication for architectural design. This study makes a solid contribution in documenting the spatial and material aspects for these purposes. Equipped with the guidelines, it is hoped architects and planners will be better prepared to design proper facilities for the indigenous healers. This will demystify the practice the practice of indigenous medicine and give dignity to the healers who have always been practicing in back places that are not conducive for the practice of traditional medicine. In the words of Jonathan Noble (2016: 263), "we need a differential conception of architecture, and we must re-imagine architecture and society as a wide field of expanding, and at times, unstable differences."

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8.6 Recommendation to Future Research

8.6.1 Policy and Legislation

In Chapter 4, the study expanded on the state of the practice of traditional medicine in South Africa. Based on the interviews and policy review, the findings were presented that answer the research query. The study has shown that *badimo* has a strong influence on how traditional healers practice and on everything that goes on inside the *indumba*. The study has also revealed that traditional medicine is fragmented as healers do not have a unified body that represents them. Owing to limited primary data being available on policy and legislation, it is recommended that policy and legislation be expanded and formulated which is going to regulate the practice of traditional medicine in South Africa. Instead of relying on western epistemology, the research can expand on how traditional medicine can be regulated while still honouring *badimo*. As discussed in Chapter 1, the government's top-down approach was disastrous and alienated the healers. Any authoritative council that is formulated by the authorities to regulate the practice of traditional medicine must take cognisant of the fact that healers are influenced by *badimo*. The proposed research must find a balance between honouring *badimo* and making sure the standards are upheld in the practice of traditional medicine.

8.6.2 A Registry of Sites of Spiritual Significance

As discussed in Chapter 7 section 6, the healers complained that they have limited access to natural sites of spiritual significance. It is therefore recommended that future research to identify and list all sacred sites in South Africa that are meaningful to African spirituality and to the traditional healers. The sampling universe must be broad which should include all the 9 provinces in the country. From the study, a registration must be established that has a record of all sacred sites in the country. The study to establish the history of each site and how significant it is to the healers and the indigenous people. These sites need to be urgently identified and recommended to be

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protected by the South African Heritage Regulatory Authority (SAHRA). The proposed study makes recommendations on sites that are privately owned.

8.6.3 The Landscape

From the study, conclusions were made that outside spaces are as important as the built form. This means, the landscape is as important as the *indumba.* A recommendation for future research is made to look at all the aspects of the landscape. These aspects include how the landscape spaces are arranged including the *muti* garden, the kraal, and sacred trees and plants. The study must determine how these landscape spaces connect to the built form, the *indumba*. The study further identify the plant species that are used by traditional healers for *muti* and trees that are ideal for prayers to *badimo*. The study might be cross-disciplinary which may include botany and landscape architecture.

8.7 Concluding Reflections

The study has broadened the significance of African identity in post-apartheid South Africa, especially within the practice of traditional medicine. As discussed in Chapter 1, the apartheid regime utilised urban design and architecture as weapons to discriminate against the indigenous people, including traditional healers. Public spaces and buildings were intentionally designed to reflect western identity even though they were built on the African continent. The study has shown that African identity is important to the traditional healers.

Traditional medicine has survived a long history of abuse and marginalisation by the apartheid regime. The study has also revealed that the practice of traditional medicine is still meaningful and pertinent to the indigenous people because it is part of their identity and heritage. The study has attempted to demystify the practice of traditional medicine by arguing the practice is still pertinent and relevant to the indigenous people. The study brings marginalised indigenous healers into the architectural discourse. The re-evaluation of the current production of architecture is needed, to

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determine if architecture is relevant, especially to the previously marginalised indigenous communities. The study has shown that, architecture as an art of care must strive to bring dignity to everyone, especially the indigenous people. Therefore, embracing African identity is the first step to bring healing and dignity to the healers.

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APPENDICES

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APPENDIX 1: ETHICS APPROVAL FOR PILOT STUDY

Faculty of Engineering, Built Environment and Information Technology

Fakulteit Ingenieurswese, Bou-omgewing en Inligtingtegnologie / Lefapha la Boetšenere, Tikologo ya Kago le Theknolotši ya Tshedimošo

Reference number: EBIT/236/2019

Mr JK Molebatsi
Department: Architecture
University of Pretoria
Pretoria
0083

Dear Mr JK Molebatsi

FACULTY COMMITTEE FOR RESEARCH ETHICS AND INTEGRITY

Your recent application to the EBIT Research Ethics Committee refers.

Conditional approval is granted.

This means that the research project entitled "Identity in Architecture: Guidelines for the Architectural Design of the Traditional Health Practices in Gauteng, South Africa" is approved under the strict conditions indicated below. If these conditions are not met, approval is withdrawn automatically.

Conditions for approval

1. The applicants answered Question 3.2.1 (Does your questionnaire/survey include any personal questions?) as "Yes", but elsewhere says no personal information will be collected. From the interview schedule it seems that no personal information will be collected. It seems the intended answer to Question 3.2.1 should be "no" (or else details about personal information to be collected should be supplied.) It is noted that this application is for pilot interviews only, and it is assumed that the questionnaire may be revised to include personal questions for subsequent interviews, in which case a new application or addendum will have to be submitted specifying such questions with a motivation.

2. In the case of nyangas and sangomas very specific rules exist in terms of photography (in terms of the person, iconography and practices). The applicants are advised to consult with the relevant professional board in this regard. In addition, asking for specific permission in the informed consent form is also recommended.

3. If photographs of recognisable people will be used in publications (such as a dissertation/thesis or academic papers) model releases from people in the photograph should also be obtained. (A standard model release found on the Internet should suffice.) A model release may have a small impact on the collection of personal information (since model releases require the person to be identified on the release).

4. Application form, Section 4.3: Should actually specify the duration of a typical interview.

Approval is conditional under condition that (1) the applicant undertakes to submit a new application or addendum to this application containing the revised questionnaire following the pilot interviews, and (2) the interviews will be of a reasonable duration, e.g., 1-2 hours maximum. No reaction to the EBIT Ethics Committee is required.

This approval does not imply that the researcher, student or lecturer is relieved of any accountability in terms of the Code of Ethics for Scholarly Activities of the University of Pretoria, or the Policy and Procedures for Responsible Research of the University of Pretoria. These documents are available on the website of the EBIT Ethics Committee.

If action is taken beyond the approved application, approval is withdrawn automatically.

According to the regulations, any relevant problem arising from the study or research methodology as well as any amendments or changes, must be brought to the attention of the EBIT Research Ethics Office.

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UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

APPENDIX 2: ETHICS APPROVAL FOR FIELD STUDY

Faculty of Engineering, Built Environment and Information Technology

Fakulteit Ingenieurswese, Bou-omgewing en Inligtingtegnologie / Lefapha la Boetšenere, Tikologo ya Kago le Theknolotši ya Tshedimošo

Reference number: EBIT/212/2020

Mr JK Molebatsi
Department: External department
University of Pretoria
Pretoria
0083

Dear Mr JK Molebatsi

FACULTY COMMITTEE FOR RESEARCH ETHICS AND INTEGRITY

Your recent application to the EBIT Research Ethics Committee refers.

Conditional approval is granted.

This means that the research project entitled "African Identity in Architecture: Guiding Principles for the Architectural Design of Traditional Health Practices in Gauteng, South Africa." is approved under the strict conditions indicated below. If these conditions are not met, approval is withdrawn automatically.

Conditions for approval
Same conditions stipulated as part of the 2019 application.
During the Photo Eliciting stage, whoever taking the photos will need to provide consents from those who own the space as well as those people who appear in the photos. Photo with minors should not be taken.

This approval does not imply that the researcher, student or lecturer is relieved of any accountability in terms of the Code of Ethics for Scholarly Activities of the University of Pretoria, or the Policy and Procedures for Responsible Research of the University of Pretoria. These documents are available on the website of the EBIT Ethics Committee.

If action is taken beyond the approved application, approval is withdrawn automatically.

According to the regulations, any relevant problem arising from the study or research methodology as well as any amendments or changes, must be brought to the attention of the EBIT Research Ethics Office.

The Committee must be notified on completion of the project.

The Committee wishes you every success with the research project.

Prof K.-Y. Chan
Chair: Faculty Committee for Research Ethics and Integrity
FACULTY OF ENGINEERING, BUILT ENVIRONMENT AND INFORMATION TECHNOLOGY

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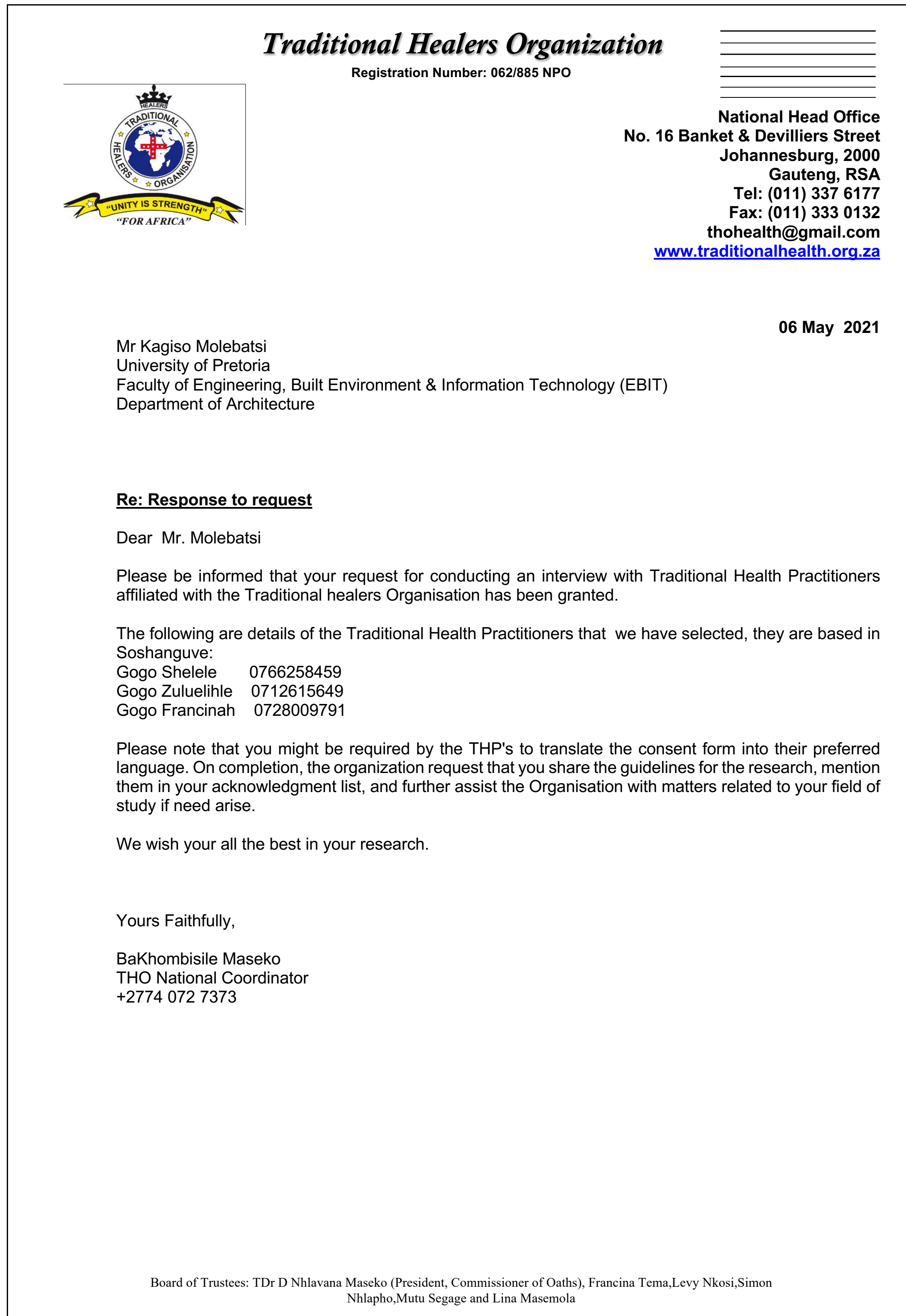
APPENDIX 3: CONSENT LETTER FROM THE TRADITIONAL HEALERS ORGANISATION



Traditional Healers Organization

Registration Number: 062/885 NPO

National Head Office
No. 16 Banket & Devilliers Street
Johannesburg, 2000
Gauteng, RSA
Tel: (011) 337 6177
Fax: (011) 333 0132
thohealth@gmail.com
www.traditionalhealth.org.za

06 May 2021

Mr Kagiso Molebatsi
University of Pretoria
Faculty of Engineering, Built Environment & Information Technology (EBIT)
Department of Architecture

Re: Response to request

Dear Mr. Molebatsi

Please be informed that your request for conducting an interview with Traditional Health Practitioners affiliated with the Traditional healers Organisation has been granted.

The following are details of the Traditional Health Practitioners that we have selected, they are based in Soshanguve:
Gogo Shelele 0766258459
Gogo Zuluelihle 0712615649
Gogo Francinah 0728009791

Please note that you might be required by the THP's to translate the consent form into their preferred language. On completion, the organization request that you share the guidelines for the research, mention them in your acknowledgment list, and further assist the Organisation with matters related to your field of study if need arise.

We wish your all the best in your research.

Yours Faithfully,

BaKhombisile Maseko
THO National Coordinator
+2774 072 7373

Board of Trustees: TDr D Nhlavana Maseko (President, Commissioner of Oaths), Francina Tema,Levy Nkosi,Simon Nhlapho,Mutu Segage and Lina Masemola

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APPENDIX 4: INTERVIEW CONSENT FORM

Consent Form

1. Project Information:	
Title of Research Project	African Identity in Architecture: Guiding Principles for the Design of Traditional Health Practices in Gauteng, South Africa
1.2 Researcher Details:	
Researcher's Name	John Kagiso Molebatsi
Researcher's Mobile Number	072 207 7522
Researcher's Email	jkmolebatsi@gmail.com
1.3 Research Study Description:	
The Project	After the dawn of democracy in 1994, the South African government has never prepared design guidelines for spaces of traditional health practitioners even after the adoption of Traditional Health Practitioners Act of 2007. Therefore, the study will determine guiding principles for spaces of traditional healers.
Research Objectives	• Demystify the practice of traditional medicine in South Africa. • Identify spatial guidelines for consultation and ritual spaces. • Identify physical and material requirements for the spaces of traditional health practitioners.
What's Required of Participants	Participants who will be mainly traditional health practitioners, will be required to advise the researcher what they prefer their consulting spaces to be designed. They will be expected to give insight on the guiding principles on the design of their spaces, i.e. materials, colours, artefacts and patterns
What the risks to participants may be	The only possible risk is sharing sacred information with the researcher, who will use it with utmost discretion for the research objectives stated above..

2. Informed Consent:

2.1 Name of participant:..hereby voluntarily grant my permission for participation in the project as explained to me by John Kagiso Molebatsi.

2.2 The nature, objective, possible safety and health implications have been explained to me and I understand them.

2.3 I understand my right to choose whether to participate in the project and that the information furnished will be handled confidentially. I am aware that the results of the investigation may be used for the purposes of publication.

2.4 Upon signature of this form, the participant will be provided with a copy.

Signed (Participant)	Date:
Signed (Witness)	Date:
Signed (Researcher)	Date:

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APPENDIX 5: RESEARCH QUESTIONNAIRES

4 September 2020

Appendix A: Questionnaires

These are the typical questions to be used in semi-structured interviews as part of the field study. As the interviews will be semi-structured more questions might flow from the nature of the conversation as guided by the interviewee. Some interviews will be one on one with participants and others will be on focus groups.

1. Which category out of the four recognised traditional health practitioners do you fall under?
2. Tell me where you practice and what are the challenges where you practice?
3. Do you practice alone, or you have initiates or assistants with you? How many?
4. Tell me what do you think can be improved in your practice, with regard to space and/or design?
5. Tell me what are the current challenges facing the healers for practicing in urban areas?
6. Explain to me what is the most sacred space/s in your practice?
7. Explain to me what do you think can demystify the practice of traditional medicine?
8. Describe to me the important architectural guidelines for the spaces of traditional health practices?
9. Describe to me the materials, patterns and colours that must be included in the spaces?
10. Explain to me specific architectural details that one should consider when designing your practice?
11. In terms of identity, describe to me the artefacts, design, interior & exterior space, that will embrace African identity?
12. Describe to me traditional symbols recognised by traditional health practitioners?
13. Can traditional symbols be placed outside for the practice to be easily recognisable? For example, biomedical hospitals and clinics use a red cross to be easily recognised.
14. Do you think placing a practice in a shopping complex can work and attract new clients?
15. Do you think a traditional hospital will help promote the practice of traditional medicine?
16. Describe to me how the entrance should be designed?
17. Explain to me if having a proper traditional health practice will promote corporation with biomedical doctors and win respect from them?
18. Do you think traditional healers and biomedical doctors can operate in the same building? Referring patients patients to one another?
19. Explain to me which colours and/or materials that are prohibited in the spaces of traditional healers? Why?
20. Explain to me how consultation should happen? Seated on floor or seated on chairs using a table?

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APPENDIX 6: OBSERVATION SCHEDULE

Appendix B: Observation Schedule

Consultation	Seated on floor		Seated on chairs	
Healer clothing	Wearing uniform		Wearing plain clothes	
Entrance (levels of privacy)				
How spaces are used (Hierarchy or sequence of spaces, if any) (drawing)				
Number of assistants				
Healer/patient interactions (rooms and activities)				
Rituals performed and location of each (drawing)				
Objects and materials used in rituals				
Visible artefacts – rooms and or positions in building				
Number of rooms in practice				
Where muthi is kept				
Lighting in the room (Number and positions of windows)	Well lit/window		Dark/not well lit	
Floor Material				
Wall Finish /Colour				
Ablution facilities/ sanitary fittings	Present		Absent	
External description of building and external spaces or activities (drawing)				
Muthi Garden position and layout (drawing)	Present		Absent	
Significant landscape features Positions to building and activities (drawing)				

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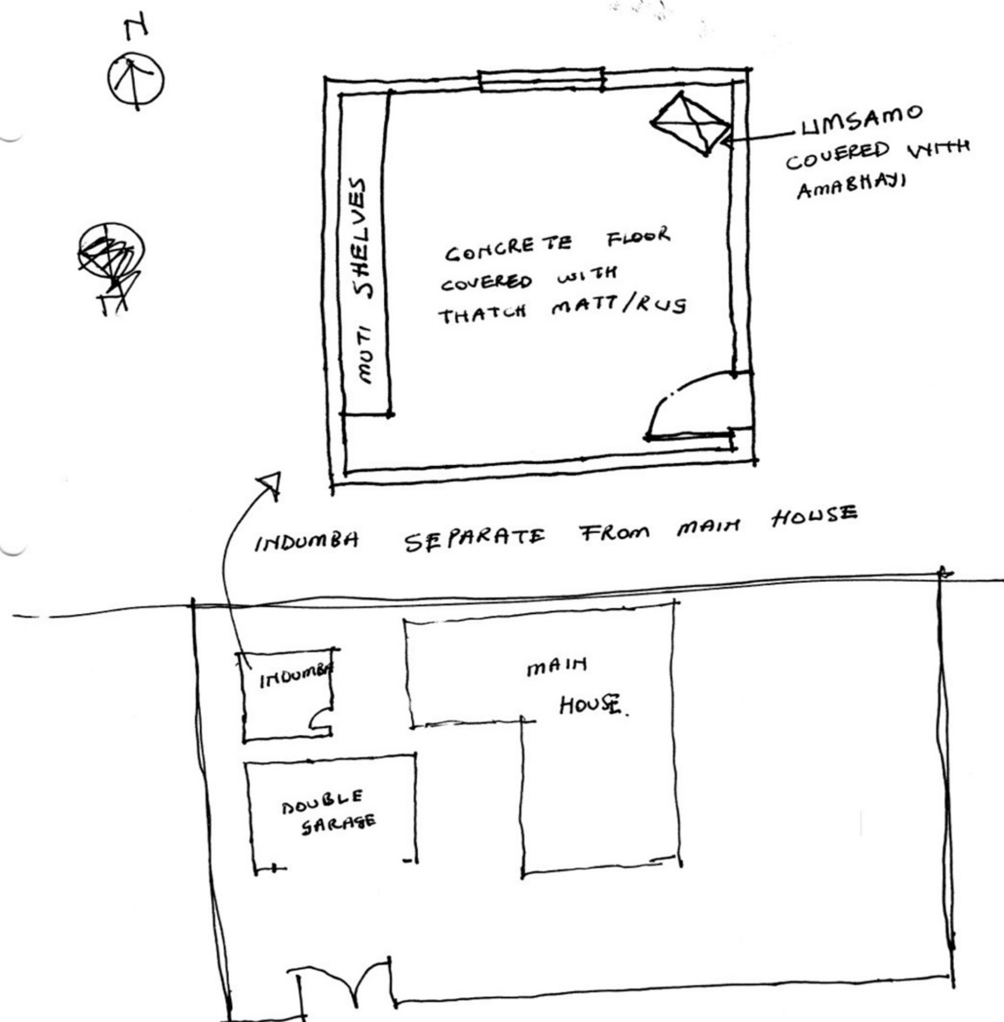
APPENDIX 7: DRAWINGS FROM RESEARCH SITES

14/12/2020



Indumba in an out-building, detached from the main house which is located in a suburb. The *indumba* is privately located behind the double garage. This healer has stopped physical consultations and is only doing virtual and audio consultations. She only uses her *indumba* for prayers to *badimo* and other personal rituals.

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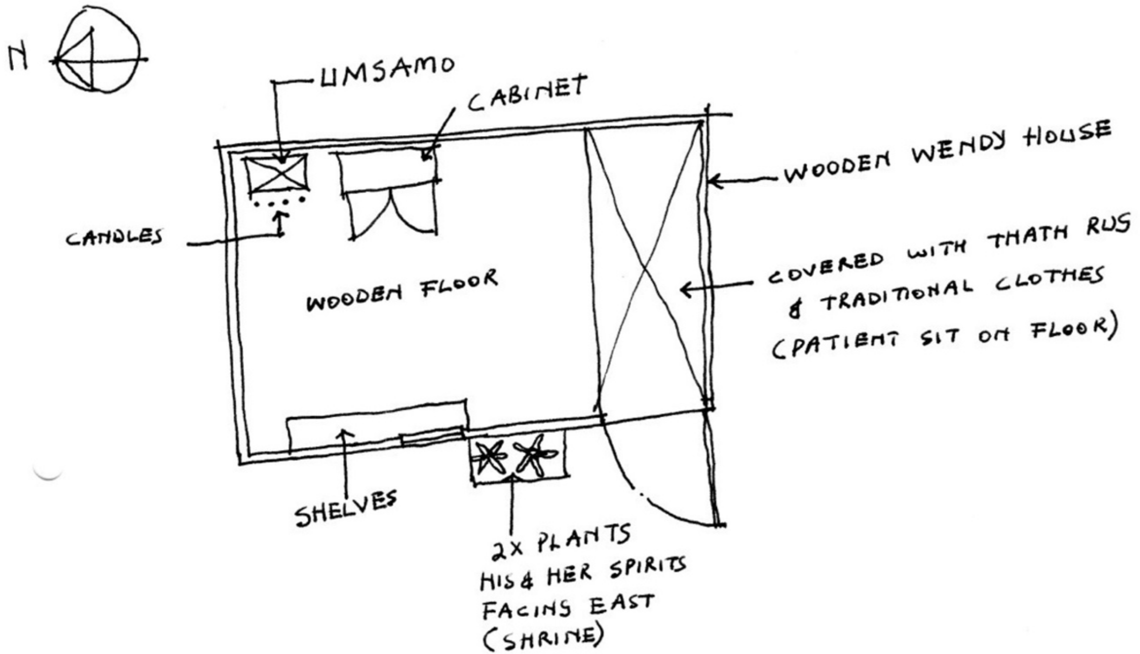
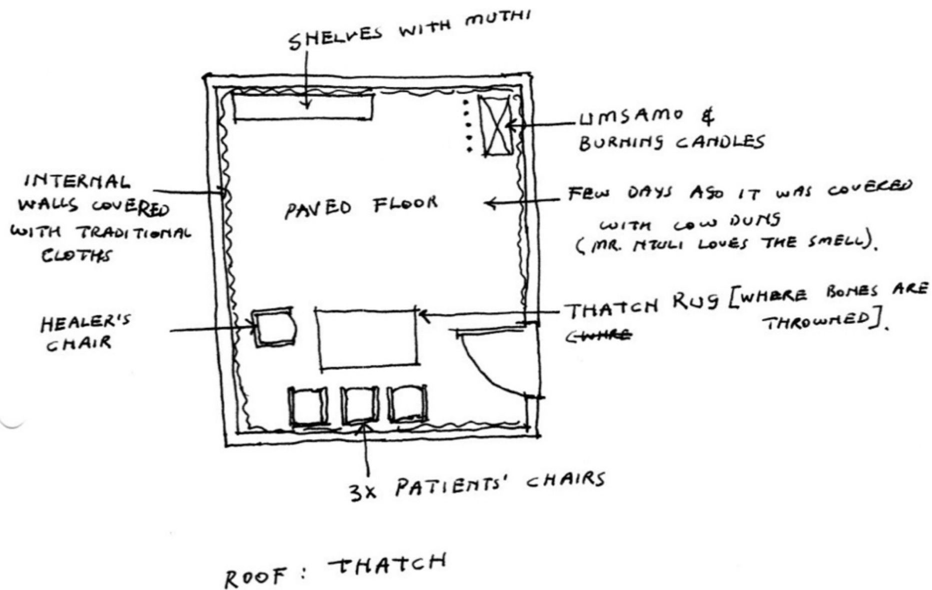
28/02/2021



06/03/2021



Husband and wife *indumbas* in the same yard in a suburb. In wife's *indumba*, consultation is on the floor and muti in bottles is not labelled. The husband, who is also a nurse, consultation is on chairs inside his *indumba*. His patient's files are neatly labelled and packed. From the study, he is the only healer who kept files of his patients. His *muti* is neatly packaged and labelled.

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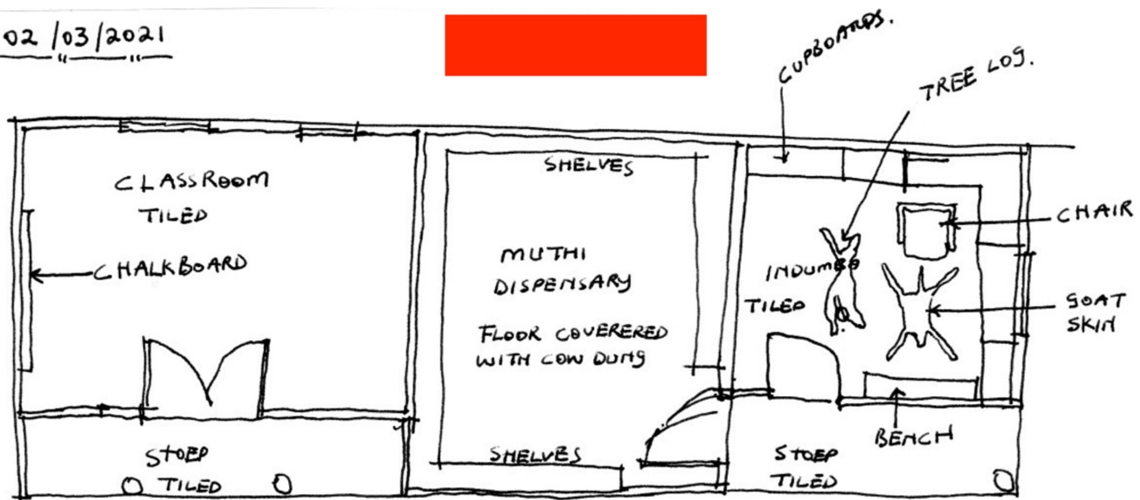
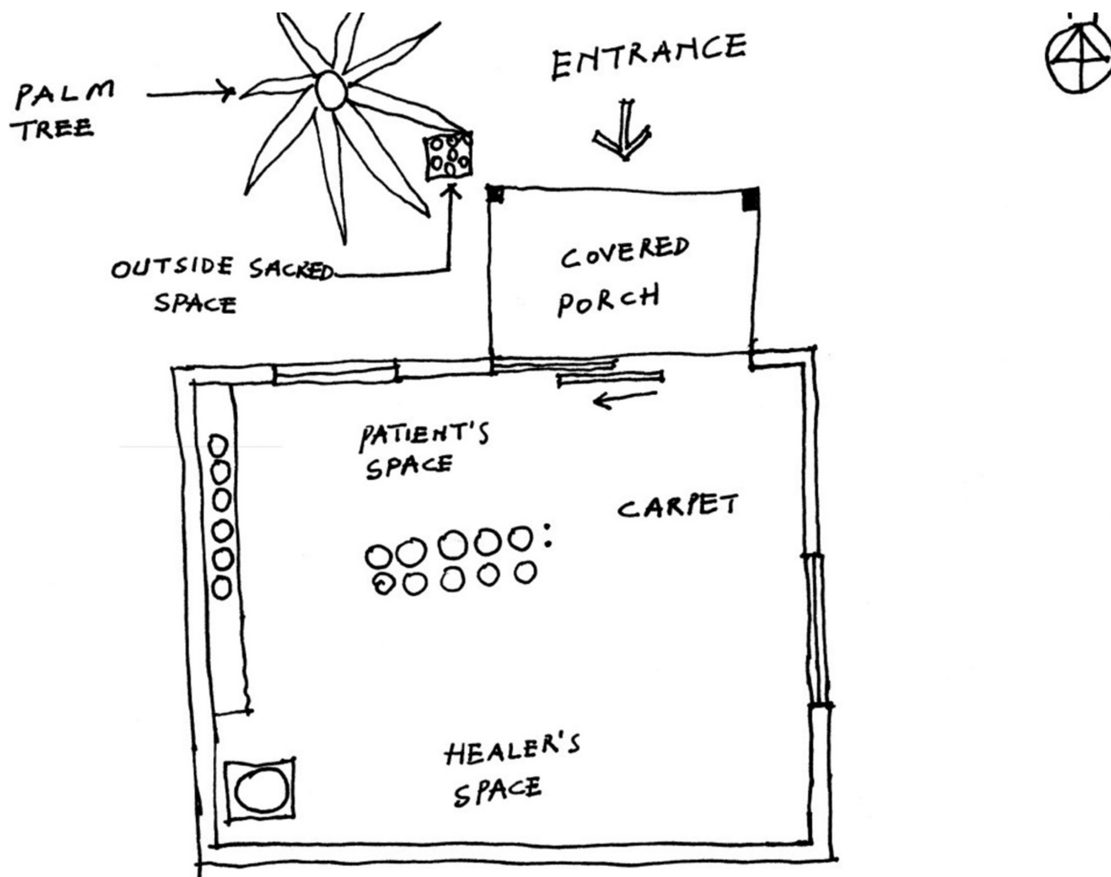


Indumba next to *muti* dispensary and a classroom for initiates. In *muti* dispensary room, muti is stored in containers and neatly labelled. The classroom is fairly spacious and well lit. The classroom is equipped with a chalkboard on the wall.



Indumba next to outside sacred shrine. The floor of the *indumba* is finished with carpet from wall to wall. There are many bottles filled with water from different sacred bodies of water. The shrine outside is an extension of *indumba.*

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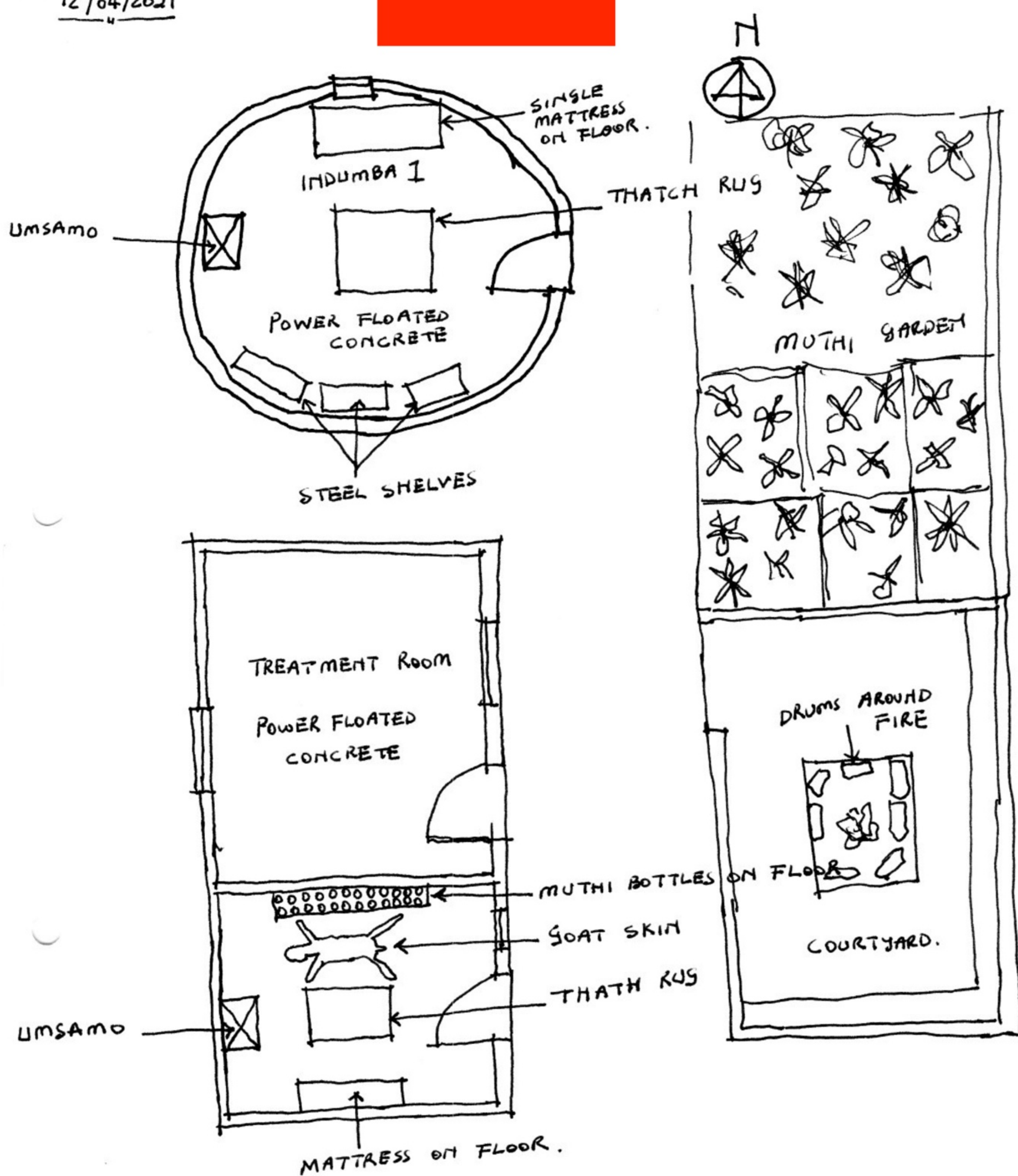

Two *indumbas*, in a township, belonging to husband and wife. The wife's *indumba* is circular facing east while the husband's *indumba* is square also facing east. Next to the *indumbas* is a treatment room for steaming and bathing. Outside is a *muti* garden and a courtyard for rituals and to warm drums.

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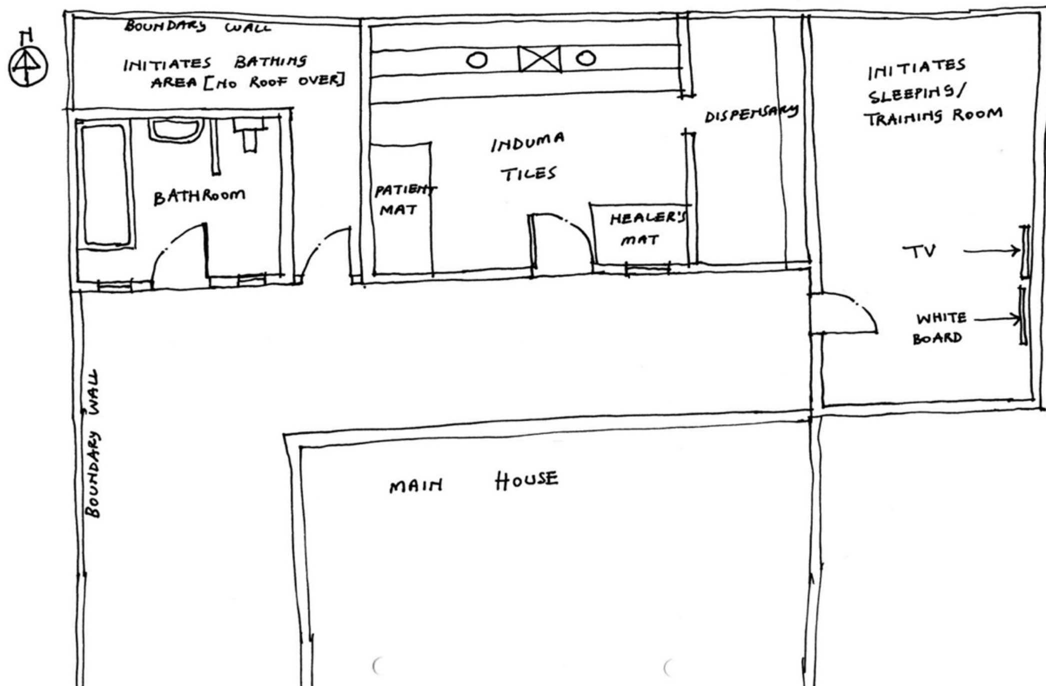
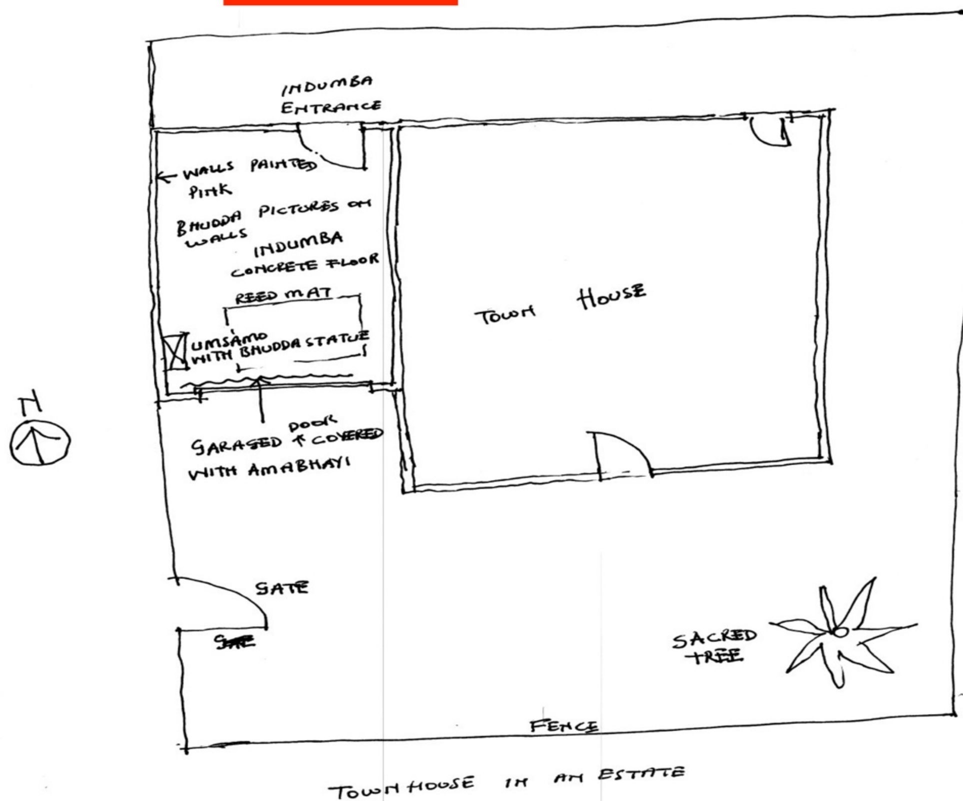


Indumba next to a bathroom and outside bathing space. Initiates are only allowed to bath on the outside bathing space where there is no roof. Next is the training room which is equipped with a white board and a flat screen TV. The training room is also used for sleeping by the initiates



Garage converted into an indumba in a townhouse located in a security estate.

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APPENDIX 7: EXAMINERS COMMENTS WITH CANDIDATE'S RESPONSES

External Examiner 1: Prof Gerald Steyn [Tshwane University of Technology]

EXAMINER'S COMMENT	AUTHOR'S RESPONSE
GENERAL COMMENTS	
1. I am satisfied that all criteria for a successful thesis have been met, except for editing ad language use.	Noted. Thank you.
2. The abstract should be condensed to about 350 words, in the form of one stand-alone paragraph. It must fit on one page.	The abstract has been shortened to 305 words.
3. All key words must appear in the abstract.	Noted with corrections.
4. Some words are replicated too many times. An example is "normally" which appears twice in the same paragraph (p.129).	-The word 'normally' has been replaced or removed in 8 instances
5. Academic writing is more formal than say, letter writing. Get rid of all colloquialisms. Not "it's" but "it is" (47 times). Not "don't" but "do not" (41 times). The word "very" is neither objective nor informative but appears 171 times.	-Noted with corrections.
6. The ampersand symbol & is used 253 times. It is a typographical symbol that is rarely used in formal writing. It is acceptable in diagrams and tables (to reduce phrase length), but must otherwise be taken out.	-The ampersand symbol has been removed in the text.
7. Some authors are identified with their titles, e.g. Professor Wally Serote. Titles are not used scholarly writing. One reason is consistency. Ron Eglash is also a professor (University of Michigan), but he is not acknowledged as such.	-Titles have been removed.
8. Long quotes as stand-alone paragraphs do not get quotations marks. Only indents on both sides and perhaps one size smaller font for legibility.	-Quotation marks have been removed. Indents and font size have been changed as recommended.
9. *Ibid* is old-fashioned and rarely used nowadays. It is much easier to understand if the citation is repeated, since no backtracking is required.	-*Ibid* has been removed. Citations have been repeated as recommended.

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10. The intentions of all statements must be checked. E.g. surely "Urban spaces should compromise the 'sense of space' that lead to emerging a liveable social and cultural spaces", should read "Urban spaces should not compromise the 'sense of place' that lead to emerging a liveable social and cultural spaces". Another example is "They said indigenous constraction materials are also pleasing …", while the intended terms is clearly "construction materials" (p.185).	-Noted with corrections.
11. Spelling mistakes and typos are unforgivable in dissertations and theses. See "bathups" on p.193 and "Treament Rooms" (p.176).	-Noted with corrections.
12. Numbers less than ten should be written out. Not "… 5 parts…", but "… five parts…" (p.21)	-Noted with corrections.
13. Check grammar. It is not "Mutwas's reputation…", but Mutwa's reputation …" (p.27).	-Noted with corrections.
14. "Mutwa's books have helped to globalise 'African beliefs and myths' particularly …". What is the point purpose of the quotation marks to African beliefs and myths?	Quotation marks have been removed.
15. Should "4.6 Defining Traditional Healer's Callings not read "Defining Traditional Healers' Callings"?	-Noted with corrections.
16. The following citation is wrong. "A popular proverb among Maori people (Smith et al, 2019), states" It should be "A popular proverb among Maori people states (Smith et al, 2019)".	-Noted with corrections.
17. It is not "Statistic SA", it is Statistics SA".	-Noted with corrections.
18. Le Corbusier's Towards a New Architecture is not in the list of references. Also, the date (1997) is wrong.	-Noted with corrections.
19. The list of references is bunched up. Leave a space between each source for legibility.	-Noted with corrections.
20. The referencing must be checked by an expert familiar with architectural literature. "Vitruvius, M. 1999. Ten Books on Architecture. Translated by Morgan, M. H. Cambridge University Press" is not correct. A more acceptable form is Vitruvius, Pollio,	-Noted with corrections.

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and Morgan M. H. 1960. Vitruvius: The Ten Books on Architecture. New York: Dover Publications."	
21. The referencing of Heidegger and Hegel's books must also be corrected	-Noted with corrections.
22. We have to ask: Who is the intended audience? Certainly not the traditional healers themselves.	The intended audience is designers, architects, planners, and policy makers in Government.
23. **COMMENTS & RECOMMENDATIONS**	
24. The thesis succeeds commendably on assessing the state of the practice of traditional medicine in South Africa. However, the second part - developing guidelines for the design of consulting spaces for traditional health practitioners in an urban context in Gauteng – does not meet expectations.	Noted, however, please note the aim of the study is to produce a better understanding with guiding principles and not a strict list architectural norms and technical standards. The approach would be to involve healers in co-development and co-design processes for actual architectural commissions, which might follow general principles but also deal with personal preferences of clients.
25. Chapter 7 allocates 2,027 words to the challenges and only 1,025 words to three strategies to mitigate these challenges. Constituting only 10 pages, it reads like an afterthought. References to caves, dams and rivers in this section seem like unconnected.	The aim of the chapter is to show how these natural sites of spiritual significance are intricately connected to consulting and ritual spaces and their design. Therefore, Chapter 7 is not an after-thought but an emphasis of the importance of architectural design processes that acknowledge and respond to aspects of traditional healing.
26. Many black architects, who will presumably be appointed to design these consulting spaces, have no rural roots. They have no association with traditional healers in rural villages, and they would want normative guidance on layout, space and environmental planning.	Architects who will design these facilities won't necessarily need to have rural roots or be black. They will definitely need to have a deep understanding of indigenous knowledge systems and guiding principles of spaces of traditional healers that have been discussed at length in the dissertation.
27. Diagram depicting "arrangement of internal space" looks like a management organogram and not an architectural layout.	The intention of the study is to produce architectural guidelines and not become

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	descriptive, for example, with regards to sizes of rooms, lighting, etc.
28. I am not convinced that guiding principles for design can consist of qualitative criteria only. Guiding principles for designs have always been intrinsically associated with norms.	For this study, a qualitative approach was selected and deemed best suited as the researcher used indigenous research methodologies where the voices of the traditional healers can be heard. It was not the intention of the study to come up with norms and standards for spaces of traditional healers. Healers will still need to be consulted as clients in actual design projects as personal preferences prevail.
29. An enormous amount of energy and understanding went into the preparation of this PhD. It is original, carefully put together, very interesting and easy to read. It makes a substantial contribution to African scholarship.	Thank you.

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External Examiner 2: Dr Finzi Saidi [University of Johannesburg]

EXAMINER'S COMMENT	AUTHOR'S RESPONSE
GENERAL COMMENTS	
1. The candidate should be called for oral questioning by the examination panel prior to the finalisation of any of the above-mentioned results.	The Department no longer employs the 'thesis defence' by PhD candidates. This is a pity, since it robs students of the opportunity to discuss in more detail what they have learned from the study.
2. A visual discussion of ritual spaces in the traditional setting must be included, giving fundamental idea of the existing sense of the scale of spatial influences that THPs need. These can be examined in spatial terms of ritual homesteads, sites of spiritual significance, and sources of medicines and herbs.	For this study, there was an in-depth visual discussion of ritual spaces in urban settings. A visual discussion in a traditional setting falls outside the scope of this study but could be good for future research.
3. The study needs to consider the extent to which lack of organization affects their ability as a collective to develop spatial guidelines for urban areas for their practice.	This is pertinent, however, it speaks to policy and Traditional Health Organisation, the body that was set up to govern the practice of traditional medicine. The author has made a recommendation for future research to strengthen and equip the THO, but did not focus on policy development in this study.
4. Although the literature is adequate in general, there were few local references that could have provided local clarity with regard to understanding South African sites of spiritual significance, like Sechaba Maape's thesis, which looks at sacred sites of Kuruman.	I have considered Sechaba Maape's thesis entitled, 'Architecture for resilience: Dialogues with place in the indigenous communities of Kuruman during the Holocene period.' However, I felt the thesis does not fit in this study as it focuses on spiritual sites (caves) of Kuruman in the Northern Cape, while this study focuses on urban spaces in Gauteng.

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5. Sketching, rather than static photographic images, enables a dialogic process of recording that could have revealed intricate details of traditional healers' processes, scales, and locations of places. Architects demonstrate their competence through understanding processes, materials, and scale.	The author couldn't agree with you more. The sketches from the study have been included in the Appendix section.
6. The literature review of traditional healers' spaces suggests a strong cosmic linkage between the practice of tradition and landscape. This scale is lacking in exploration in this study.	Chapter 7 discusses the relationship between consulting spaces and the landscape, but the study focused mainly on the architecture and indoor components.
7. Along the Apies River in Pretoria, Jukskei River, and Melville Koppies, one finds sacred places for traditional healers' practice. These places provide clues in developing guidelines for sites of spiritual significance. These sites would provide substantive guidelines for identifying and preserving such places rather than discussing context-free safety and pollution issues.	The author is aware of sacred sites along Apies River in Pretoria and Jukskei River. However, for this research, the author felt these particular sites fall outside the scope of study as they are not architectural in nature. This could however be a valuable future study.
8. Words like 'badimo' should be in italics as they are not English language.	Noted, all indigenous words are now in *italics.*
COMMENTS & RECOMMENDATIONS	
1. A visual study of the sites of spiritual significance shows a coincidence with areas of nature conservation, which suggests a possible link between the users of these spaces and the needs of traditional healers. This creates an opportunity to develop guidelines for traditional healers' spaces in conjunction with existing conservation guidelines for public spaces in urban areas. This would be a more straightforward process of creating landscape guidelines for traditional healers as it will be a process of adaptation guidelines than developing a new framework for traditional healers' space for cities in Gauteng. This would be a more inclusive process for multi-purpose public spaces.	Creating landscape guidelines for sites of spiritual significance falls outside the current scope of study. The aim of this study is to prepare architectural guidelines.

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2. The researcher needs to take time to consider focusing on the objectives of the study, i.e. I regard the recommendation that is given on page 222 as "the next steps to unify and bring together a council for THPs". This objective is out of scope of this study. What is the motivation for the researcher in this context?	The recommendation is for future research. It falls outside the current scope of study which is to develop guiding principles for architectural design.
3. There needs to be further clarification on guidelines for such facilities in the urban area, which the study explores. Firstly, it is not enough to say there must be a hospital for traditional healers. The guidelines should show how one would choose a hospital site, guided by belief systems that include Cosmology, the spirit world, public places for ritual performance, and sites of spiritual significance	In Chapter 5, the author has explained at length the influence of cosmology on design, orientation, and the importance of outside spaces. In Chapter 7, the author explained in detail the significance of close proximity of natural sites of spiritual significance. The guidelines are aimed to be indicative and not restrictive.
4. This study could have started with a registry of sites of spiritual significance. These identified sites could have been spatially analyzed in Gauteng in urban design terms that include distances for people to travel, availability of a unique landscape feature, i.e., mountain or water body, and central to the objectives of this study. In many ways, these high-level guidelines will encourage the spatial transformation of urban contexts that will show the physical integration of the role of traditional healers in contemporary South African societies.	The author has included a recommendation for a registry of sites of spiritual significance for future research as it falls outside the scope of the current study.

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5. I therefore advise that the researcher add a section that will examine planning guidelines and, using past interviews, imagine how they could be modified to include traditional healers. Although the research alluded to the inclusion of THPs spaces in Heritage Guidelines, these need to address the nature and character of the urban settlements and will fall short of creating comprehensive guidelines. Hence, My recommendation for the research is to reflect on planning guidelines as they speak the language of city planners who are responsible for the physical transformation or urban settlement and would significantly influence the inclusion of THPs in urban contexts.	Planning guidelines fall within the domain of urban planning, which falls outside the scope of this study and the expertise of the candidate. This study focuses on the architectural guidelines.
6. The document is well-written and referenced. It will benefit from additional editing to address some typological errors. A glaring one is the name of the Kenyan writer Ngũgĩ wa Thiong'o, which is consistently spelled as Nguni wa Thiong'o.	Editorial and typological errors have been corrected. The name of Ngũgĩ wa Thiong'o has been corrected in the text.

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External Examiner 3: Professor Olatunji Adejumo [University of Lagos]

EXAMINER'S COMMENT	AUTHOR'S RESPONSE
GENERAL COMMENTS	
1. Please include in your definitions of terms 'Africa' and 'African' for this study. It is too generic for this research typology bearing in mind linguistic diversity from Casablanca to Cairo; Dakar to Mombasa. Even among the Bantu people. This didn't take away some similarities'.	The author has included 'Africa' and 'African' in the definitions of terms.
CHAPTER 1: INTRODUCTION	
1. Background to the study is well structured	Thank you
2. Statement of the Problem and Research Gab are well crafted	Thank you
CHAPTER 2: LITERATURE REVIEW	
Literature Review is rich and well-articulated	Thank you
CHAPTER 3: RESEARCH METHODOLOGY	
1. Minor correction "The approach of indigenous emancipatory research is bottom-up instead of the western bottom-up approach" Page 96.	It has been corrected.
2. Figure 1.3 (Study alignment diagram) and Figure 2.2 (What's covered in the literature review), you nicely state research questions and objectives relative to the literature. Can you relate the research questions/Objectives to research instruments and methods? Insert the omission on page 113 before 3.7	A new diagram (Figure 3.6) was created and inserted on page 114 before section 3.7, as you recommended.
3. 3.7 Sampling Universe, Sampling Method, and Sampling Size. Also briefly relate Sampling Procedure to your stated Research Questions/Objectives. Insert on page 116, before section 3.8 Analysis and Interpretation.	Included in Figure 3.6 as mentioned above.
4. Under Section 3.8, which of the Research Questions/Objectives do you want to engage triangulation, interviews, analysis, or observation for? Briefly clarify on page 119. Explain what to want to triangulate in this section.	In this case, triangulation involves using different research instruments to capture data, including semi-structured questionnaires, photo documentation,

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		observation, and mapping. See Figures 3.7 & 3.8
5.	Triangulation is missing in your findings and discussions. Maybe you should be quiet about triangulation.	See response above
6.	Interpretation of research findings are good. Minor editing is still needed.	Noted thank you. Editing has been done.
CHAPTER 4: RESEARCH OBJECTIVE 1		
1.	It is assumed you collected data through semi-structured interviews in the various *Indumbas.* You transcribed and analysed the verbal data using descriptive coding (Open Coding). There is a need to refer to the open coding as the source of your findings.	The data was analysed using descriptive coding. Themes and theoretical constructs were then generated from the codes.
2.	Where is your manual coding? In the Appendix? Which Appendix? Please tidy this section out. There must be a link between your findings and the coding script. If you used qualitative software then, state the software and present in "word cloud or word tree."```	Diagrams were added and coding process was better explained in section 3.8 under Analysis and Interpretation.
3.	The narrative on the use of Different Mediums by the Traditional Healers came out of interviews and focus group? You did not make reference to any of the Research participants enumerated in Table 3.3	The use of different mediums by the different traditional healers, in Chapter 4.8, came out of interviews. The intent of Table 3.3 is to (a) show the list of research participants, (b) show if the interview was physical or online, and (c) describe research instrument used.
CHAPTER 5: RESEARCH OBJECTIVE 2		

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1. There should be a link between data gathering, data analyses and findings you itemised as follows: ▪ Types of consultations ▪ Facilities of traditional healers ▪ The design of indumba ▪ The significance of umsamo ▪ The storage of muti ▪ The Influence of African cosmology on design ▪ Rituals performed by traditional healers ▪ The Importance of outside spaces ▪ Construction process and maintenance	More information was added in Section 3.8 that describes how data was captured, analysed, and finding were itemised. Figure 3.9: depicts how themes were created and Table 3.5 shows how data was themed during analysis. It also depicts how relevant code families were created from theoretical constructs
2. In Chapter 3 you suggested manual coding/descriptive coding. Please refer to the analysis on how you arrived at the 9 findings before your interpretation.	See response above
CHAPTER 6: RESEARCH OBJECTIVE 3	
Objective Number 3 examined physical and material requirements for consulting and ritual spaces of traditional health practitioners. This objective is by observation and interview analysis. Please refer to the process. It is better addressed than objective I and 2. For example reference was made to research participant 5 in Section 6.3 C	The analysis process has been better explained in Section 3.8. Figure 3.6 explains the link between research questions, objectives, and research instruments and procedure.
CHAPTER 7: RESEARCH OBJECTIVE 4	
Are the following challenges derived from archival material analysis, interview or focus group analysis: ▪ Lack of African identity in the current facilities ▪ Lack of acknowledgement from biomedicine ▪ Lack of spaces for rituals ▪ Limited access to sites of spiritual significance Tidy up	The challenges listed on Chapter 7 are derived from interviews. The research instrument was added in the introduction of Chapter 7 Traditional healers were in agreement about the challenges they are facing in urban areas as compared to rural areas where some of them come from. This information, which was mistakenly omitted, has now been added to the introduction of the chapter.
CHAPTER 8: CONCLUSIONS AND RECOMMENDATIONS	
Well written and good sequence	Thank you.

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