

**Religious memory and healing:  
the oral historian as a healer in three South African contexts**

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*Abstract*

In this article the oral historian as a co-constructor of stories is explored, and the oral construction of stories towards healing is described in three South African contexts. The first of these roles to be described is the oral historian as a therapist who triggers memories of agency when co-constructing histories of trauma. The second role is that of a pastor, with the oral historian respectfully dealing with religious remembrance as the communal formation of contra-culture amidst past and present government policies and societal structures. Thirdly, the oral historian takes on the role of a public-opinion maker, discovering the unifying symbols of healing in a community and placing them, as a co-constructor, in the public sphere. Co-construction, then, is seen not as a process of naively collecting stories, but as a powerfully disciplining enterprise for all parties involved when stories are composed within real and imagined relationships, discomposed by removing masks, and finally recomposed towards healing and closure.

**Introduction: a story at the beginning of the journey**

South Africa, with its largely untold history, is a laboratory for the oral historian. South Africa also offers exciting contexts for the researcher of religion to explore. However, doing oral religion research in a country that is still recovering from decades of political and social trauma is not a simple undertaking, and requires the oral historian to assume a variety of engaged roles in relation to his or her research population, as is revealed by the following story.

I am a researcher at the Research Institute for Theology and Religion at the University of South Africa, which is probably the largest university in the southern hemisphere. The University requires that all research include community engagement.

About eight years ago I was involved in a project of the Institute to orally research the histories of Christianity and Islam in Atteridgeville, a

township of Tshwane. Tshwane is the indigenous name for Pretoria, capital of South Africa. As a township, Atteridgeville came into being as a result of the notorious Group Areas Act of 1950, by which people were segregated according to race. Eight years ago, more than half a million people were living in Atteridgeville in formal and informal settlements. In the township there were one mosque and about 150 Christian churches, the majority of which belonged to the African Independent Churches.

The aim of the research was not simply to find out when a church had called its first pastor or when its ablution block had been erected, but rather to map the journey travelled by believers with their church or mosque - that is, to invite interviewees to tell the stories of the healing and/or traumatic roads travelled with their faith. One of the questions, then, was, "How did your church/mosque accompany you through a crisis in the past?"

One day I interviewed a woman from the Presbyterian Church. She allowed me to retell her story under the name of "Mary". Mary was in her fifties and confined to a wheelchair. She told me that, as a young woman, she had been a nurse at Kalafong, the state hospital in Atteridgeville. Those were the days of apartheid, and from time to time the black youth of the township were involved in uprisings. Armed white military troops would be called in, and would shoot the protesters. Nurses were not allowed to attend to the wounded until the white commander had issued the order.

On a particularly bloody day in the township, Mary started attending to the wounded before ordered to do so, knowing full well what the consequences would be. Later that day, while she was sitting outside her house on an upturned bucket, reading her Bible until the army vehicles, the Caspirs, came to fetch her, as she knew they would. She was taken to the police station where she was held in a room the floor of which was covered with water, and electric currents were sent through her vagina. From then on she had been confined to a wheelchair, and had been unable to have children.

At that point in her account Mary became retraumatised. She began to weep, and was on the verge of collapse. Overcome with anguish, she cried, "Why is God punishing me like this? The sangoma [traditional healer] has placed a curse on me!"

At that point I had to hurry to my appointment with the next interviewee, who was already waiting for me. I moved on, leaving the traumatised and crying woman behind.

Since then I have been vigorously trying to rectify this mistake. Surely, oral history research is not innocent in nature. One does not heal somebody simply by retrieving his or her story. One does not engage in the community simply by publishing individual experiences. Oral history research involves more skills than just those relating to interviewing techniques. It involves pastoring, counselling and informing the public.

I am writing this article to find answers to three sets of questions of “universal” relevance to oral historians - questions that Mary and her courageous participation in my interview inspired me to consider. The first set of questions relates to methodology: How does the oral historian retrieve religious memory without retraumatising the interviewee? And if the interviewee is retraumatised, what therapeutic skills does the oral historian need in order to stabilise the interviewee and set him or her on the road to healing? The second set of questions relates to religious well-being: How can retrieving religious memory lead to healing? In other words, what are the “pastoring” skills needed by the oral historian to reconstruct a bleeding past? The final set of questions relates to both research and public interest: How do concepts of illness/misfortune and healing become symbols of religious remembrance for people living on the interface between indigenous and modern worlds? And what is the responsibility of the oral historian in making public both the content and the limitations of such symbols to the benefit of the community?

### **Aims**

The aim of this article, then, is threefold.

First, it is to describe methods used in three South African contexts to retrieve religious memory in a “therapeutical” manner. This presupposes that the oral historian will deal with the emotional heritage of the interviewees in a skilful and respectful manner.

Secondly, it is to reflect on the relationship between religious memory and healing in a “pastoral” manner. This presupposes that the oral historian will deal with the religious views and needs of the interviewees in a skilful and respectful manner, even when, and especially when, religious remembrance forms a contra-culture to past and existing governmental and societal structures.

Thirdly, it is to explore the development of symbols related to religious identity in communities, and the role of the oral historian in making public these symbols in a healing way.

In short, the article profiles the oral historian as a healer in the three-fold role of therapist, “pastor” and public-opinion former. The oral historian, then, as a co-creator of stories, does not retrieve stories in an innocent manner, but co-tells stories in order to heal, to influence government and society, and to develop disadvantaged and vulnerable communities.

### **Inviting more voices on the journey**

Is it in fact necessary for an oral historian to retrieve religious memories? Powers (2001:1) identifies the causal link between political deeds and reli-

gious remembrance, stating that “religions of various kinds also continue to provide resources for all manner of political action”. He also indicates the influence of religious memories on present social behaviour: “[T]he counter-cultural movements of the sixties bore all the characteristics of American revivalism even if they were not specifically Christian” (Powers 2001:5).

Having thus, albeit briefly, been directed to the importance of retrieving religious memories as sources for political and social orientation, the oral historian needs to be reminded, as before, that religious remembrance is not purely neutral in nature. Religious memories sacralise the political and social acts of interest groups. Rohdewald (2008:287), in his work on nationalism and religious memory among Slavs, provides us with an example of the sacralising power of religious remembrance, observing that “[o]ne can distinguish more or less clearly a secularization of the saints in the 19<sup>th</sup> century, within the context of historicism and nationalism; while during the 1930s and World War II they served the sacralisation of nationalism”.

In deference to their wisdom, this article also invites a number of authors on the subject of religious memory to accompany the oral historian on his or her journey as a therapist, “pastor” and public-opinion former.

The oral historian as a therapist has to deal with retraumatisation while retrieving religious memory. As a therapist the oral historian would therefore benefit from the company of Flora Keshgegian, who in her book *Redeeming memories* refers to religious memory as the experience of being trapped in prescribed ways of existence. However, in this work Keshgegian also “redeems” religious remembrance as an alternative to both non-being and ill-being (2000:17, 29), stating that “[m]emory exists as both problem and resource for identity, witness, and transformation ... Such remembrance also includes the retrieval of alternative narratives and the practice of cultural traditions as ways to defy erasure. These bear witness to the resilience and persistence of the human spirit.” It is this dual action of retrieving traumatic memories and simultaneously offering the alternative of rescoping memory as healing that the oral historian aims for.

The oral historian is present in the interviewing act as a *pastor memoriarum*. Consideration of the ability of religious memory to heal the present and the role of the historian in this process of healing brings to mind the work of Peter Powers (1995:95). Powers’s ideas on healing through memory allow him to describe Cynthia Ozick’s work as “a creative appropriation of the past”. Powers’s view that the past can be invented to heal the present, expounded in an essay entitled “Disruptive memories: Cynthia Ozick, assimilation, and the invented past” dates back 15 years, yet that author remains good company for the oral historian on his or her non-innocent journey with religious memory towards the repositioning of the present.

When researching indigenous and religious memories as symbolised in communal concepts of healing, Jan Assmann is to be invited along. In his book *Religion and cultural memory*, Assmann describes how the remembering of specific indigenous/religious concepts allows them to become symbols that bind people together in a healthy way: “The simultaneously collective and ‘connective’ bonding nature of memory is expressed with particular clarity in the English-language words *re-membering* and *re-collecting*, which evoke the idea of putting ‘members’ back together and ‘re-collecting’ things that have been dispersed” (Assmann 2006:11). In this Janet Jacobs, too, is to be followed in academically executing what is suggested here for the oral historian. Jacobs (2008:485) uses field visits to examine the construction of religious memory in the commemoration of Crystal Night in contemporary German society, exploring “the way in which violence against the synagogue has become the symbol of Jewish genocide in German Holocaust remembrance”. In the same way, the oral historian researches the symbols constructed communally by the remembrance of people, such as the religious interpretations of the causes of illness and health.

Finally, I salute Belinda Bozzoli (1998:148), who identifies her study entitled “Interviewing the women of Phokeng” as one that “has not pretended that these life stories were obtained through the sterile means of removing the interviewer as far as possible from any involvement in the interaction, and turning her into the ‘absent’ listener”. It is to the roles of the involved, present oral historian that I now turn.

### **The oral historian as a healer**

#### *Therapist in an emotionally violent township*

The first role of involvement to be discussed here is that of the oral historian as a therapist. If religious remembering retraumatises, the oral historian needs to muster his or her skills to deal with the emotional heritage of the interviewee in a therapeutical and respectful manner.

What method should the oral historian employ to keep the interviewee from remaining stuck in traumatic memories, to assist the interviewee in recovering from retraumatisation, and to explore alternative stories that will lead to healing?

From the following story of three women interviewed in the township of Atteridgeville for the project mentioned in the introduction to this article a few methodological deductions will be made (adapted from Landman 2009b:23).

Makhokoloso, Motle and Pula were three black South African women interviewed on the subject of their memories relating to their journey with their churches. They were of Swazi, Sotho and Tswana descent respectively,

two of them belonging to a born-again church, and the other to a mainline church.

Makhokoloso belonged to the Conquerors Ministry, an independent, “born-again” church. After telling the story of her joining this church and worshipping there, she came to the most recent trauma in her life, the death of her husband in a motorcar accident. Makhokoloso believed that her husband’s death was the result of a curse placed on him and her by a sangoma (traditional healer). Her husband had been of Swazi royal descent, which allowed him to marry four wives, but he had chosen to marry Makhokoloso only. She believed that that was why other women had had a curse placed on him and her, and why her husband had died. She also believed that that was why men were now not interested in her, and were afraid of her. Makhokoloso became retraumatized while remembering her trauma and began to weep. Her church, she sobbed, would not understand her fears because it did not sanction belief in traditional cursing.

Motle, who had not met Makhokoloso before, was now rubbing the crying woman’s back while telling her own story. Motle had lost her sexual desire, causing her husband to leave her. Motle believed that her husband’s girlfriend had cast a spell on her through a sangoma. She identified snakes found in her yard and also animal faeces found on her property as proof of this. At night she woke up with a wetness in her lap, and once with razor blades between her breasts. Motle belonged to the Universal Church. Here she was told that she could drive out this demon by praying and fasting for seven days. At that stage of her account Motle became overwrought, crying out that driving out the demon did not help. The trauma of remembering both the rejection by her husband and the exorcism by the church brought Motle to her feet. She was about to leave the interview situation, but in turn was consoled by Makhokoloso.

Pula was a divorcée. Her boyfriend came and went, each time leaving for an undetermined period, causing Pula enormous emotional stress. The other two women immediately advised Pula that her situation was attributable to a sangoma’s spell, which made Pula feel utterly helpless. In order to break this spell, she needed the services of another sangoma, but did not have the money to pay for it. Also, the church to which she belonged, the Uniting Reformed Church, did not sanction belief in the power of curses.

As an oral historian, I did not undermine the interviewees’ belief in the sangoma’s curse. Rather, I “externalised” the trauma - that is, helped them not to internalise the curses causing the trauma, but rather presented the curses and the fear they caused as something outside the interviewee that could be overcome. Together we re-mapped their histories and highlighted instances where, in the past, they had been able to withstand the sangoma’s curse. We started off by examining the “indigenous” ways in which they had spontaneously defended themselves against the curses, such as sleeping with

the Bible, praying, and diverting their thoughts away from the “devil”. The aforementioned may seem like small steps of resistance, but became building blocks for alternative histories of women who liberated themselves from the curses of society by providing alternative life stories (Landman 2009b:23).

From the above it can be deduced that in order for the oral historian to deal with retraumatisation, a basic method in two steps – that of externalisation and empowerment – may be followed. The first step is to externalise the trauma, for example by asking questions such as, “Have there been other times when fear threatened to take over your life? How did you deal with those situations?” “Earlier you told us about how a certain incident made you angry and sad. How did you manage to lessen the anger and sadness in your life?” These are historical questions, but are also therapeutic in nature. They explore the indigenous knowledge and skills of the interviewee for overcoming trauma, and give both the interviewer and the interviewee more complete historical facts about the latter’s life. The second step is to empower the interviewee against the trauma that is now externalised and outside him or her. This is done by moving towards the interviewee’s alternative story – by retrieving alternative memories that are healing and empowering. Questions asked here are ones inviting strong and healing memories to take their rightful place in the story of the interviewee’s life.

#### *Pastor in a restless congregation*

Can religious remembering indeed lead to healing? And does the oral historian need the skills of a pastor to conduct such healing interviews? If so, what are these “pastoring” skills?

While the word “pastor” here refers to the oral historian as somebody who in a respectful manner deals with the religious experiences of interviewees, I wish to tell the story of my own congregation as an example of the pastoring skills that may be put to use in oral history interviews.

At the time of writing I am a full-time professor of theology at the University of South Africa, and also a part-time pastor in the Uniting Reformed Church of Southern Africa in a township congregation in Mpumalanga, one of South Africa’s eastern provinces. In this township, as in many others, there are service-delivery uprisings by the youth, who feel that the city councillors have not kept their promises with regard to the provision of housing. The congregation, then, consists of youth who are shot during uprisings, members of the police service who are ordered to shoot, city councillors who are suspected of allocating government housing in a corrupt manner, and those who are suspected of giving the youth liquor and inciting them against the present councillors because they wish to take their place in the next city-council elections. The pastors of the township were summoned

by the political party in power and were told to preach to the people not to participate in uprisings.

These matters, then, had to be dealt with on a pastoral level in the congregation. First, there had to be clarity, on both a theoretical and a practical level, on whether it was the church's business to advise its members on political action, and whether or not the pastor visiting those who had been shot was taking sides in the conflict. Secondly, the issue of political involvement and taking sides had to be dealt with, and at the same time measures had to be introduced to encourage the healing of the congregation and the society in which it is contextualised. The pastor and the congregants therefore began a process of retrieving the religious memories indigenous to this congregation. By retrieving memories, both of the ways in which in the past this church had contributed to changing the political face of South Africa by practising resistance theology, and of congregants expressing spiritual unity through religious rituals, the congregation started to move towards healing.

What can the oral historian gain in methodological insight from his or her pastoring involvement with interviewees? In a pre-study for an oral history project involving this township and others to explore reasons why the youth engage in risky behaviour, the following insights proved to be of value:

- The oral historian must be sensitive to the religious world-view in which interviews take place. An interview with a person whose religious world-view extends to all spheres of his or her life will differ from an interview with a secular person. The oral historian does not have to know about this religious world-view beforehand, but has to ask respectful questions in order to discover it, such as, "Do you view what happened to you as punishment or guidance from God, or do you not see God's hand in it?"
- Young people value remembering differently than do older people, but group interviews involving both younger and older people can be directed towards a learning and healing process for all, including the oral historian – a process that may be beneficial for retrieving historical "facts".
- Religious memory is not retrieved through individual and group interviewing only. It can also be retrieved through the indigenous ways in which religious people themselves healed dividing memories in the past, such as through liturgy and ritual.
- Religious memories, because of pretending to work with "the truth", are fragile, explosive, and divisionary in nature. However, if dealt with by the oral historian in a respectful and skilful manner, they may become healing memories as well as rich sources of history.

*Public-opinion former among migrant farm workers*

The oral historian does not create symbols of communal remembrance in a community, but as a responsible researcher can discover them. In, with the permission of the research population, making public these symbols, the oral historian influences public policy to the benefit of the community.

Towards South Africa's eastern border with Mozambique lies the village of Hoedspruit and its surrounding fruit farms. In 2008 I conducted an oral history research project on the evolving of religious identity among workers living in "compounds" on those farms (see Landman 2009a). In all, 210 workers were interviewed. They were migrants from other parts of South Africa and surrounding countries, and were functionally illiterate. All of these workers were engaged in sexual relationships in the compounds while having families and homes elsewhere, with children born of 85% of these relationships on the farms.

The religious identity of the farm workers was overshadowed by their need for healing. The 210 workers interviewed belonged to 58 different churches, most of which offered some form of healing. Two-thirds of the interviewees had changed their church affiliation during the preceding five years, and two-thirds of them during the preceding *two* years – the movement being away from mainline churches to "healing churches". The following gives a brief overview of how the workers found healing in the churches in the compounds, where they are not reached by any other governmental structure, such as the Department of Welfare (Landman 2008:198):

Many of the illnesses from which farm workers believed themselves to have been cured were described in general terms such as: "I could not walk", "there was a fever burning in my body" (I had a high temperature), "I had no power" (I felt weak), "my head was hot" (I had a headache), "my eye was dark" (I could not see), "my nose was bleeding", "my body was sore for a week". Also, farm workers turned to the church for healing if experiencing dizziness, a recurring headache, a stomach ache, a rash or other skin disease, a sore throat, an eye infection, or an unexplained nosebleed. The aforementioned were often described as symptoms of bewitchment.

Farm workers also claimed to have been cured from cancer, tonsillitis, bladder infection, asthma, sugar diabetes, and stroke, and conditions such as barrenness and miscarriages.

The church also cures anger and fear, as well as stress, depression and unpopularity.

However, farm workers – with a few exceptions – do not approach the church to be cured from STDs, HIV and AIDS, although a prevalence study conducted by the University of the Witwatersrand among 1 500 voluntarily-participating farm workers in the Hoedspruit region in January 2008 indicated that 28,8% of the workers were HIV positive. Also, women do not

tell their pastors about injuries sustained as a result of domestic violence. More than a third of the female farm workers reported being physically abused in their intimate relationships, but none reported having approached the church for healing in that respect.

This is a brief abstract from the research findings that eventually pointed to the formation of a communal religious identity among the farm workers based on their need for spiritual healing where clinics and hospitals were all but absent. This symbolic identity – a communal religious identity formed in spite of a variety of churches involved – was discovered by the oral historian in the process of researching religious identity in poor and marginalised communities. However, the discovery of this symbol is not made purely for its own sake – or rather, the oral historian cannot deny his or her own involvement in the outcome of the discovery of communal symbols. In this instance, the oral historian has an obligation to report both the content of this symbol – that is, the embracing of religious healing by a community where no other structure for healing is present but the churches – and the limitations of this symbol – that is, the fact that HIV-positive believers and abused women dare not report to the church for healing because of issues of honour and shame. The oral historian also cannot restrict this information on the content and limitations of communal symbols to research reports, but has a duty to influence both government and ecclesiastical policies by assisting the community to make public these findings (see Landman 2010).

### **Conclusion**

In this article, the roles of the oral historian additional to those of a researcher were explored in three South African contexts. First, methods of externalising the trauma and empowering the interviewee against the effects of trauma on his or her life were described as therapeutic skills to be applied by the oral historian when dealing with retraumatisation during an interview. Interviews conducted in the turbulent township of Atteridgeville (Pretoria/Tshwane) were presented as examples.

Secondly, healing as a “pastoring” skill, allowing the oral historian to deal with present trauma in religious communities, was discussed. This skill facilitates the retrieving of memories of unity and communal resistance through rituals, liturgies and group interviewing. Processes in this regard in a Mpumalanga congregation were offered as examples.

Thirdly, the role of the oral historian as a public-opinion maker was discussed. Skills, obligations and methods to make research results accessible within the broader public domain were explored. As an example, the formation of communal symbols relating to religious identities within the marginalised community of farm workers in Hoedspruit in eastern South Africa was presented. The public role of the oral historian encompasses both his or

her role as a presenter of the empowering and healing aspects of communal symbols, and the exposure of their limitations.

Ultimately, the article describes and liberates the oral historian as a co-constructor of stories that lead to healing, as a therapist empowering interviewees towards agency in traumatic circumstances, and as a public-opinion maker discovering the unifying symbols of communities.

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