


'Who/what causes suffering?': Discourses on religious healing in African communities



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The discourses on religious healing that are presented here were collected during interviews in seven research projects done in South Africa and Malawi over a period of almost 20 years. The focus is on how interviewees view the cause of their illness or misfortune, and consequently how they understand the healing thereof, which determines where they go for healing. During the first of these projects, church leaders of 102 churches in Atteridgeville (Pretoria, Tshwane) were interviewed during 2002 and 2003 on their healing practices and the beliefs supporting them. This was combined with the author doing counselling from 2000 to 2007 with more than 1000 patients at Kalafong Hospital in Atteridgeville on the religious discourses that guided their lives and informed them about the causes of their misfortune. During 2009, interviews were held with 210 farm workers in the Hoedspruit area (in the eastern part of the Limpopo Province) on the religious causes of, and religious cures for people living with HIV and AIDS. These interviews were followed up by interviews in the rural township of Sakhelwe (in Dullstroom-Emnotweni in the eastern province of Mpumalanga) during 2011, and extended to rural villages around Nkhoma in Malawi (2016). These were followed up by two interviews held with two women of mixed race in the industrial township of Rustenburg-Karlienspark in the North-West Province of South Africa. In addition, similar research was done in two contexts that stand in strong contrast to those described above. These are interviews with men serving long-term sentences in Zonderwater – a correctional facility 60 km outside Pretoria, who were asked about the religious causes of what is perceived as their suffering because of incarceration. The second was interviews conducted at the Thohoyandou Victim Empowerment Centre with 11 women on the (religious) causes of them being assaulted by their partners. The similarities and differences of the discourses presented by religious people in a variety of contexts on the causes of their illness and misfortune, and how healing can be effected in religious ways, will be highlighted.

Keywords: religious discourses; religious causes for illness and misfortune; religious healing; African healing; Atteridgeville; Hoedspruit farm workers; Rustenburg-Karlienspark; Nkhoma, Malawi; Zonderwater; Thohoyandou Victim Empowerment.

Introduction

Aims and contexts

The aim of this article is firstly, to describe the perceived causes of illness and misfortune described by interviewees from a variety of African communities. These communities are the following: (1) Atteridgeville, a historically black suburb of Tshwane in the Gauteng Province of South Africa; (2) Hoedspruit, consisting of communities of farm workers in the Limpopo Province; (3) Sakhelwe, a rural 'township' and part of Dullstroom-Emnotweni in Mpumalanga Province; (4) villages around Nkhoma in Malawi; (5) Karlienspark, a historically brown or mixed race suburb of Rustenburg in the Northwest Province; (6) Zonderwater, a correctional facility near Pretoria; and (7) Thohoyandou in Venda to the north of South Africa. These contexts show variety – albeit limited – in being rural and (sub)urban, black people and people of mixed race, Christian and traditional, South African and extra-South African, and are spread over the four northern provinces of South Africa as well as Malawi.

The second aim of this article is to describe whom interviewees regard as agents of healing, depending on what is seen as causing one's illness or misfortune.

Information on the religious discourses that direct the minds of interviewees were obtained in two ways: firstly, through narrative counselling sessions; and secondly, through interviews based on half-structured questionnaires.

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Narrative counselling works on the premise that people's mind and behaviour are directed by the discourses, the grand narratives, of society. By mapping the discourses that hold people captive in their problems, harmful discourses can be deconstructed – that is, re-scoped and rephrased – to journey with the counselees from problem saturated stories to alternative stories of healing.

The questionnaire on which the individual interviews was based, was adapted to the different contexts in which it was used. It was also changed according to the experience of the interviewer with regard to which questions were successful in generating the knowledge sought, and which were not. The questionnaire invited the interviewee to share the following: (1) personal details in order for the author or researcher to establish representation of all the variables for the study, namely age, gender, religious affiliation, income and race and/or culture. (2) Questions were asked about which church(es) or religion the interviewee belonged to, why there was a preference for this church or religion (most of the interviewees belonged to more than one church), and whether the interviewee has changed churches or religions, and why. (3) The interviewee was asked about his or her church(es)' beliefs on sex and gender, as well as (4) the beliefs on the causes of illness and the healing practices of the church(es). (5) The interviewee was asked about her or his own beliefs on illness and healing and invited to share personal stories of religious healing.

The interviews were done by the author – sometimes with the assistance of a cultural and language interpreter. Ethical clearance and consent were obtained from all the relevant stakeholders.

Doing counselling at Kalafong Hospital (2000–2007) and researching religious healing practices in Atteridgeville (2002 and 2003)

In 2000, I decided to enrol for a second doctorate. I had been teaching (Early and Medieval) Church History at the University of South Africa, having an honours degree in Latin, a master's degree in Greek, and a doctorate in Church History. However, since 1996, joining the Research Institute for Theology and Religion at the same university, my research focus shifted to oral history. While interviewing victims of *apartheid* (as the white supremacy rule in South Africa from 1948 to 1994 is called), I found that the interviewing process re-traumatised the interviewee to such an extent that the interviewer needed counselling skills to stabilise the interviewee and contribute to the healing of his or her memories.

I therefore enrolled at the University of South Africa for a second doctorate – a DTh in Practical Theology, which required simultaneous enrolment at the Institute for

Therapeutic Development. I and was assigned for practical work to Kalafong Hospital in Atteridgeville – at that time Pretoria's large township for black people (Pretoria being the northern capital of South Africa). Here I worked on Wednesdays as a counsellor at outpatients (family medicine), and over a period of 7 years co-journeyed with more than a 1000 patients who were referred to me by the doctors when they could not find any somatic reason for the patient's illness. Of these 1000 patients, 75% were from a variety of black cultures and 25% were white people. Of them, 97% were Christians and the others Muslim with a single Hindu. A majority of the Christians did not belong to mainline churches (i.e., not to Reformed, Roman Catholic, Congregationalist, Methodist, Baptist, Anglican or Presbyterian churches), but to independent black churches. They were all extremely poor with 52% unemployment – and those employed, earning minimum salaries of about R1500 (approximately 90 Euros; \$100) per month.

The patients suffered not only because of a lack of money, but also because of tremendous and multiple losses. They, themselves, and those near them suffered strokes, murders, sudden loss of employment, losing children to drugs and gangs, and a loss of health because of infections, bad living conditions and limited access to medical care, to name but a few. Estranged to a great extent from their cultures of origin, many of them suffered from a loneliness that made them vulnerable to rape, HIV infection, low parenting¹ and forced abortion – again, to name but a few.

To understand the views on religion's role in healing to which these patients were exposed, during 2002 and 2003, I – with the financial and structural assistance of the Research Institute for Theology and Religion at the University of South Africa where I am employed – conducted 102 visits to churches in Atteridgeville to interview their leaders on their healing practices and the concepts that support these practices. Half of these churches were mainline and the other half (African) independent. The mainline churches performed diaconal healing, that is, healing through caretaking such as doing home visitations, distributing food packages and running hospices, especially for HIV care. The independent churches concentrated on charismatic and ritual healing in order to bring about physical healing, including the healing of HIV and AIDS. As researcher, I attended several of these healing services.

The results of this project as well as that of the counselling processes followed at Kalafong Hospital are described in a book *Township spiritualities and counseling* (Landman 2008a) following the acceptance of a DTh thesis, 'Doing narrative counselling in the context of township spiritualities' (Landman 2007). The ritual healing churches reported and displayed rituals that healed the believer who suffered from illness or misfortune. The prophet received a word of discernment from above to identify the reason for the

1. *Low parenting* is a term used in the official papers of the municipality to indicate that the parents are to a great extent absent or uninvolved as far as their children are concerned.

sufferer's condition. Drinking tea or coffee in huge amounts resulted in the believer vomiting and cleansing him- or herself from the inside. A bath in water with blessed ashes cleansed the outside. Actions such as slaughtering a chicken or a goat and paying the prophet-healer was prescribed to heal the broken relationships that caused the illness and/or misfortune. However, every prophet-healer had a signature method of healing, including waving flags, inspecting birds' nests, looking into mirrors, injecting detergents to clean the blood (from HIV), or applying herbs. Healing also included a charismatic element of the laying on of hands and prayer. Sometimes believers were convinced that joining a specific church would protect them from contracting the HI virus. Healers calling themselves 'Christian sangomas' used the throwing of bones and other traditional methods to identify the causes of illness and/or misfortune.

The causes of illness and/or misfortune were identified by both religious healers and patients as bad relationships with God or ancestors because of sin committed by the believer, which empowered Satan, evil spirits and curses to bring misfortune to the believer. During seven years of counselling at the hospital with more than 1000 patients, hardly any of them attributed their illness or misfortune to natural causes only. Illness and misfortune were seen as having mainly, even exclusively, spiritual causes.

If illness and other misfortune could be attributed to God's punishment, the curse of a sangoma or the evil of Satan, what then would be the cure? Patients obviously visited the hospital for a medical cure for their illness. However, whether from a mainline or independent church, patients independently of one another, expressed their belief that medicine alone could not cure the sufferer. When asked what they thought could cure them, the answer invariably was 'prayer.'

Not undermining the patient's belief in prayer as a powerful form of healing, and according to the patient, the only form available to him or her, me, as counsellor, however, journeyed with the patient towards healing by deconstructing religious discourses that held the patient captive in illness and despair. Four types of religious discourses were identified: Power discourses, body discourses, identity discourses and otherness discourses. During counselling, patients deconstructed harmful power discourses such as 'God purifies me through punishment'; 'My child died because I do not give enough money to the church'; and 'I may beat my wife because God has made me a man.' Body discourses such as 'I was not raised to say no'; and 'Masturbation is only for a man who can't find a woman' were deconstructed. Identity discourses such as 'My church says I am evil because I am gay' and 'Because I was raped, I am a bad woman' were addressed. Otherness discourses such as 'I think my husband is HIV positive, but God does not want me to deny him' were undermined.

The deconstruction of harmful religious discourses was not done by undermining the patient's belief or commitment to his or her church, but by shifting the

discourse towards a healthy place where the patient could find healing in his or her religious beliefs. When a patient, for instance believed in the pastor's prophecy that her dead son's soul is in hell and not in heaven, this discourse was deconstructed in such a way that it led to the patient finding closure. Patients who were staunch Christians but believed themselves to be cursed were invited – not to leave their beliefs in sangomas or the ancestors behind – but to listen to God's healing voice as the one that spoke loudest in their lives.

Hoedspruit 2008

During 2008, I conducted interviews with 210 farm workers living in compounds on farms in the Hoedspruit area to the far eastern side of South Africa near the border with Mozambique. Not having transport or easy access to medical care, they belonged to 58 different (local) churches showing an obvious preference for churches that were near and offered some kind of healing. According to a prevalence study, 28% of the farm workers in this area were HIV positive.

The research project led by myself was called 'Concepts of illness and healing amongst farm workers in the Hoedspruit area' and was conducted through structured questionnaires. An assistant and cultural interpreter, Andrews Madonsela, identified interviewees – 50% male and 50% female – and also arranged interviews with nine *baruti* [pastors] of the Hoedspruit Farm Ministries who worked in the compounds. The results of the research are published in an article 'Farm ministries in the Hoedspruit area: Past and present' (Landman 2008b).

For this article, answers to questions in the questionnaire on 'What/who makes you ill?', and 'Where do you go for healing?' are considered.

Answers to the question on who or what causes illness and/or misfortune, include mainly statements that God is punishing you or trying to tell you something by making you ill or letting you suffer misfortune; that the devil uses illness and misfortune to make you lose faith in God; and that you are punished with illness for ignoring the laws of God. Although only 12% of the interviewees reported that they have visited a traditional healer, employers testified that farm workers borrowed large amounts of money to visit traditional healers.

Eighty per cent of the interviewees told stories of being cured by the prophet or healer of their churches from illnesses such as cancer, tonsillitis, bladder infection, asthma, sugar diabetes, stroke, barrenness, miscarriage, anger, fear, stress, depression and unpopularity (Landman 2008b). However, the farm workers did not disclose to their churches HIV infection or injuries sustained in domestic violence. All in all, it seemed that the interviewees preferred a combination of church and clinic for healing purposes if the latter is available, secretly seeking the assistance of a traditional healer.

Dullstroom 2010 and 2011

The same questionnaire was used in 2010 and 2011 in Sakhelwe, Dullstroom,² a rural 'township' 250 km east of Pretoria where Pedi and Ndebele people live whose ancestors have lost their land to the whites during the Sekhukhuni and Mapoch Wars at the end of the 19th century. This is an extremely poor community with 89% unemployment, and 72% not married. The research was not focused on HIV infection (alone). although, according to the local one-roomed clinic, 47.2% of the 'township' inhabitants were HIV positive. However, none of the interviewees knew somebody who was HIV positive.

The results of this research show that population were more or less the same as those of the Hoedspruit farm workers, although with a few significant changes. At Hoedspruit, 85% of the interviewees believed that God can cure HIV and AIDS, while in Sakhelwe only 40% did. While at Hoedspruit, the farm workers who were served by tens of independent healing churches, indicated that they went to church mainly for healing. The inhabitants of Sakhelwe where there were only three churches (Uniting Reformed, Lutheran and Elohim Bible School), said that the main reason for them to go to church was 'praise and worship.' Sakhelwe also has limited, but more access to medical care than patients able to visit hospitals in Lydenburg or Middelburg.

While at Hoedspruit, 82% of the interviewees said that they were ill and were healed by the church, and 93% said that they go to both the church and the (mobile) clinic when ill. Only 35% of Sakhelwe went to the church for healing, 20% to the sangoma, and 90% to the clinic and/or hospital in the nearest town which was more than 60 km away.

At Hoedspruit, 81% believed that illness and misfortune were God's punishment, and simultaneously, that Satan caused 80% of illness and/or misfortune, and again simultaneously that 50% of illness and/or misfortune was caused by bewitchment. Only 2% of the interviewees believed that HIV was caused by a virus. In Sakhelwe there was a 100% belief that – although HIV was enhanced by secondary causes such as drinking and unprotected sex – HIV was caused by a virus. In Sakhelwe it was believed (please to note that this was almost 10 years ago) that illness and misfortune were caused by God (25%), Satan (25%), evil spirits (25%) and through natural causes (25%).

The results of this research have been described in several publications such as 'Free and fragile: Human relations amidst poverty and HIV in democratic South Africa' (Landman 2014), 'Faith-based communities and politics in Dullstroom-Emnotweni: Local stories of identity' (Landman 2013a), and 'Safe spaces for women in the church: The case of Dullstroom-Emnotweni' (Landman 2013b). In summary, the interviewees of Sakhelwe, although committed Christians and belonging mainly to a Reformed church, believe that illness and misfortune are caused by violations

2. Now called Dullstroom-Emnotweni.

of cultural customs and ecclesiastical instructions, and need to be healed not only physically, but spiritually. The example of Rosina will suffice. She was an elder in the Reformed Church who took her ill grandchild to a local independent (healing) church where coffee was placed on the child's open sores. When the Reformed pastor took the child to the doctor and her wounds were healed, Rosina was terrified that those who placed a curse on her through her grandchild would be angered. Rosina was diagnosed with a viral infection soon afterwards, and right up to her painful death, she believed that her approaching death was the outcome of the curse.

Malawi 2016

In November 2016 the two questions on which this article reports, namely 'Who/what makes you ill?' and 'Who/what makes you healthy?' were used in Nkhoma in the midlands of Malawi. It boasts both a hospital and a private university run by the mainline Reformed church, the Church of Central Africa Presbyterian (CCAP), originally established by missionaries. A total of 40 interviews were conducted of which 21 were with villagers, seven with patients at the hospital, and 12 with resource people of whom four were theological students from the university. The results of this project were published in an article entitled 'Faces of religious healing in Nkhoma, Malawi: An exercise in Oral History' (Landman 2018).

For the interviewees in villages around Nkhoma, all illness and misfortune have a spiritual cause, be it bewitchment, ancestral spirits, demons or God himself punishing sins. Healing is therefore needed not only on a physical level, but spiritually too. Healing therefore lies in going to the hospital for those who can reach it, as well as to the *singkanga* and the church. Of the 21 villagers interviewed, only five have remained in the CCAP while the others have left for a nearby independent healing church. Famous in this area is the 'Zion *singkanga*', the Prophetess, Mayi Yesaya, who cures with herbs and praying for the sick 'who have been sent home by the hospital' as we saw and experienced while attending one of her services. She asks very little for her services, while according to the villagers, the herbalists are expensive. The patients at the hospital, too, expressed their disgust at the herbalists who (sometimes) pretend to be pastors, but simply are businesspeople.

Karlienkamp 2018

The voices of people of mixed race are represented in this study, by two interviewees from Karlien Park, the historically township of Rustenburg in South Africa's North-West Province for people of mixed race. The two women interviewed are both in their fifties and belong to a mainline Reformed church. They are pronouncedly religious. Living in relative poverty, the one is exposed to a husband who drinks heavily and the other to a child who is on drugs. These interviews have not been reported or published before.

Ester refuses to believe that God causes illness or misfortune. On the contrary, God gives us power over illness:

'I address illness and tell it that it cannot be part of my life.'
(Ester, white, female [author's own translation])

Esther also says that God does not cause misfortune either. On the contrary, God provides for us, even if it is a small pot of porridge. And yes, God can cure HIV and AIDS. When she is ill, she goes to the clinic with prayers for healing.

Christina believes that it is God who makes you ill. She herself has not been ill much and seldom goes to a doctor. However, once she was very depressed and the pastor from her Reformed church prayed for her. It helped a lot. She also went to an independent church (*tentkerk* [tent church]) where the pastor laid hands on her and prayed for her. This too helped a lot.

Zonderwater 2017–2019

The following and final two projects described here, focus on research populations whose lives are dominated by a specific type of misfortune: the men in Correctional Centre A, Zonderwater Management Area by being incarcerated, and the women at the Thohoyandou Victim Empowerment Centre by being abused by their partners.

Since 2019, I have visited Zonderwater, a correctional facility 60 km east of Pretoria with two post-graduate students, Tanya Pieterse and Harold Ncongwane, from the Department of Psychology at the University of South Africa, to do interviews on spiritual experience with 30 'lifers', or actually men who are serving sentences of more than 15 years imprisonment. Fifteen of the men are black, 13 white and two of mixed race. They belong to a variety of churches that differ vastly from one another in doctrine and political orientation, and a substantial number are Muslims. After the interviews have been conducted, the men expressed a need to meet regularly as a group to discuss spiritual issues. Permission for this was granted by the representatives of the Department of Correctional Services, and monthly meetings continued till the end of 2019. A detailed profile of the research population and some of the results of the interviews are published in an article: 'Men serving long-term sentences in Zonderwater Correctional Centre, South Africa: Religious identity and behavioural change' (Landman, Ncongwane & Pieterse 2019). Another article also written on this research is: '(Re)construction God to find meaning in suffering: Men serving long-term sentences in Zonderwater' (Landman & Pieterse 2019).

The material previously published on this research does not deal with the interviewees' answers to the following question: 'Who or what caused your misfortune?'

These answers will be given here in summary, organised in themes according to what or whom the interviewee regarded as the cause of his incarceration.

Only one of the interviewees (pseudonyms used for all), a middle-aged male, indicated that he blames God for his

incarceration. However, this is done in an ironical way, as God is only correcting the mess God has made with him in the first place:

'God made a mistake with me, He has to fix me.' (Manie, white, male)

An interviewee in his thirties, who has since become atheist, takes responsibility for his own actions, but blames his church for using the Bible to convince him to perform actions of political violence:

'It still angers me that I couldn't stand up against them.' (Robert, white, male)

Quite a few of the men, while acknowledging that 'my own actions put me here' expressed anger at 'being in the wrong crowd', or 'being in a bad and wrong place' as the causes of them being incarcerated. One interviewee in his thirties said:

'It is society that put me here. They made me do it.' (Ivan, white, male)

Another, belonging to the Zion Christian Church says:

'I end up with people who were only interested in material things that is how the robberies started.' (Thuli, African, male)

A majority of the men, while not blaming God for being incarcerated, indicate that God nevertheless has a plan in bringing them 'here'. They find consolation in that there is meaning in having to live in these challenging circumstances, as these two Christians stated:

'God has put me here for a plan. To save my life and my family life. I was going to be killed if I didn't get arrested.' (Gert, white, male)

'... to be honest I think God allow these things to happen with a reason. You know if you are a guy the way we do things, ... you're boozing. There are things that I consider that caused me to do wrong things, women and alcohol. That's why now I think sometimes God has got a plan because He can see: here is Victor; he can be a good person; I must take him and put him in prison; maybe he will focus.' (Victor, African, male)

Another member of the Zion Christian Church (ZCC), puts it as follows:

'God knows my spiritual journey, my life. God knew that one day I will be in prison. He knew that one day I will be out or I'm going to die in prison. So, well ... but I believe that the God that I'm serving will not let me die here in prison. No. He will never do that.' (Madison, African, male)

An Afrikaans, Christian man in his late fifties, indicates that being sentenced is:

'... *die toets van geloof* [a test for one's faith].' (Kobus, white, male, [author's own translation])

A few of the interviewees indicate that there are people who go to extremes to make life difficult, and that their incarceration can be blamed on a bitter ex-girlfriend, or a neighbour or a family member or a variety of other people who went to a *sangoma* to put a spell on you to commit a crime.

Thohoyandou Victim Empowerment Centre 2018

During June 2018, Dr Lufuluvhi Mudimeli from the University of Venda and myself were given permission by the Thohoyandou Victim Empowerment Centre to do interviews with 11 women who were under the protection of this centre after being abused by their partners. Thohoyandou is in the Limpopo Province, the most northern of South Africa's provinces, bordering Zimbabwe. A majority of people living here are Venda-speaking. Many academic studies have been published on the vulnerability of women in this area such as 'Witchcraft accusation and their social setting: Cases in the Limpopo province' (Kgatla 2015).

The results of this research have not yet been published, and here a brief profile of the research population will be given, with their responses to four of the questions asked, which relate to the subject matter of this article.

The 11 interviewees range in age between 22 and 52. The majority of them (eight) are Venda-speaking, with two speaking Pedi and another Tsonga. Nine of the 12 women are unemployed, with the other two earning R4700 and R2500 per month respectively. As far as church affiliation is concerned, two belong to the Apostolic Faith Mission, three to the ZCC and the others to a variety of independent churches.

The first question of relevance to this study is: 'What makes a man beat a woman? Is it God punishing the woman? Is it the devil? Is there a curse on the woman?'

To this question, the women in general give mixed answers blaming alcohol and bad parenting as a child to explain why men beat women, but also stating that the man is under the influence of an evil spirit or the devil or a curse and thereby offering some excuse for his behaviour. These excuses include how he is possessed by the devil that causes his bad behaviour, that his abusive behaviour is due to the violence he experienced by his father towards his mother, and that he has the same genetic, evil predisposition.

On the second question: 'Do you think a woman who is beaten by her partner deserves it?', the answer was a resounding 'no' from all interviewees.

The third question is: 'Do you think the church can heal a woman who has been abused?' Three types of answers are given: (1) The church cannot help. He does not go to church and will not accept their advice anyway. The victim centre helps, the police helps, but the church does not, and cannot help. (2) Yes, the church can help by driving out demons, laying on of hands. However, the pastor's prayers have not helped up to now. (3) That God expects her to stay with him, even if he abuses her.

The fourth question is: 'What should an abused woman pray to God?'

Again, mainly three types of answers ensue:

1. Mostly, the women pray for divine intervention and change that they also have joyous, peaceful homes and families, and that God will change this man by removing all evil spirits from his life.
- A few of the women ask God to change them, the women themselves, so that they will please their husbands and will not be beaten anymore. The women asked that God must intervene and help them so that their husbands love them, and show them how as woman, she can change and what to do not to be subjected to his abuse. God answered their prayers.
2. Finally, some of the women asked God to help them to get out of an abusive situation, to eliminate all the elements that destroy her life. They begged God to free them from this dire relationship and life, and their prayers were answered.

Conclusion

During the past more or less 20 years, I have engaged in seven research projects on how religious people, mainly Christians, understand the causes of their illness or misfortune, and whom they turn to for healing. The interviewees include people from a variety of races, churches, (religions), economic standing, gender, age and physical location.

Yet, the results show significant similarities. Both illness and misfortune as well as healing, are seen to belong to the spiritual realm. Seldom, if ever, do people in need see their present predicament or the way out of it as something that can be dealt with naturally or scientifically only. People who live in unnaturally unsafe situations, or have limited access to scientific cures, are in particular prone towards dealing with their problems spiritually.

Interviewees indicated the following as causing illness and/or misfortune: (1) God as punishment; (2) Satan and/or evil spirits; (3) ancestors; (4) a sangoma's curse; and/or (5) natural causes. Mostly interviewees offered a combination or a sequence of causes to explain their illness and/or misfortune.

Interviewees identify as agents of healing more than one of the following: (1) a religious healer; (2) personal prayers; (3) rituals to remove a curse; (4) a doctor and/or a hospital, or most often a combination of these in a specific order.

It is the aim of this article only to describe the ways in which believers see the causes of their illness and/or misfortune and whom they identify as agents of healing. The aim is not to evaluate whether the religious discourses constructing these views are healthy or unhealthy. However, eventually this needs to be done to come to a sound theology of suffering and healing, which is owed to local religious communities such as these described above.

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Competing interests

The author declares that no competing interest exists.

Author's contributions

I declare that I am the sole author of this research article.

Ethical consideration

This article followed all ethical standards for carrying out research without direct contact with human or animal subjects.

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Disclaimer

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