

ART & JUSTICE

A CONSTITUTIONAL COURT
ART COLLECTION SERIES



4

BAMBANANI WOMEN'S GROUP
Long Life Body Maps

CCAC

Constitutional Court
Art Collection

ISIFO SEPHEPHA SIYANYANGKA (TIGI)
URUBA UTYA IPILISI OZINIKIWEYO
NAXA UZITYA NGEESHA
ELIPANELEKILEYO
NGALO LONKE
IXESHA

ISIKHUMBA SAM
SOMA, SOBURA
SARHAWUZULESA
SASHIYA AMA
BALA AMNYA
WONKE UME
MBA

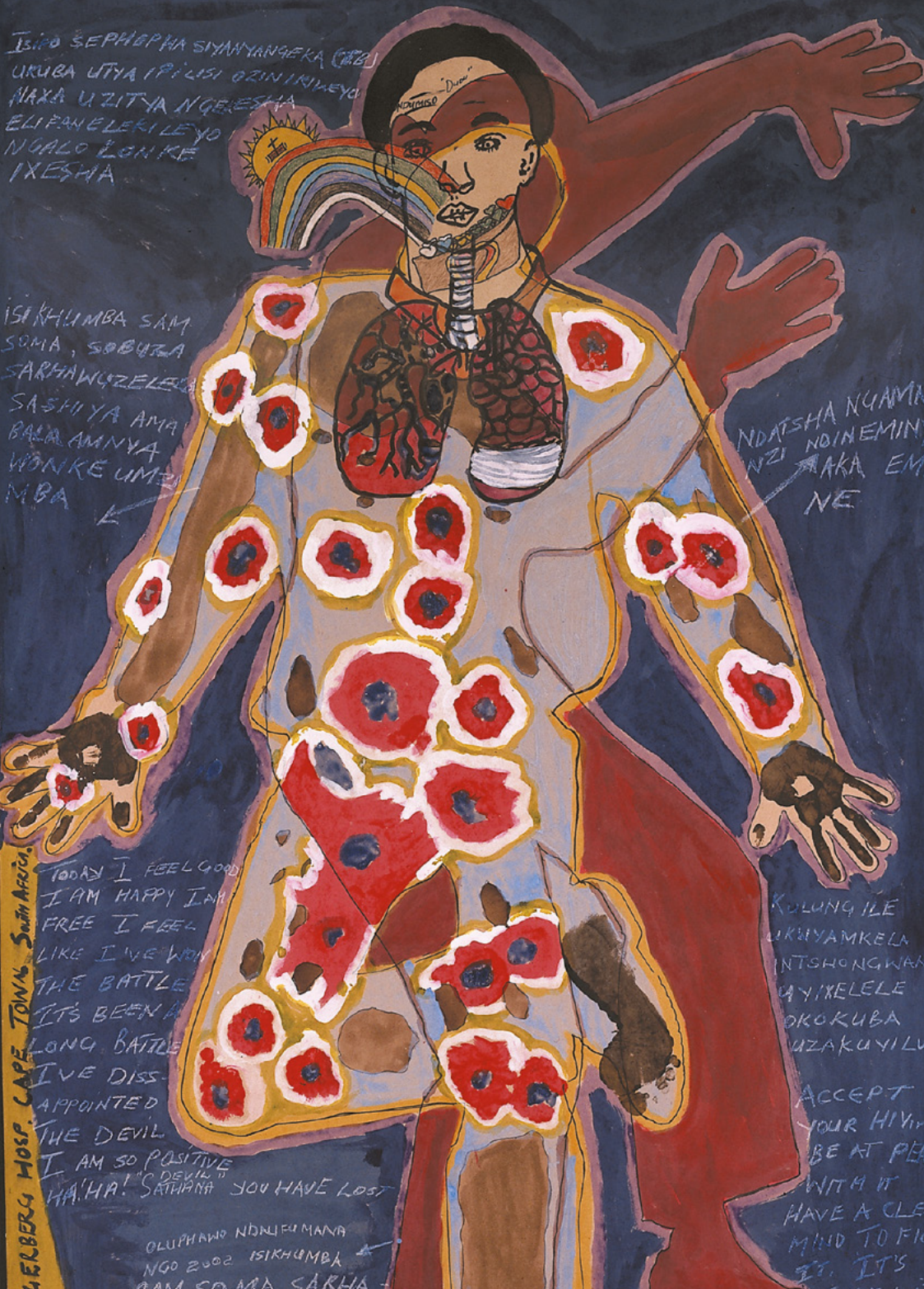
NDATSHA NYAMA
NZI NOINEMIN
NAXA EM
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BERBERG MOSP. CAPE TOWN, South Africa.

TODAY I FEEL GOOD
I AM HAPPY I AM
FREE I FEEL
LIKE I'VE WON
THE BATTLE
IT'S BEEN A
LONG BATTLE
I'VE DIS-
APPOINTED
THE DEVIL
I AM SO POSITIVE
HA HA! "C DEVIL"
SATHARA YOU HAVE LOST

OLUPHAWO NDNLEFU MANA
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KULUNGILE
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ART & JUSTICE

A CONSTITUTIONAL COURT ART COLLECTION SERIES

4 BAMBANANI WOMEN'S GROUP *Long Life Body Maps*

Art & Justice: A Constitutional Court Art Collection series is a short monograph series about artworks and artists represented in the Constitutional Court Art Collection (CCAC), housed within the Constitutional Court of South Africa.

The series also showcases the critical behind-the-scenes conservation work undertaken to document, stabilise, store and preserve artworks in the CCAC, using a combination of historic research, scientific analysis and material treatment, so that they can be exhibited to the public well into the future.

It is published by the Constitutional Court Trust, the non-profit organisation that owns the CCAC, tending to its preservation and presentation through conservation and curatorial programmes.

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INTRODUCTION

Body mapping is a form of art therapy that entails drawing inside the outlines of one's own body. It has been used by health practitioners, art facilitators and researchers as a means to affirm the personal experiences of those journeying through life with the burden of sickness and trauma. This methodological use is seen in the case of the Long Life Project Body Maps (hereafter referred to as the Body Maps), a portfolio of 14 prints of which an edition is held in the CCAC, that relates to living with HIV/AIDS.

The original life-size Body Maps were unveiled at the South African National Gallery on International Aids Day in 2003. Albie Sachs, a judge of the Constitutional Court at the time and member of the CCAC Artworks Committee, saw the Body Maps there. The following year the Committee made a purchase of a Body Maps print portfolio (editioned 1/90). The signed prints are smaller reproductions than the life-sized originals. According to Jane Solomon (2023) the project's art instructor, this acquisition was an immediate response from South Africa's apex court towards the struggle and fight against HIV/AIDS. At the time the Body Maps were created, antiretroviral treatment (ART) weren't available to everyone living with HIV in South Africa.

The CCAC Body Maps prints play a special role within the discourse of the Long Life Project's legacy. Encountering the Body Maps within the Constitutional Court reads differently from an encounter in another space; the Court amplifies, echoes, and adds layers of constitutionalism, justice, and historical significance to the works. According to Justice Sachs,² they were consciously brought into the CCAC to give presence to an issue of justice that was really hurting South Africa at the time, and that their restoration ensures the remembrance of a devastating chapter in the country's political and public health spheres, within the Constitutional Court and beyond, in line with the constitutional right to healthcare.

This publication considers the place of the Long Life Project Body Maps in the CCAC and their continued relevance. It further illustrates the ways in which the Long Life Project challenged stigma, hopelessness and fear through embracing the personal stories of those living with HIV/AIDS in a critical time of South African history.

“We would use the body as the entry point to tell the story.”

- JANE SOLOMON, BODY MAPS FACILITATOR

¹Every year on 1 December since 1988, the world commemorates World AIDS Day and unites in support of people living with HIV/AIDS. The day is also meant to remember those who died from the global AIDS pandemic.

²As recounted in a meeting of the Artworks Committee of the Constitutional Court Trust on 11 November 2021.

ON THE PATH TO HEALTH, DIGNITY AND WELLBEING

Bahlakoana Lesemane

HIV/AIDS DENIALISM

To understand the Long Life Project Body Maps, one needs to have a knowledge of the intertwined conditions that led to their creation. The 1990s and the early 2000s mark a particular time in South African history. It was the dawn of a new democracy, it was during Nelson Mandela's presidency, and a hopeful period for the country's future. However, it was also a time when HIV/AIDS was quickly running out of control and becoming a plague. Nicoli Natrass (2008) posits that in 1998, the rate of HIV infection among adults in South Africa was almost 13 percent, with 2.9 million people HIV positive. Arthur Caplan (2013) argues that the new ANC government was burdened with huge challenges that seemed more urgent, like rebuilding the new post-apartheid nation at the time. However, this failure to immediately take on HIV/AIDS was made worse by Mandela's successor for the presidency, Thabo Mbeki, who took office in 1999.

It is during Mbeki's presidency (1999–2008) that South Africa's approach to HIV/AIDS began to be shaped by denialism and persistent opposition towards the use of antiretroviral treatment (ART). Caplan (2013) further

reflects on how throughout the late 1990s, Mbeki went public about his strong disbelief in the fatal nature of HIV/AIDS and his distrust for the pharmaceutical industry, which he claimed promoted ART at South Africa's expense. As a result, the government did not acquire the drugs that might have prevented HIV/AIDS transmission from mother to child, and consequently the country saw over 6 million people infected, and newborns infected at the range of 80,000 per year (Caplan, 2013).

In this instance, the nation's hopes for access to HIV/AIDS medication rested on the power of social protest, activism, and resistance through individual capacity, and through the work of civil society organisations such as the Treatment Action Campaign (TAC), Love Life, and Médecins Sans Frontières (MSF). Eventually, a landmark Constitutional Court case became a beacon of hope when the Court ruled in favour of a national programme to offer mother-to-child transmission prevention to pregnant women, and in October 2003, the cabinet instructed the government to provide ART more widely to the public (Natrass, 2005).

"The HIV/AIDS pandemic in South Africa has been described as an incomprehensible calamity and the most important challenge facing South Africa since the birth of our new democracy."

- CONSTITUTIONAL COURT JUDGMENT IN MINISTER OF HEALTH V TREATMENT ACTION CAMPAIGN



Figure 1: Gideon Mendel, *Treatment Action Campaign office*, 2003, photograph, 2400 x 440 mm. Series: *The Harsh Divide*. Constitutional Court Art Collection. During Mendel's visit to the TAC office in Johannesburg, he photographed people protesting against government policies that prohibited access to generic antiretroviral drugs (ARVs) for HIV/AIDS treatment.

Overview of the Constitutional Court judgment in *Minister of Health and Others v Treatment Action Campaign and Others* (2002)

In a unanimous judgment reached on 5 July 2002, in favour of the Treatment Action Campaign and other applicants, the Constitutional Court ordered the government to make Nevirapine, or a suitable substitute, available at public clinics to pregnant mothers who sought it. The Court stated that to deny newborns a potentially life-saving drug was inconsistent with section 27 in the Bill of Rights of the Constitution – the right to healthcare.

Section 27 stipulates that everyone has the right to have access to healthcare services, including reproductive health care; and that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights. Furthermore, section 28 of the Constitution stipulates that every child has the right to basic nutrition, shelter, basic healthcare services and social services.

The Court had to consider whether the government is constitutionally obliged to plan and implement an effective, comprehensive and progressive public health programme for the prevention of mother-to-child transmission of HIV throughout the country. It found that the government did have a constitutional responsibility to do so, and that existing governmental policies fell short of their legal responsibility. The Court therefore ordered that the restrictions that were preventing Nevirapine from being made widely available at public hospitals and clinics be removed.

The Court stated in its judgment that the "HIV/AIDS pandemic in South Africa has been described as an incomprehensible calamity and the most important challenge facing South Africa since the birth of our new democracy" and that government's fight against this scourge must be seen as a top priority. The Court recognised that the virus had claimed millions of lives, inflicting pain and grief, causing fear and uncertainty, and presented a threat to the economy.

The judgment was a resounding victory in the fight for universal access to treatment, as well as for rational public discourse on HIV/AIDS. It led to action that stemmed the tide of the epidemic and to the largest publicly provided AIDS treatment programme in the world.

FEAR AND STIGMA: A FATAL DISCOURSE ON HIV/AIDS

“The sister in charge called me early in the morning. There were charts on the wall showing pictures of AIDS outbreaks. Then she told me, ‘You have AIDS.’ I asked, ‘No, what do you mean I have AIDS?’ She responded, ‘Yes, you have AIDS, and there’s nothing we can do. Go back to your bed and sleep, and wait for your day to die.’”

- THOBANI NCAPAI, BODY MAPS ARTIST

Integral to the South African government's HIV/AIDS denialism was the associated stigma and fear, which all too often led to discrimination against HIV+ people. Stigma further increased the risk of HIV infection and its progression to AIDS if left untreated. In some instances it led to violence and marginalisation, while hindering access to education, healthcare, employment and just treatment (Standing up to stigma, 2023).

Stigma was and continues to be fueled by collective attitudes towards the supposed immorality of sexual promiscuity, coupled with sexual intercourse being seen as the primary means to contract HIV. Isak Niehaus in his article 'Death before Dying: Understanding AIDS Stigma in the South African Lowveld' (2007), writes that the denial, silence and fear surrounding the disease all stemmed from the cultural perceptions of the infected as “walking corpses”. Together with their horrific symbolic location in the liminal phase between “being dead” and “being alive”, he further argues that in this framing, the perception of AIDS as a terminal illness resembled the likening of HIV-positive persons with lepers. It also rendered the slow progression from infection to illness and then to death irrelevant within public discourse, such that even the recently infected were thought to be instantly soiled with death, and persons living with HIV/AIDS regarded as being exceptionally dangerous (Niehaus, 2007).

Catherine Boyd (2016) highlights a problematic pattern in the lexicon surrounding HIV/AIDS, and through her exploration of the use of language when referring to the disease, or in relation to people living with it, she demonstrates that words may contribute to stigma and halt our chances to end the epidemic. She interrogates a few terms, the first being patients which is commonly used in reference to people living with HIV/AIDS. She says the word should only be used within a medical setting, as it implies a “constant state of illness” which not only misleads but also fuels discrimination (Boyd, 2016).

Boyd (2016) further problematises another term, disclosure, which is often used to describe the act of sharing one's HIV status with one's family, partner, community or a wider public. The word implies some form of secrecy and its continued use, therefore, heightens the notion that HIV is something to be ashamed of, or kept secret (Boyd, 2016).

Juan Michael Porter II (2021) echoes Boyd's (2016) opinion and argues that when we refer to people living with HIV as “the infected” we soil their personhood, and focus on the disease instead of their humanity, thus opening the door to treating them as lesser persons, or Others.



Figure 2: Gideon Mendel, *Thobani Ncapayi, 31. On treatment.*, 2003, photograph, 44.5 x 243 mm. Series: *The Harsh Divide*. Constitutional Court Art Collection. Thobani Ncapayi, who is pictured on the left wearing a HIV positive t-shirt to create awareness, states: "The stigma was very widespread in the communities in which we were living, because at the moment you wore that t-shirt, and you were seen by passersby, they would point out this thing that you were HIV-positive."

Rooted in Colonialism: HIV/AIDS denialism as a legacy of apartheid in South Africa

Arguably, the denialism of HIV/AIDS was also a legacy or a symptom of South Africa's colonial and apartheid past. Although the reasons Mbeki's government became so entrenched in the politics of denialism lack clarity, and were based on disinformation, fear, and stigma, some views propose that they arose out of mistrust due to a long history of racism and the subhuman treatment of African people by the Western scientific discourse under colonialism and apartheid.

Frantz Fanon in his book *A Dying Colonialism* (1965), in an essay titled 'Medicine and Colonialism', argues that healthcare is an institution of colonialism, working together with other instruments of the colonial system, and that colonial healthcare is often viewed by the colonised or the previously colonised as dehumanising, or a form of trickery, or subjugation. He says mistrust is at the core of this doctor-patient relationship, and to the colonised subjects "the doctor always appears as a link in the colonialist network, as a spokesman for the occupying power" (Fanon, 1965).

Hence, the attitudes surrounding HIV/AIDS held predominantly by the previously colonised Black majority in South Africa during Mbeki's presidency were revealing of the dilemmas outlined by Fanon. Although tragic, they fundamentally highlighted the perceived neutrality of Western medical practice, which thought of itself as objective and always untainted by context, history or politics. Nevertheless, the failure to provide treatment caused hundreds of thousands of deaths and stands as one of the most poignant failings of South Africa's post-apartheid government

"People in the 90s would convince themselves that they will die with the virus, and they wouldn't take any treatment that they don't know where it comes from. A person will be sick and the people they live with will cast them out. When you are cast out you've got that feeling that 'I'm going to die and no one is next to me. Each and every body distances themselves from me.'"

- VICTORIA NDYALUVANA, BODY MAPS ARTIST



Figure 3: Gideon Mendel, *Anonymous*, 2001, photograph, 59 x 39,5 mm. Series: Framing AIDS. Constitutional Court Art Collection. Due to the stigma associated with his HIV-positive status, the subject of this photograph chose to not include any of his clothes in the photograph in case he may be identified. He said: "I can't even allow you to say what my [university] faculty is. Here in Mozambique there is discrimination promoted by the government."

All in all, stigma and its results were outcomes of the prevailing political, religious, and medical attitudes. Public health campaigns and HIV/AIDS-centred programmes back then constructed the disease as a terminal illness, and the biomedical interventions emphasised prevention more than they did treatment. These, along with the cultural concepts of death and mortality, constructed a sinister image of HIV.

Consequently, by the early 2000s there was great urgency in the country for critical reflection and introspection amongst

healthcare and biomedical practitioners. The situation called for destigmatisation efforts and a symbolic redefinition of HIV/AIDS as an infectious but manageable chronic disease (Niehaus, 2007).

Hence, the Long Life Body Maps functioned to go against the perception of continuous illness, and were part of the monumental shift from the thinking of "preparation for death" to "fighting for life" and "living with HIV/AIDS" as ART became available to the public in 2003.

PRELUDE TO BODY MAPPING

Given the context of what was happening in South Africa with HIV/AIDS, in 2001, Jonathan Morgan, a psychologist working for the AIDS Society Research Unit (ASRU), in the Centre for Social Science Research at the University of Cape Town (UCT), together with Kylie Thomas, a UCT doctoral student at the time, were running memory box workshops with HIV-positive people at the Khayelitsha Day hospital in Cape Town (Solomon, 2020). During 2002, Médecins Sans Frontières (MSF), or Doctors Without Borders, and the TAC initiated a pilot programme in which some people, including participants from the Khayelitsha memory box group, would start receiving antiretroviral treatment. This specific Cape Town-based group was named the Bambanani Women's Group, bambanani meaning "holding hands, coming together, or unifying" in isiXhosa. Its 14 members volunteered to share publicly their stories of receiving treatment for the creation of an advocacy book titled *Long Life: Positive HIV stories*, aimed at challenging stigma and promoting the understanding of antiretroviral treatment (Solomon, 2020).

Jane Solomon was approached and asked to facilitate artmaking workshops with the group to create imagery that would be used in the book, and as a starting point for the project's narrative. Jane (2020) had been exploring body mapping as a tool for self-growth at the time, and she chose not to instruct the participants to create a number of various small drawings, but to instead create layered life-sized portraits, where many different aspects of the self would operate simultaneously: "we would use the body as the entry point to tell the story", she says.

Furthermore, apart from simply creating images for the book, Solomon kept in mind that the creation process of the imagery had to be a beneficial and expressive endeavour that would allow for true self expression. It had to narrate the participants' stories to be witnessed by others. The concept was informed by Jane's understanding of the relationship between the body and memory, whereby to change life patterns requires a shift of things not only on a mental level but also in the physical body (Solomon, 2020).

Memory boxes, sometimes called keepsake boxes, are made for storing various mementos such as photographs, ID books and other personal objects. As part of material culture, they have a long history and can be interpreted as artifactual expressions of the self, and as vehicles of memory (Aali, H. et al 2014). The concept of memory boxes as a therapeutic technique is of Ugandan origin, and has been adopted to different contexts and employed by educators and health practitioners. In Khayelitsha, it followed a similar model and paid focus to the lives of HIV-positive people through the collection and gathering of personal documents and objects such as photos, artefacts, drawings and writings in a container.

THE PROCESS IS THE POWER: ART THERAPY, PARTICIPATORY LEARNING AND THE CHANGING OF PERSPECTIVES

Body mapping is a creative and reflective process suitable for exploring multiple aspects of embodied experiences. The paper 'Embodied Ways of Storying the Self: A Systematic Review of Body-Mapping' (2016) by Adèle de Jager, Anna Tewson, Brynn Ludlow, and Katherine Boydell traces the history of body mapping from its first applications in navigating the challenges of women's identity and the concept of the reproductive system in rural Jamaica and the UK. The methodology was further developed in South Africa to shed light on the experiences of HIV-positive individuals, to challenge stigma, and to advocate for access to antiretroviral medication. Tanja Meyburgh (2006) has shown through her research that as a form of art therapy, it can be effective where verbal communication is inadequate to access memories and emotions. She argues that the value of body mapping lies in the distance created between the participants body and their experiences. Here, the body map becomes the object of analysis or discussion, rather than the participants' body or personhood being the subject. This approach is less threatening and achieves substantial therapeutic outcomes as the artwork is perceived as being "external to the self" (Meyburgh, 2006).

The Long Life project body mapping process was an early experimentation with this methodology, whereby artmaking sessions were

designed and conducted by Jane Solomon and Jonathan Morgan, with the Bambanani Group to explore their issues around living with HIV/AIDS. Over 14 mornings, the artmaking sessions took place in a room at the Khayelitsha Day Hospital with the psychologist Jonathan Morgan on site to offer moral and psychological support. Thus, artmaking was not only used as a creative tool but also as a means to access a deeper and subconscious world of memory, feelings and emotions. The practice employed drawing, writing, the use of symbols and colour, speech, and sometimes song and dance, in the exploration of possible ways to record and reinvent people's interpretation of life with HIV/AIDS.

On completion each participant was interviewed with their Body Map present where they were invited to explore and to reflect on their lives from what came up during the artmaking workshops, and to learn more about the disease. The sessions became a breeding ground for new possibilities to emerge for the affirmation of the self, for others and the community. The project also led to illustrations of what it feels like to live with HIV/AIDS. It can be said that the Long Life project offered a space for the expression of collective grief, where the experiences of people living with HIV would be seen and the multiple losses due to AIDS publicly mourned.

"We the Bambanani Group are making this book because we want to teach people living with HIV how to live with HIV. And also, to teach those not living with it how to survive. And to let people know that we positive people are getting treatment to help us live longer."

- THE BODY MAPS ARTISTS, ON THE LONG LIFE: POSITIVE HIV STORIES BOOK (2003)

ANATOMY OF THE BODY MAPS

“We weren't looking at it as fine art. It was artmaking as a process and I think we were all surprised that the images emerged as they did, that they were so powerful and that they worked visually.”

- JANE SOLOMON, BODY MAPS FACILITATOR



Figure series 4: Thobani Ncapayi, *Body Map 02*, 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection. According to Thobani, posing with his Body Map print, the incomplete Body Map demonstrates the initial stages of making a Body Map. He was the only male participant in the group and could not finish his Body Map due to his commitment to the work he did for the TAC.

In a string of interviews held in 2023, the CCAC team engaged with some members of the Bambanani Women's Group: Bongive Mba, Thozama Mkhosi, Thobani Ncapayi, Nondumiso Hlwele, Noloyiso Balintu, Victoria Ndyaluvana and facilitator Jane Solomon. We uncovered nuanced accounts of the process of the Long Life body mapping and the experiences of participants in relation to stigma and discrimination, highlighted by their respective

reflections on HIV/AIDS denialism during the 1990s and early 2000s. The first step of body mapping begins when one partner lies down on an empty canvas and the other traces an outline of their body. Both partners take turns, and the foregrounded outline on the canvas, drawn by the artist's partner, serves as a metaphor for the personal within which each artist explores their bodily identity through image, symbolism, text and colour.



Figure 5: Maria and Ncedeka working on their Body Maps. Because it is virtually impossible for one to successfully draw an outline of their body, the crucial aspect of partnering up serves as a reminder of the spirit of *ubuntu*, and humanity's interdependence on one another.



Figure series 6: Ncedeka Mbune, *Body Map 08*, 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection. Ncedeka's *Body Map* shows the overlapping outlines of two figures, and multiple hands, as a human partner is required to create a *Body Map*. The symbolism thus recalls the mutual empathy, similar experiences and understanding the participants had towards each other in the project and for living with HIV/AIDS.

As the process unfolds, a range of exercises is directed towards the participants who then respond by carrying out the instructions. For the Long Life project, this included an exercise

themed around the question “who are the people, or the things, or the beliefs, or the organisations that support you?”



Figure series 7: Babalwa Cekiso, *Body Map 04*, 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection. Babalwa’s Body Map shows that the collective embodied a social activism attitude. These details of her work show her activism through including a collage of newspaper articles that depict the struggle to access HIV/AIDS treatment.

In another exercise called the “powerpoint and personal symbol”, the participants were prompted to reflect on and to visualise the sources of strength within their bodies. Each participant then selected a motif of personal power and hope, often taking the form of a flower or a heart, to embody the positive attitude of the project, and to portray the participants’ determination and a healthy rela-

tionship with their bodies. Furthermore, text speaking to the personal history and identity of the artists was added in another exercise, and the Body Maps were marked with the names, the handprints and footprints of its maker, and their place of birth, juxtaposed against representations of significant life experiences and turning points, including those related to stigma, fear, and disease.



Figure series 8: Nomawethu Ngalimani, *Body Map 01* (left) and Thozama Ndevu, *Body Map 09* (right), 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection.
 For Nomawethu (left), strength and determination emanated from her arms, and she portrayed this by adorning them with colourful hearts. Thozama (right) chose a flower as her symbol of strength as she believed that flowers give off life energy. Both women were pregnant months before they started body mapping. The theme of motherhood is recurrent within the group, with seven out of 14 works depicting the participants with their preborn babies nestled in their wombs.

“I think HIV was not given attention or maybe people died because of fear, and a lot of people died at that time. Maybe people were afraid because there was a perception that it is not treatable, you see. And then now, young people became aware during the time when it was not killing a lot of people. Even us, we do not give it much attention anymore.”

-THOZAMA MKHOSI, BODY MAPS ARTIST



Figure series 9: Noloiso Balintulo, *Body Map 06* (left) and Maria, *Body Map 11* (right), 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection. Noloiso (left) loved cooking and used a pot as a symbol for her source of strength (seen on her face). Maria (right) grew up farming pineapples and values their healing properties, so she added this symbol to her Body Map.

“I had to take pills for TB as well, so it was a mixture of everything, like samp and beans. But we are here now. To compare now, hey man, HIV is now child’s play. I mean to say, no one is frightful of it anymore and you have a single pill to take as treatment. So if I would hear that a person is HIV positive in this era and they do not want to take their treatment, I would say that they are intending to kill themselves because things have changed from how they were before.”

- NOLOISO BALINTU, BODY MAPS ARTIST

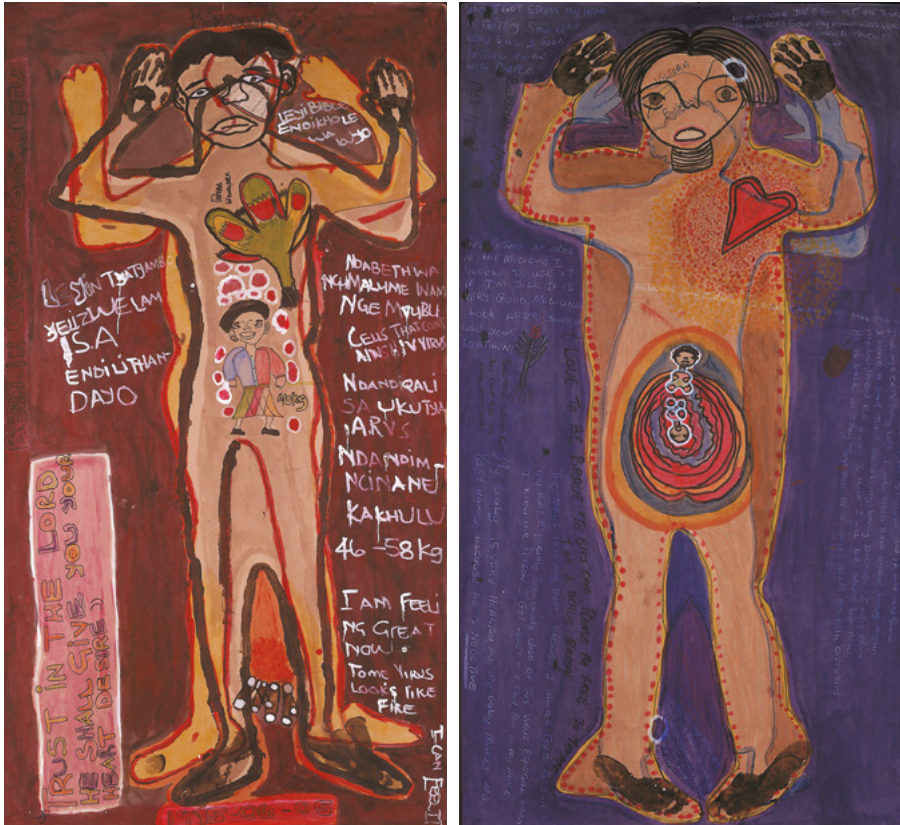


Figure series 10: Bongwiwe Mba, Body Map 14 (left) and Victoria Ndyaluvana, Body Map 07 (right), 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection.
 Bongwiwe (left) drew a fire between her legs to signify the virus and said: "[...] HIV looks like fire because I felt like something was burning inside... I was in a lot of pain." She depicted a small version of herself inside her body (as opposed to a fetus), to signify how skinny she had become prior to taking HIV/AIDS medication. She later regained a healthy weight. The protea flower highlights her pride in being South African. Victoria (right) discovered she was HIV-positive during her pregnancy. The doctors had mistakenly said she would give birth to twins so she drew two baby figures on her sketch, although she was pregnant with and gave birth to only one child. She says the other reason she drew two babies was to pay homage to her first child who died in an earlier pregnancy when she (Victoria) was 21 years old.

"HIV looks like fire because I felt like something was burning inside... I was in a lot of pain."

-BONGIWE MBA, BODY MAPS ARTIST



Figure series 11: Nondumiso Hlwele, *Body Map 10* (left) and Bulelwa Nokwe, *Body Map 05* (right), 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection.

Nondumiso's *Body Map* (left) depicts the HIV/AIDS virus through dark blue dots, while the red circles surrounding them represent the ARVs consuming it. The imagery also depicts her lung complications due to having battled tuberculosis (TB). She inserted a rainbow topped by a Christian cross and the sun, as a sign of optimism in light of the new democratic South Africa and access to HIV/AIDS medication. Bulelwa (right) imagines the HIV/AIDS virus manifested as red dots on her skin, while the lungs represent the time she battled with TB and pneumonia. The tree represents her new life and the positive attitude she developed after accepting the virus and starting with ARV treatment.

"You would cry and cry and then say, 'I'm okay, I'm fine.' Then feel sad for [another] person... It was like a kind of 'hug' when you have cried and there's another person telling their story. It was a nice space to be in."

- NONDUMISO HLWELE, BODY MAPS ARTIST



Figure series 12: Cordelia Ndzamele, *Body Map 12* (left) and Ntombizodwa Somlayi, *Body Map 03* (right), 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection.

Cordelia's Body Map (left) also speaks to her battle with TB through depicting her lungs. The baby speaks to her pregnancy during that difficult time, and the dots on her silhouette are a representation of the bad skin condition she developed due to the disease, a recurrent theme in almost all the Body Maps. Ntombizodwa (right) added the text "always be prepared" onto her Body Map to signal that one should always be ready for the worst. After getting very sick with TB and getting sores all over her body, she agreed to treatment that saved her and her two boys' lives. As the eldest child and breadwinner during a difficult time of her life, she added thick slices of bread (on her hand/arm) to signify her hardships.

"I have written 'ALWAYS BE PREPARED' on my Body Map. It is my girl guides' slogan and means you must be prepared for everything, either bad or good. If you get the bad, you must be prepared for it, how to solve this problem, even HIV."

- NTOMBIZODWA SOMLAYI, BODY MAPS ARTIST



Figure series 13: Thozama Mkhosi, *Body Map 09*, 2002, digital inkjet print on paper, 950 x 610 mm. Series: Long Life Project Body Maps. Constitutional Court Art Collection.
 The issue of stigma, although addressed through text in some Body Maps, still had implications on the aesthetic and signing of some of the artworks. Nomonde Mkhosi used an alias of Thozama Mkhosi as a way of concealing her identity. The CCAC Body Map print is signed "Thozama Mkhosi", while she later decided to add "Nomonde Mkhosi" onto the original life-sized Body Map. The print was thus produced before she became comfortable going public with her status.

"We talked about ourselves, and we talked about what was inside, and we talked about what's going on about us, and also about other people because we didn't just include us, we were talking about everybody who was living with the virus."

- VICTORIA NDYALUVANA, BODY MAPS ARTIST

As already mentioned, body mapping in this context was essentially a form of art therapy. In their reflections on the process, Body Map artist Nondumiso (2023) recalled that it turned out to be a form of group therapy and that “everyone was playing a different role in their counselling: being around in the group, listening to other stories was part of... you know...

you compare yourself with the other person and find out that no, actually ‘my’ story is not that bad at all”. Hence body mapping helped participants to integrate their experiences and that of others to create a coherent sense of self, improving self-esteem and empowering the respective participants.



Figure series 14: Nondumiso and Jane talking about Nondumiso's depiction of the virus in 2002. On the right, Nondumiso poses with her CCAC Body Map print in 2023.



Figure 15: Victoria Ndyaluvana and Noloyiso Balintu with their CCAC Body Map prints in 2023.

Another member, Victoria (2023), was pregnant when she discovered her HIV-positive status. She found support and companionship within the Bambanani Group, she said: “We talked about ourselves, and we talked about what was inside, and we talked about what’s going on about us, and also about other people because we didn’t just include us, we were talking about everybody who was living with the virus.”

Noloyiso (2023), on the other hand, recalls how she thought she would die at any moment when she was diagnosed with the virus after battling tuberculosis (TB). Creating her Body Map became a self-counselling endeavour. She states that in the beginning she took the idea of body mapping casually, as if it had no significant

meaning. However, as the project gained shape and momentum, she realised that she was becoming healthier and her mental state was shifting to a more positive attitude.

Unlike the CCAC Body Maps print editions, the original life-sized artworks are a testament of the visceral and transformative experiences of the Bambanani Group during their body mapping journey, or rite of passage into artistry. Their scale, the traces of paint drops, brush strokes, the texture, aged canvas, the visible mistakes etc, all allude to the feel of the process and bring the body mapping experience to life, and hence a feeling of how the project may have unfolded, including the thoughts and emotions of the artists.

“I saw [body mapping] as something good [...] because we were treating ourselves through the drawings. Initially we took it casually but as we became aware of [its potential] we realised that we are becoming healthier. As you would go home you realised that your mental state is in the right place.”

- NOLOYISO BALINTU, BODY MAPS ARTIST

“I wouldn’t be where I am now. So the body map played a big role in my life. It played a big role in my life because when I disclosed my status, nothing else ever made me fearful.”

- THOBANI NCAPI, BODY MAPS ARTIST

LEGACY, SIGNIFICANCE AND REFLECTIONS

On 2 December 2023, in honour of the international HIV/AIDS day, and the 20th anniversary since the Long Life project Body Maps unveiling in 2003, the curatorial team opened the exhibition of the 14 newly restored and framed Long Life Body Maps prints by the Bambanani Women's Group, along with other artworks in the CCAC that speak to the ongoing effects of the HIV/AIDS epidemic.

Amongst the guest speakers was retired Justice Edwin Cameron (2023), who through his moving speech gave history and context to the pandemic and to the event. He reminded us how the country had “won the battle against ignorance and misinformation, against crazy theories, and nightmarish distortions of medical science”. He further highlighted the consequences and significance of HIV/AIDS to South Africans, and pointed to the remarkable accomplishments by the national HIV response, with fewer people now getting infected and more children born HIV-negative (HSRC, 2023). However, we are still the most HIV/AIDS-affected nation in the world, and our country continues to be riddled by stigma (Cameron, 2023).

According to the Human Sciences Research Council (HSRC) report, *HIV Survey Highlights Progress and Ongoing Disparities in South Africa's HIV Epidemic* (2023), the impact of the HIV epidemic in South Africa is unequally spread, and particularly affects Black Africans, especially the youth and women. Sadly, the group that was mostly affected two to three decades ago is still the most affected today.

Despite the need for more societal work to be done, the Long Life Body Maps project has been successful at initiating dialogue about South Africa's HIV/AIDS pandemic. The discursive outcomes of the project helped shift the antiretroviral (ARV) treatment debates from the economic, professional and medical spheres into the personal sphere of lived experiences. On a more personal level, the Long Life project helped create valuable socio-economic benefits for the Bambanani Women's Group. This happened through related training, psychosocial support and by having members of the group assist with other research projects looking at different aspects of HIV/AIDS. Some members, namely Victoria, Nondumiso, Ncedeka and Thobani found employment as fieldworkers in the Centre for Social Science Research at UCT.



Figure 16: From the left, project facilitator Jane Solomon, Body Maps artist Nondumiso Hlwele, and retired Justice Edwin Cameron at the unveiling of the newly restored CCAC Body Maps and a special HIV/AIDS-themed tour at the Constitutional Court on 2 December 2023, connected to World Aids Day the day before.

The applicability and discursive potential of body mapping, and the insight gained from the Long Life project cannot be understated. While the Body Maps were created with the intention of putting political pressure on the government to avail antiretroviral medication to the population, and to create awareness around the pandemic, the artworks also attracted wider attention and have added to the inspiration for many studies and body mapping projects beyond the theme of HIV/AIDS.

In the realm of contraception and family planning, a study conducted in 2019 used body mapping as a vehicle to understand family planning strategies and resultant contraceptive needs of women from urban areas in the Western Cape (Jane Harries et al, 2019). Similarly, Carolina Botha (2017), in her paper 'Using metaphoric body-mapping to encourage reflection on the developing identity of pre-service teachers', explores the contribution of body mapping towards the development of professional teacher identity. She approaches body mapping as a group-based method, where a group of people work together on the same body map, in contrast to the traditional and more individual approach to the process (Carolina S. Botha, 2017). On the other hand, researchers Warren Smit and Andrew Tucker (2019) have utilised body mapping within the discourses of urban governance, urban planning, housing and urban health. They interrogate the effects of the built environment on the health and well-being of residents in Cape Town through the use of body maps.

The body maps methodology has become a critical tool for documenting the experiences of groups struggling with, and advocating for greater recognition of, the impact of

conflict and violence in South Africa. Body mapping initiatives have been undertaken by the Khulumani Support Group to document the experiences of survivors of gross human rights violations in apartheid South Africa (Gunn, 2018), and the widows of protesting miners killed in the 2012 Marikana Massacre (Gill-Leslie, 2020).

The project has also been influential internationally, leading to different kinds of research in various fields. For instance, in a recent study titled 'Body-Mapping the Experience of Fibromyalgia Syndrome' (2023), body mapping was used to explore the experiences of living with fibromyalgia syndrome (FMS). Similarly, another recent study employed body mapping to explore childhood trauma and anorexia nervosa from a feminist perspective (J.S. Malecki et al. 2022). Furthermore, other research conducted in Canada explores and visually represents the intersection of health, migration, gender, and other factors affecting the health and wellbeing of undocumented workers through body mapping (Gastaldo, D. et al 2012). Some researchers including Bryon Ludlow (2020) have explored the subject from a digital technology context through the creation of a web-based body mapping application.

As seen from the history and analysis of the Long Life Body Maps, body mapping has the potential to engage and enable its participants to communicate creatively through a deeper, and more reflective process than traditional therapy. It yields results that can be beneficial for exploring a variety of dilemmas and lead to a deeper understanding of the human experience of trauma and resilience, and how art can be used to advance the cause for health, dignity and wellbeing.

CONSERVATION TO ENSURE A LONG LIFE FOR THE BODY MAPS

Francois Lion-Cachet and Nomusa Mbata

THE CASE STUDY

The restoration of the The Long Life Body Maps prints in the CCAC required a multi-pronged and unconventional approach. The initial framing of these print reproductions around 2004 was not done in line with conservation standards. The framing method entailed the glueing of the prints onto non-archival board, whereas the front of the works were laminated with plastic.³ Furthermore, the hanging mechanism of plywood attached to the backing board had in most instances deteriorated. Improper storage

and environmental conditions caused damage to the boards. The curatorial team consulted widely with conservators and the artists who were still alive, particularly as the laminated prints presented challenges regarding reproduction and provenance. The team set out to follow conservation principles for the remedial work, yet had to deviate from a standard approach because of the unique circumstances in what was ultimately an enriching process.



Figure 17: The lamination of the Body Maps onto boards may have been the more affordable method to have the prints displayed initially, but this method lacked durability and did not offer the works enough protection against the elements.

³ Lamination using polyethylene or PVC-film has been proven to be unstable, prone to oxidation and thereby destructive, and almost impossible to reverse. See Spiros Zervos and Irene Alexopoulou's article, Paper conservation methods: a literature review (2015).

Conservators Lucy Blumenthal, Ernest Bellingan Scott and Ekkehard Hans' preliminary advice was to reprint the works. They were not certain how successfully the lamination process could be reversed, and how the prints would look after they have been removed from the non-archival backing boards. However, as the prints were signed and as some of the artists had already died by the time of the conservation work being set in motion, their signatures would have been lost with reprinting of the works.

The curatorial team sought further advice from DK Conservators in Cape Town, who inspect-

ed one of the prints in their studio and ran a test conservation treatment to reverse the lamination and to remove the backing board in June 2022. They found the restoration to be a time-consuming and complicated process – it was thus substantially more expensive than mere reprinting. The CCAC team opted for restoring only the works of which the artists had died, while reprinting the works of the artists who were still alive and could resign the replacement editions. Of the 13 works needing restoration, seven were restored by DK Conservators in Cape Town while six others were reprinted.⁴



Figure 18: Jessye Seaford of DK Conservators is seen removing the plastic film from Ncedeka Mbune's Body Map. This was the first work that was treated to identify how the restoration could best be conducted.

⁴ A grant from the Mercury Phoenix Trust, a UK registered AIDS charity, enabled the conservation treatment and framing of these body maps. This Trust's work concentrates on fighting HIV/AIDS in the developing world by funding programmes that focus on education and awareness. These grants are made in memory of the rock band Queen's iconic lead singer Freddie Mercury who died in 1991 from AIDS-related causes.

THE RESTORATION TREATMENT

DK Conservators' restoration process included the following steps:

- Remove the artwork from its wooden backing board using heat and a spatula until all of the print has been removed without skinning the paper;
- Carefully peel away the plastic and adhesive residue using heat and solvents by progressively peeling it away without damaging the pigments used;
- Retouch by hand those areas where ink pigments had been affected by the peeling process;
- Repair areas where the paper was damaged and then dye these areas to match the original artworks;
- Chemically clean the artwork by flotation in a bath of chlorine-dioxide;
- Dechlorinate the artwork with sodium thiosulphate and de-acidify with calcium carbonate;
- Press the artwork between sheets of felt until completely flat and dry;
- And finally package the conserved artworks in a supported archival polyester sleeve to protect the artwork until it has been remounted and reframed.

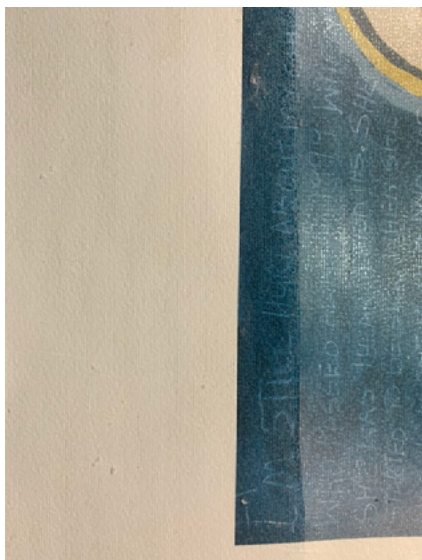


Figure series 19: Top: The Body Map as the film is being removed. Bottom: The Body Map once the entire film has been peeled away from the artwork.

As part of the project, DK conservators offered Thina Miya, the CCAC curator of conservation at the time, an in-house learnership based on the conservation treatment of the Body Maps. She spent four days working with the DK Conservators team in February 2023, helping to remove the film from a body map, as part of her professional development.

Thina recalls that the restoration work by DK Conservators was a masterclass in doing that “which at first seemed impossible”.

She adds that DK Conservators are keen to try out methodologies that other conservators wouldn’t necessarily use, and that they are very innovative in their approaches, yet making sure whatever they do is reversible, durable and rooted in scientific research.

According to Thina, the staff at DK Conservators are encouraged to channel their curiosity as part of finding creative solutions. This thoughtful and resourceful approach to conservation is one that the CCAC curatorial team is now inspired to emulate.



Figure series 20: Thina Miya removing the lamination film from Nomawethu Ngalimani’s Body Map.

REPRINTING AND RE-SIGNING

The same printers who had produced the initial sets did the digital reprinting of the selected Body Maps. The colours of the Body Maps matched the originals closely, while the paper is brighter on the new prints. The reprinted works were then signed by their artists, as part of the artist interviews

conducted by Thina Miya to gather information about these Body Maps. Thina tells that these interviews were her favourite part of the trip as she got to see to the preservation of their oral histories by documenting the women's heartfelt stories and reflections.



Figure series 21: Thozama (top left), Noloyiso Balintulo (top right), Victoria Ndyaluvana (bottom left), and Thobani (bottom right) all signing their newly printed Body Maps. The prints in the CCAC all remain editioned 1/90.

One work, by Bulelwa Nokwe, could ultimately not be signed by the artist in time, so it was agreed to add the signature to the back of the work and to make it visible through a special window on the back of the frame. Bulelwa's signature was painstakingly removed from the damaged print by Thina at the Constitutional

Court using a specialised iron and her learning gained at DK Conservators. Emma Prior, who formed part of the CCAC youth development programme⁸, then went over the signature with pencil lead to restore some of its clarity that had been lost in the removal process.

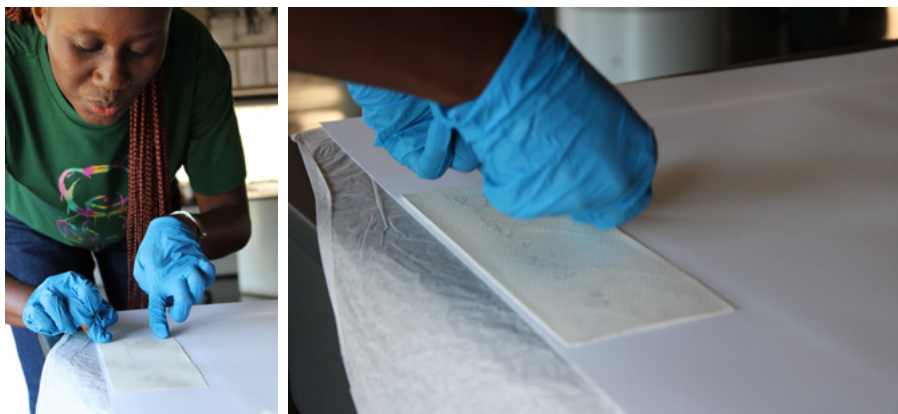


Figure series 22: Nomusa Mbata, also part of the CCAC Youth Development Programme, added the removed signature to the newly printed Body Map using wheat starch (a conservation suited glue solution), guided by Thina Miya's memo derived from her internship at DK Conservators.

CONSERVATION FRAMING

The restored and reprinted artworks are now protected behind glass, and framed according to museum standards. The framing was completed in November 2023, and the port-

folio is once again fit for public display in the Constitutional Court for many years to come, as moving testament to the constitutional right of access to healthcare in South Africa.

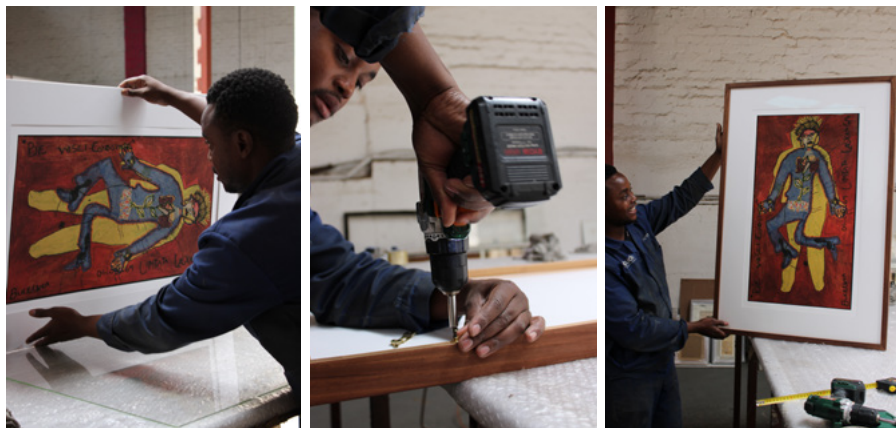


Figure series 23: Themba Moshe Chauke from The Art Room at work framing Bulelwa's Body Map at their workshop in Industria, Johannesburg, in November 2023. The works will further benefit from conservation appropriate storage and display conditions at the Constitutional Court that were implemented between 2018 - 2021.

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Figure 24: The Body Maps on display in the public art gallery of the Constitutional Court after restoration and framing in 2023, paired with a life-sized reproduction of Nondumiso Hlwele's Body Map

ACKNOWLEDGEMENTS

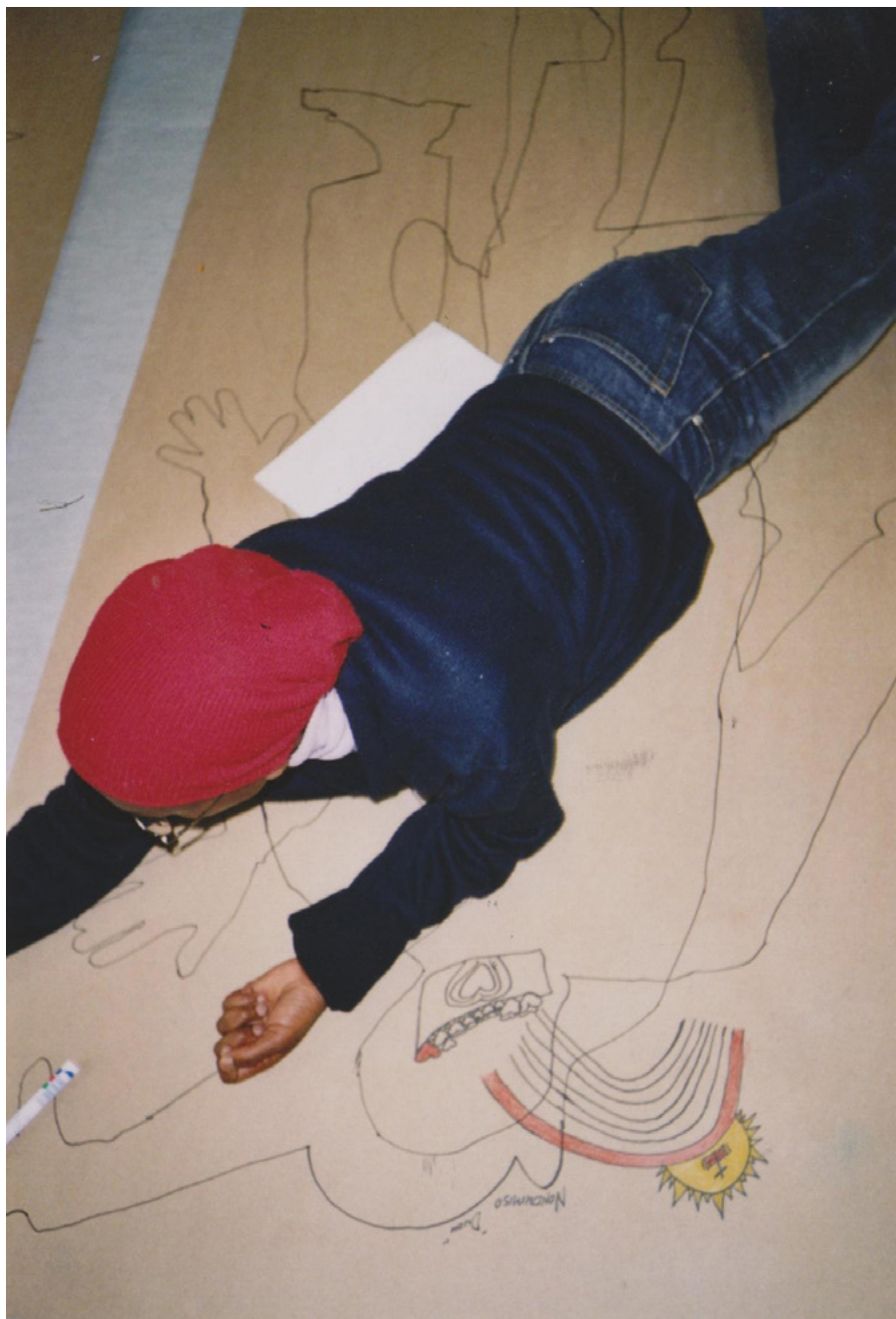
Photographs: Buntu Makhedama, DK Conservators, Gideon Mendel, Jane Solomon, Nomusa Mbatha and Thina Miya.

Interviewees: Bongiwe Mba, Gideon Mendel, Jane Solomon, Thobani Ncapayi, Thozama Mkhosi, Noloyiso Balintu, Nondumiso Hlwele and Victoria Ndyaluvana.

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