

The (de)construction of religious identity in oral history research in South Africa

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Introduction

Religious identity links a person to his or her religious beliefs or affiliations. However, in a secularised world, religious identity no longer takes the lead in constructing a person's life. It takes its place among other identities of age, class, (dis)ability, ethnicity, gender, race, sexuality, indigeneity, locality and size (Hopkins 2010:8–9).

Religious identity, like all other identities, is constructed by social discourses. Oral history is not blameless in this regard, supporting social construction by affirming people's life stories. However, oral history research in South Africa is well placed to play another role, that of constructing contra-cultures and deconstructing the discourses that keep interviewees captive in the dominant discourses of ageism, sexism, racism and oppression.

Apart from deconstructing identities of failure and captivity and reconstructing them as healthy religious identities, some oral history research in South Africa also strives to heal memories with religious identity as dialogic space and intertext. In this role, oral history research is not uncontested locally. In 2008, Sean Field, Director of the Centre for Popular Memory at the University of Cape Town, South Africa, rejected the need of the interviewer to have counselling skills in an article entitled "What can I do when the interviewee cries?" (Field 2008:15). The aim of oral history interviewing, according to Field, is to gather information, and not to heal. In a later article, "Disappointed remains", he (Field 2011:149) repeats his position that "oral historians generally do not – and should not – have healing or therapeutic aims", since oral history research is defined by research and not by the political aim of reconstructing a happy nation. Philippe Denis from the Sinomlando Centre for Oral History and Memory Work at the University of KwaZulu-Natal, South Africa, deviates from this position in his latest book, *A journey towards healing* (2011) in which the stories of people in KwaZulu-Natal "with multiple woundedness" are told and it demonstrates how their stories were deconstructed in an oral history process towards healing. In the introductory chapter, Denis (2011:14) argues for "story-based interventions" as a means towards the healing of trauma and traumatic memories.

This author views counselling skills as a prerequisite for oral history interviewing in the light of the retraumatisation that occurs when interviewees relate traumatic experiences of the past. However, in terms of social construction theory, healing ultimately lies in the deconstruction of the harmful discourses that keep society captive in the name of religion, and in the reconstruction of healthy religious discourses that are based on human dignity.

Consequently, this paper describes seven oral history projects recently conducted in South Africa in which the deconstruction of harmful religious discourses and the construction of preferred life stories took place, and in which the aim of healing "trauma" – used here in the broad sense of ongoing deprivation and inhumanity – is presupposed. Not on purpose but incidentally, the oral history projects presented here were conducted in predominantly Christian communities. All the projects described here were conducted by the author as research professor at the Research Institute for Theology and Religion at the University of South Africa. The only exception is the memory box project of the Sinomlanda Centre at the University of KwaZulu-Natal (subsection 4).

Religion as a health asset

During the second half of 2010, a project was launched in Dullstroom-Emnotweni in Mpumalanga, the most north-eastern province of South Africa. Interviews were conducted by me with 60 young people in Sakhelwe, the traditionally black suburb ("township") of Dullstroom-Emnotweni.

The aim of the interviews was to determine what unemployed and poor young people expected from their churches in a context where there is nothing but a church, with no social workers, nurses, or doctors in the township – and also no computers. However, this was not the only reason for the research. The aim was also to move away from describing religion as the problem discourse, to viewing religion as an asset to society. Being an asset to society, religion becomes a space in which the youth can move towards fulfilling their needs. The results of this research, then, which made use of oral history methodology, were presented at a meeting of the Society for Practical Theology in South Africa under the title of "Co-creating space with township youth" (Landman 2011).

The method of investigation was that of oral history, with the youth first being invited to talk about their journeys with the church. The young people were hesitant to give honest answers in this regard, but several stories of them having experienced the church as irrelevant to their needs and contexts ensued. They perceived the church as dictatorial to their private lives, not understanding that they were not always free to be moral in terms of the church's demands. Thus, during this first part of the interviews, the faces of religion as a problem discourse were revealed. During the interviews, the research population of 60 township youths was introduced to the concept of the church being an asset to society, which seemed to come as a surprise to them. They were used to a church that made financial demands and looked over one's shoulder for moral indiscretions.

For the second part of the interviews, the philosophy driving the research was that of the African Religious Health Assets Programme (www.arhap.uct.ac.za) from the University of Cape Town. Religious Health Assets in this programme are regarded as "locally embedded religious images, values, practices, people and organizations that might issue in action to heal and produce through local and translocal agency" (as defined by ARHAP). As beliefs, practices and places, Religious Health Assets (RHAs) can therefore be both tangible and intangible. Examples of tangible RHAs are care groups, FBO (Faith Based Organisations), religious hospitals and clinics, as well as congregational programmes and events. Intangible RHAs include the motivational capacity of religious faith, symbolism, hope and trust (Schmid, Cochrane & Olivier 2010:137–152).

The interviewees, taken randomly from the street, were evenly spread in terms of age between 15 and 35, with a majority (33%) between 20 and 25 years of age. A minority (38%) of them were male, which there was a female majority of 62%. All of them belonged to a church; a majority (82%) were mainstream, while the rest worshipped in an African Independent Church. What was most significant about them in terms of this research was that approximately half of them have finished school (Grade 12), but none of them had received tertiary education. Fifty of those interviewed (83%) were unemployed, and have indeed never been employed since leaving school. The 10 that were employed had jobs with an income of between R900 and R3 000 per month (\$100–\$330).

It is therefore not a surprise that, when they identified their needs, it was in terms of opportunities for post-school training, with a focus both on academic and skills training. Secondly, the impoverished youth asked for business opportunities. Thirdly, they asked that the church teach them HIV counselling and home visitation skills. Again, this is not surprising in a community in which the HIV infection rate is estimated to be between 50% and 70%.

In summary, during oral history interviews with young people from Sakhelwe who were poor and unemployed, the history of religion as a problem discourse was deconstructed, with religion being rescoped as a health asset. Whether the churches, themselves impoverished and understaffed, can comply with the demands of a reconstructed discourse is another question. However, the construction of churches as health assets opens an important door to the healing of a poor community who, at the time, was without hope.

From histories of blame to salvation histories

During 2009, oral history research was undertaken in a congregation of the Uniting Reformed Church in Southern Africa (URCSA). The congregation of Middelburg Nazareth, a suburb of the town of Middelburg, in Mpumalanga (north-eastern South Africa) consists of mainly coloured people, and was established in 1972 as a result of the Group Areas Act (No. 41 of 1950), which had people forcefully removed to peri-urban areas on the basis of their skin colour.

The aim of oral history interviews with congregants of Nazareth was to produce a book of histories for the 40th anniversary of the congregation in 2012. The oldest surviving members of the congregation were interviewed, as were several young members. There was an interview with Rev Vincent Cloete, a previous minister, as well as with the present one, Prof Nico Botha. Historical facts were substantiated and expanded with information from the cemetery and church council minutes. Many photographs of high historical value were also retrieved from congregants. The focus of the interviews, however, was not on dates of comings and goings and events, but on the value of the journeys travelled by congregants with the church.

When this project started, the congregation and the interviewer agreed, at a congregational meeting, that one of the main aims of the research would be to establish a renewed and unique religious identity. However, the congregation could not agree on its history. During a feedback meeting, some of the congregants were dissatisfied with information revealed by others. As a result, the history of the congregation has not been published yet. The interviewer is still negotiating with the congregation on what type of historical account builds identity, and more specifically religious identity. Will exposing skeletons and hidden agendas achieve the religious identity they long for? Or can the congregation agree on their history as a salvation history? And what is a salvation history, if not one of exclusion and covering up? A salvation history, one that builds religious identity, would be inclusive of all role players in a congregation as vulnerable people who in some way or another contributed to the history of people who have been living in a religious relationship with one another.

This disagreement means that the interviewer will change from innocent, fact-finding questions, to relative influence questions. Some of the ministers in this congregation were very strict, hanging on to old laws. Rev Cloete, for instance, forbade congregants to kick a ball on Sundays. Many of the interviewees expressed a feeling of safety in the light of such laws. Other ministers introduced new practices, such as Rev DF Jacobs who ordered coffins to be placed at the back of the church during a funeral and not in front, much to the disgust of many congregants. The minister whose ties have been severed by the congregation, is seen by some as not having “minister’s manners” and by others as a “people’s person”.

What then, are the relative influence questions that will shift this information towards forming a salvation history and an inclusive religious identity without making the interviewee feel guilty about his or her preferences? These would be questions such as “What would a minister that would be to everybody in the congregation’s liking be like? “What were your expectations of the minister when you called him?” “What happened to spoil these expectations for you?” These questions will assist the interviewee in externalising the problem of expectations about and acceptance of a minister. This, too, will empower the interviewee to rise against the problem – together with other congregants, even those of a different opinion – in order to protect the identity of the congregation.

Changing the focus of the congregation’s religious identity from “Unheilsgeschichte” to “Heilsgeschichte”, that is, from a history of blame to a salvation history, then, may lead to the healing of the congregational memories.

Religious identity: from post-colonial to post-development

In the first subsection of this paper, it was argued that deconstructing religious discourses that spiritualise churches and re-scoping churches as religious health assets can lead to health and healing. In a sense, this reconstructed discourse can be referred to as churches assuming a post-colonial identity. Religious identity that is built in religious communities on the presupposition that religion is a participant in development and that a religious community is an asset to society, does indeed represent a shift from colonialist to post-colonial identification. As was said in subsection 1, in many townships in South Africa, as well as in rural areas, there are – in the absence of nurses, hospitals, clinics, doctors, social workers, efficient local government and the like – no other assets but religious institutions that can contribute to post-colonial development. This, in turn, validates churches’ post-colonial identities.

However, strong criticism has been lodged in recent years against post-colonial perspectives on development. These *post-development discourses*, in criticism of *post-colonial identities*, find development to be favouring technology above ecology, enhancing consumerism and used in the interest of the Western ideals. Post-development discourse favours locality and anti-capitalism. In addition, it favours social movements above centralised government.

Post-development discourses have not as yet been expressed with reference to religious institutions, but religious institutions may take note of post-developmental concerns that the world cannot afford everybody enjoying a middle-class existence and that such expectations should not be raised in communities. How can this message be conveyed by oral history research in order to lead communities to healing that does not result in neo-consumerism and damage to the ecology?

During December 2012 and January 2013, 42 interviews were held with young people in the four townships of the eMakhazeni local municipality in the north-eastern province of Mpumalanga. These townships are Sakhelwe in Dullstroom-Emnotweni, Emthonyeni (in Machadodorp), Siyathuthuka (in Belfast) and eMgwenya (in Waterval Boven). The aim was to listen to the stories of religious young people about their journeys regarding service delivery protests, and to advise churches on a “post-development stance” towards these protests.

While the oral history research described in subsection 1 can in a way be called “post-colonial” in presenting the churches as religious health assets that can assist in the needs of the youth, the latter project was “post-development” in its aim towards healing a society within the challenges of a world dying because of consumerism and damage to nature.

The research population consisted of young people who have participated previously (and recently) in service delivery protests and were also active in the youth ministries of their churches. They fell within the 18 to 32-year-old age bracket, with a majority (30 out of 42) between the age of 18 and 26. Half were male and half were female. More than half of them (23) did not only have a matric qualification, but were studying at tertiary institutions. Because the interviews were held during the holidays, the interviewees included students from a variety of national – and international – universities who were home for Christmas. The group described in subsection 1 had no access to tertiary education, were mainly unemployed with their needs centring around skills training and HIV counselling. The group presently under discussion was also unemployed but many of them were engaged in training. Their main needs – and the reason for them participating in service delivery protests – were jobs and housing.

The key question during the interviews was how the young church people – all of whom have participated in service delivery protests – saw the church's role and participation in these protests. On the one hand, the research alerted them to the fact that the church could play a mediating role between them and the municipality, as well as a supporting and even a providing role in obtaining what they needed. Most of the interviewees then also indicated that they wanted to see the church in those roles. They needed all the help they could get, and if help would come from the church, they had no problem with the church's participation in these protests in whatever way possible.

On the other hand, then, these results lead to questions on what sound ministerial practices vis-à-vis service delivery challenges would be if demands from the youth became “unrealistic” in terms of consumerism and damage to the environment.

The project advises churches – albeit at the moment only in an academic setting (Landman 2013) – to answer the following questions in order to engage in ministerial practices that would place churches within the ideals of a post-development identity. One: does the church look at the outcomes of service delivery protests in a non-reductionist way? Are the outcomes purely material or can there be benefits for the environment? Two: will the ministerial practice of the church be able to establish a multi-dimensional contra-culture? Will this culture oppose both consumerism and poverty that is disempowering? What are the models for envisioning a multi-dimensional contra-culture? Will it be a participatory post-development and is it possible? Will it be a servanthood leadership model that revitalises the community without turning into a demands model? Three: is the church exploring the dialogical spaces between binaries, or does it polarise? What are the positions between poverty and consumerism, between voiceless, job seeking youth and existing structures of power and exclusion, between agency and victimhood, between the church's political and prophetic roles? Four: with whom is the church partnering? Are they partnering with businesses that have (post)-developmental policies? Are they partnering with ecologically friendly donors? Can the church create a community of care for both the youth and the environment?

Religious identity presupposed: from victim to actor

Brief reference will be made here to oral history research done by Philippe Denis and the Sinomlando Centre that was published in a book *Never too small to remember: Memory work and resilience in a time of AIDS* (2005). The oral history process entails assisting AIDS orphans in making memory boxes in which they place photographs and other significant items to remember their deceased parents and earlier life as part of a family.

This oral history process is accompanied by incentives to strengthen the resilience of children by constructing identity through memory. Religious identity is thus constructed not by stories of failure and abandonment, but by stories of resilience in the face of loss. Children develop resilience when theirs are not the stories of victims of social isolation and, therefore, social injustice, but as stories of survivors, and actors in their own life stories.

How does this bear on the construction of religious identity? The contra-culture of resilience and agency constructed by Denis through memory boxing presupposes a religious context. It uses religion as an intertext and is done from the Sinomlando Centre that is situated in the School of Religion and Theology at the University of KwaZulu-Natal. There is no concerted effort through the project to encourage religious identification among the participating children. Priests and ministers are trained and used as facilitators in the project, among other professionals such as social workers and nurses. This blends in with the rationale behind all the projects described here; that views religious identity as one of a variety of coexisting, non-competing identities in a person, and religious institutions as spaces of healing among other spaces such as clinics and NGOs.

From moral identity to healing identities

A seven-year project was conducted in Atteridgeville, a township of Pretoria/Tshwane, from 2000 to 2007 in which oral history interviews were conducted with the leaders of 102 churches on their healing practices, and with 1 000 patients reporting for counselling at Kalafong, the local state hospital. The process, stories ensuing and results of this project are presented in the book “Township spiritualities and counseling” (Landman 2008).

The first category of church leaders interviewed, were those leading the “mission churches” established in Atteridgeville during in the 1940s and 1950s. These are churches such as the Roman Catholic, Anglican, Baptist, Dutch Reformed (Uniting Reformed), Methodist, Presbyterian and Lutheran churches, as well as the African Methodist Episcopal, Congregational and other churches. The leadership of these, and all other churches in Atteridgeville, are in the hands of local black people. According to these churches, illness and misfortune are caused by personal sin (that is, immoral behaviour and non-commitment), by original sin (that is, illness is a natural part of life), or Satan, who makes you do immoral things. Healing is effected through supernatural means after the sinner has prayed and believed, as well as through Biblical counselling and moral regeneration.

The sinner's participation in his/her healing, then, is through prayer, belief and mending his/her ways (Landman 2008:14–15).

The second group of church leaders interviewed were leading the churches that broke away from the mission churches and were well established by the 1960s. They are churches such as the African Catholic Church and the Lutheran Bapedi Church. They too saw illness and misfortune as caused by personal sin (that is, unclean lives). The role of the priest/pastor in healing is prominent here with healing effected through the laying on of hands, anointing and prayer. The sinner participates in his/her healing by believing (Landman 2008:17–18).

Thirdly, the Classical Pentecostal churches and their leaders were interviewed. These are churches, previously known as “sects”/“denominations” (“sekte” in Afrikaans) established in the 1960s, such as the Apostolic Faith Mission, the Assemblies of God and the Full Gospel Church of God. Illness and misfortune are caused by Satan (“the devil”), original sin (“born in sin”) and/or personal sin. Healing is effected through the pastor laying on hands and driving the demons out, with the sinner contributing through repentance.

The fourth group that was interviewed were leaders from Zion-type churches. These are churches with the word “Zion” or “Apostolic” in their names, excluding the Apostolic Faith Mission mentioned above. They appeared in Atteridgeville during the 1970s and constitute the majority of churches in the township. Some of these churches heal through “indigenous” methods such as cleansing through vomiting and sacrifices, bathing in water with ashes, consuming herbs, and displaying candles and cards. These churches view personal sin, non-adherence to the ancestors and witchcraft as the causes of illness and misfortune. Illness is punishment from God. The priest as healer lays hands on the sinner, prays and drives out demons, while the sinner contributes to his/her healing by submitting to bodily and spiritual cleansing and by making animal sacrifices.

In the fifth category, leaders from conversion churches (“bekeerkerke” in Afrikaans) were interviewed. This is a broad term for churches established in the 1980s and whose members claim that they are “born-again”. Again, the priest/pastor takes a central role in the healing process through driving out demons and laying on hands. Illness is viewed as caused by personal sin, witchcraft and demons. It is believed that the Holy Spirit effects healing and not a doctor or traditional healer.

The author leading this research simultaneously worked as a narrative therapist at Kalafong, the state hospital situated on the outskirts of Atteridgeville. Here about a thousand patients reported for counselling, all but four of them¹ belonging to one or more of the churches described above.²

The counselling explored the dialogical spaces between the healing of the Western medicine provided by the hospital on the one hand, and the township spiritualities with their emphasis on personal sin (immorality) and original sin as the causes of illness and misfortune – leaving no space for the sinner to actively participate in his/her own healing.

Narrative counselling proved to be helpful in assisting patients to deconstruct religious discourses that held them captive in depression, helplessness and identities of failure. Among these discourses were “illness and misfortune are caused by personal sin” and “the sinner can do nothing for his/her own healing other than repenting, praying, believing and sacrificing”. Narrative counselling undermines the internalisation of guilt (personal sin) by externalising the illness and the misfortune, thereby separating the patient from the problem. The patient is then empowered to deal with the problem, the illness, the misfortune and their causes by mapping and revitalising their own indigenous and historical strengths, many of which may be of religious origin.

Thus, alternative religious identities are formed that conform to the patient's preferred way of being and believing. Contributing to the healing of the patient, these religious identities are constructed through discourses on human dignity, identities of care and the agency of those who are ill and struck by misfortune.

The histories of women of faith: from hidden stories to stories of space

Religious identity in South Africa has been blatantly constructed in a patriarchal way for centuries. A shift in this regard has been made through the oral history work of historians from the Circle of African Women Theologians. The Circle was formed in 1989 in Accra, Ghana, under the leadership of Prof Mercy Oduyoye, then Deputy Secretary of the World Council of Churches, to assist African women theologians in publishing academically.

Most of their publications, all of which ultimately aim at reconstructing religious identity to be gender-inclusive, contain the stories of women of faith, and their struggle for social justice in the church. One of their publications, *Her-stories: Hidden histories of women of faith in Africa* (Phiri, Govinden & Nadar 2002), should be mentioned specifically, since it retrieves the previously hidden stories of women's contribution to the reconstruction of religious identity in their faith communities. This book, then, makes a significant contribution

¹ Who said they were not religious.

² Except two Muslims and one Hindu.

to cleansing religious identity from patriarchal priorities and replenishing it with the indigenous wisdoms of both men and women.

Additionally, interviews conducted by the author with rural men and women on the preferred place of women in the church are relevant. Sixty black women and forty black men from rural Dullstroom-Emnotweni were interviewed during the first few months of 2013 on what they viewed as the proper gender roles for men and women, and how they saw women's role in the church.

The women's ages ranged from 19 to 70 and yet there does not seem to be a difference in the way they view gender roles. They all view the man as the head of the family. A substantial number of the women feel that a man may punish his wife if she is disobedient, although the younger women feel it is against the law. By far the majority of women say that a good man is one who supports his family, although at least 80% of the men in the township are unemployed. A good woman in the eyes of the women interviewed is the one that cooks for her husband, respects him and does not drink beer. Although 70% of the women interviewed were unemployed, more women in the township are employed than men.

When asked which woman in the Bible they regarded as a role model and why, a vast majority of women answered that Mary was their role model because she gave birth to Jesus. Interesting enough, some of the older women – albeit a very small minority – looked at Hagar and Ruth as role models because they were strong women.

The men's answers to gender role stereotyping were even more stylised according to traditional views. The man is the head of the household. He leads his family in God's will. A good woman is one who respects her husband and does not drink alcohol. In spite of casting women in their traditional roles as far as the family is concerned, the men gave politically correct answers in affirming women's space in the church as well as their leadership roles in ecclesiastical matters.

What has this project achieved in terms of healing a patriarchal society? Hopefully a new consciousness was raised by the type of questions asked, questions that undermined patriarchal discourses and opened up space for women's leadership roles in the church.

Furthermore, the project placed gender roles in society and in the church on the table, creating space for religious and community leaders for future discussions. Above all, the project points to the reign of a stubborn patriarchal gender identity and how it is being fed by harmful religious discourses on divine manhood on an ongoing basis.

From frozen stories to unfreezing the walking voice

A final tendency in constructing religious identity through oral history research is to "unfreeze" the walking voice of the interviewee. Memory is fluid, and so is religious identity. Oral history research should allow space for both memory and religious identity.

An example of oral history research as "unfreezing the walking voice" is research done on the life journey of 77-year-old Lindiwe ("MaLindi") Myeza (born in 1935). She played a prominent role as a layperson in religious resistance movements and institutions such as the South African Council of Churches from 1960 onwards (Landman 2012). In retelling her stories, MaLindi was constantly empowered by the interview situation to reconstruct her memory and liberate her voice from being frozen in one presentation only. During the interviews, MaLindi shifted between a pietist identity of being the mere vessel through which the Divine works, and a liberationist identity of being empowered to bring about change in and liberation to society. In order to enable her to shift and "unfreeze" her religious identities, a threefold method of oral interviewing was used. Ownership of her stories was given to the interviewee on the grounds of the indigenous knowledge she displayed. Simultaneously she was encouraged to show her vulnerability in reliving the stories. While contextual and cultural bridging was deliberately effected between the interviewee and interviewer, the shift between standard and non-standard religious identities was in no way inhibited or corrected by the interviewer. Finally, the reconstruction of religious identities – even when they were not in harmony with one another – were noted and encouraged vis-à-vis their contribution to the healing of society.

The future, too, will honour the fluidity of her memory, and accordingly, the shifting constructions of her religious identities.

Conclusion

This paper has described seven innovations in the ways oral history research constructs religious identity in South African contexts. They are the following: (1) constructing religious identity, not as a problem discourse, but on the presupposition that religion is an asset to the community that places tangible (buildings, meetings) as well as intangible (motivation, hope, spirituality) assets at the disposal of the community; (2) constructing religious identity not through stories of captivity in victimhood, but through the histories of the embodiment of social justice by the community; (3) constructing religious identity not within capitalist ideals, but within post-

development discourses that reject consumerism and the technological exploitation of the earth; (4) constructing religious identity not through stories of oppression and failure alone, but as resilient, presenting the victims of social injustice as actors in these contexts and agents in social change towards justice; (5) constructing religious identity not as a passive reception of fate, but as having access and the right to healing; (6) constructing religious identity free from patriarchal identification and in its voicing of women's stories; and (7) constructing religious identity as fluid by unfreezing its walking voices.

These innovative ways of conducting oral history research were illustrated with projects that have been and are currently running in South Africa in rural areas, townships, schools and cities; among children, young people, adults and older people; and among men and women. This paper explains how the reconstruction of religious identity through relative influence oral history research leads to the empowerment of interviewees from victimhood to agency. It furthermore illustrates how religious identity based on patriarchy and globalisation is undermined and reconstructed into healthy identities feeding from the indigenous wisdom of the interviewees.

Methodologies in constructing religious identity outside classism, sexism, ageism and racism are discussed. In addition, the unfrozen stories of people walking from childhood dreams to unemployment, and from suffering to victimhood were told. – And these stories are kept unfrozen to walk towards a new agency and a liberating religious identity.

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