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## Divine Healing in the Early Holiness Movement of Japan

This article explores the dogmatic understanding of “divine healing” (*iyashi* 神癒), or “faith cure” as it is called from an outsider perspective, as one of the constituting elements of the “fourfold gospel” (*shijū no fukuin* 四重の福音) in the Japanese holiness movement during the first quarter of the twentieth century. Sources from within the movement as well as responses from outside will be analyzed and compared to research findings on divine healing in North American traditions of radical holiness and incipient Pentecostalism. Following the exploration of cross-cultural continuities and adjustments, I attempt to indicate how holiness healing relates to the modern Japanese discourse on medicine.

**KEYWORDS:** divine healing—Uchimura Kanzō—holiness movement—intercultural theology—medical discourse in modern Japan

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**A**S A REPRESENTATIVE of “popular (or common peoples’) Christianity” (*minshū kirisutokyō* 民衆キリスト教) the early holiness movement stood in striking contrast to, and often conflicted with, Japan’s elitist mainstream Christianity. Therefore, support from the elitist side was especially welcome in 1917, when the evangelist Nakada Jūji 中田重治 (1870–1939) decided to reestablish the interdenominational movement as the Oriental Missionary Holiness Church (Tōyō Senkyōkai Hōrinesu Kyōkai 東京宣教会ホーリネス教会), later renamed the Japan Holiness Church. Scenting support for holiness doctrines, Nakada cooperated with Uchimura Kanzō 内村鑑三 (1861–1930) in the Second Coming of Christ Movement of 1918/19 (abbreviated as SCCM). Although Uchimura had started the Non-Church Movement (Mukyōkai 無教会) to “save” Japan from “Western” denominationalism, he was still accepted by mainstream Christians as one of the headliners of “rational” Christianity and was respected as a biblical scholar. While the promise of divine healing as a personal benefit had been the most attractive early holiness doctrine, Nakada’s and Uchimura’s cooperation demanded a shift from divine healing to Christ’s return. Their cooperation also increased the importance of a biblical foundation of holiness doctrines.

The following article analyzes the development of the doctrine of divine healing during the movement’s eventful formation period, starting with the establishment of the Central Gospel Mission (*Chūō Fukuin Dendōkan* 中央福音伝道館) in 1901, leading up to Nakada’s “enthronement” as bishop (*kantoku* 監督) of the Oriental Missionary Holiness Church and his involvement in the SCCM, before ending with Nakada’s decision on a specific, “entirely biblical view” of divine healing around 1923. It was during these roughly twenty-five years that Nakada developed and established the Japan Holiness Church as a new denomination independent of foreign intervention, and exclusively controlled by himself.

### *Sources and Previous Research*

Here I will focus on the concept of divine healing, the third element of the four-fold gospel, the common Japanese term for the “full gospel” of new life (or justification), sanctification (or holiness), divine healing, and the Second Coming of Christ (or glorification).<sup>1</sup> My sources mainly consist of the weekly publications

1. In Japanese there are two different terms for sanctification (*seika* 聖化 or *kiyome* 聖潔) and two different pronunciations for divine healing (*shin’yu*, or *iyashi* 神癒), and in both cases the latter form is used more often.

of the movement/church, that is, *Tongues of Fire* (*Honoo no Shita*, abbreviated as HS) mediated through IKEGAMI 2006, and *Friends of Holiness* (*Kiyome no Tomo*, abbreviated as KT).

IKEGAMI'S (2006) study is a rare study on the early holiness movement in Japan. The book's chapters introduce central holiness doctrines and concentrate on an emic representation of a multiplicity of authentic voices, thereby providing a (largely) consistent and thus very readable summary of otherwise difficult to access sources. While Chapter 4 responds to the question of cultural adaptation, in connection with divine healing Ikegami suggests that all statements found in periodicals (including translations of American and European positions) share "the same line of ideals" (IKEGAMI 2006, 77). Without proper investigation into the choices made by translators/evangelists such a statement could be mistaken for a general identity of Japanese interpretations with Western "originals." By the same token, intending to "redefine the meaning of radicalism in the religious landscape of modern Japan" (IKEGAMI 2006, 12), Ikegami reduces the meaning of "radicalism" to biblical "fundamentalism" without asking what kind of "radical" features beyond Biblicism the Japanese holiness movement might have inherited from North American radical holiness traditions.

ASHIDA (2007) focuses on the later Japan Holiness Church, predominantly citing texts written after 1925. Because of his concern to (re-)connect holiness theology to the (more widely appreciated) European traditions of Pietism and Methodism, he rarely refers to the American situation as experienced by Nakada and other holiness leaders. This lack of interest in North American traditions is one reason why the term "radical holiness" is missing in Japanese research literature.

In American scholarship "radical holiness" refers to a new interpretation of holiness starting around 1880 that added physical perfectionism (belief in divine healing)<sup>2</sup> and restorationism (belief in Christ's return) to the moral perfectionism of early holiness. In many cases the shift away from moral perfectionism resulted in a withdrawal from social responsibility into the direction of exclusive concentration on the body as *the* place of divine grace. However, as restorationism

2. Cunningham counts twenty-five institutions for divine healing across the country in 1887. Disputes on the credibility of divine healing started in 1882; by the mid-1890s perfectionism, which had been the consensus of the various Methodist traditions, was increasingly perceived to be of sectarian nature (CUNNINGHAM 1974, 500–505). Although there are no direct references in research literature, the failure to heal President Garfield in 1881 might have added to the growing antipathy against healing doctrines. Thousands of independent holiness healing congregations in North America sprang up between 1893 and 1907, which means that a variety of interpretations must have already been abundant at the time when the Japanese proponents of divine healing studied there. Furthermore, as Poloma and Hoelster state, they "did not seek to make a systematic theology out of their experience" (POLOMA and HOELTER 1998, 259).

also led to the establishment of Christian communes negating private ownership, it also created visible models for a society of equality. It is for this reason that Kostlevy names “more equal distribution of wealth, a kind of Christian humanism and autonomy of artistic creation” (with reference to Carey McWilliams; KOSTLEVY 2010, viii) as basic features of the “radical tradition.” Less value-based users of the term simply express it with the degree of unacceptability of certain doctrines for mainstream churches.

For the comparison with concepts of divine healing in North American radical holiness I will draw on research by Jonathan R. Baer and Raymond J. Cunningham. While BAER (2001) focuses on the healing movement until 1892, CUNNINGHAM (1974) restricted his research to the two decades starting in the mid-1880s. With regard to the “radicalism” of the early holiness movement in Japan, KOSTLEVY’S (2010) book is most informing, since it traces the development of radical holiness groups in Chicago—to which at least Charles Elmer Cowman (1868–1924), Lettie Burd Cowman (1870–1960), and Ernest A. Kilbourne (1865–1928), and perhaps Nakada, related.

Concerning Japanese reactions to the early holiness movement’s understanding of divine healing, sources in this article will be restricted to quotes from the *Uchimura Kanzō Zenshū* (Collected works of Uchimura Kanzō; from hereon, UKZ). While a broader inquiry is necessary, Uchimura’s reaction and his own understanding are particularly relevant as a position betwixt mainstream and outsider and as a temporary partner of the Holiness Church during the sccm. Furthermore Uchimura’s position offers an alternative approach since he tried to stick as much as possible to traditional Japanese notions, while early holiness leaders felt less constrained against cultural imports. The reference to Uchimura is, however, not meant to imply any sort of “superiority,” but rather intended to highlight early holiness doctrine by means of contextualization.

### *Key Questions*

Sources will be investigated with regard to the following key questions: First, which teachings relating to divine healing were chosen to be transmitted to Japan, and for what reasons and by whom? Second, how have these teachings been further developed in order to fit the new cultural context? In this connection we also have to trace the fate of the “radicalism” of holiness. Since critical reactions accelerate the process of cultural adaptation, Uchimura’s position will be consulted, and this also provides glimpses on the broader Christian response to healing theories. While the first two questions retain the perspective of the intercultural history of Christian thought (with links to intercultural theology), the third question employs the broader perspective of religious studies to point at the particular

importance of early holiness views for the difficult relationship between modern medicine and Japanese religions during the first quarter of the twentieth century.

With regard to the last question, I will, therefore, take up Shimazono's stance as outlined in SHIMAZONO (2003) that describes the development of modern Japanese notions of health during the period from 1900 to 1930 based on Kano Masanao's 鹿野政直 analysis with the following words: "Perhaps we could say, a number of divisions have been introduced during the process of shifting emphasis from traditional 'nurturing' (*yōjō* 養生) towards 'health' (*kenkō* 健康). One of them is the distinction between the moral/mental/spiritual sphere and the physical sphere; another one consists of the distinction between private value(s) and national value(s). Thus the modern notion of health is characterized by a) an understanding of the physical body as being separated from the mental/spiritual sphere, and b) the establishment of a notion of health as personal benefit and its subsequent absorption into national values" (SHIMAZONO 2003, 22).

Religious notions of illness, health, and healing during this period have to be seen against the background of the development of modern medicine, which contributed not only to cures but also resulted in inadvertent adverse effects (iatrogenesis).<sup>3</sup> There are no Christian examples in Shimazono's book, but his suggestion to understand alternative methods of healing as attempts to correct the "medical professionalism and resulting cultural impoverishment" could also be equally applied here. In order to facilitate such an understanding Shimazono pleads to not cut them off as forms of "superstition," but rather to "try to see them as a different source of light illuminating the insufficiencies and distortions of traditional culture as well as of mainstream culture" (SHIMAZONO 2003, 31). This article will keep Shimazono's distinctions in mind and try to indicate how the early holiness movement contributed and how, at the same time, it succeeded or failed to overcome aspects of clinical, social, and cultural iatrogenesis.

*Propagators, Motivations, and Choices  
in the Transmission of Divine Healing to Japan*

THE INITIAL MESSENGER OF DIVINE HEALING TO JAPAN:  
SASAO TETSUSABURŌ 笹尾鉄三郎 (1868–1914)

The belief in divine healing has been part of holiness teachings since their earliest transmission to Japan. Nakada as well as his mission partners, the Cowmans

3. Shimazono borrows the term "iatrogenesis" from ILLICH (1976) who distinguishes three levels of the "side effects of modern medical science"; "clinical iatrogenesis" (injury done to patients by ineffective, toxic, and unsafe treatments), "social iatrogenesis" (medicalization of life which deprives humans of their personal ability to live an independent life), and "cultural iatrogenesis" (destruction of traditional ways of dealing with and making sense of death, pain, and sickness).

and Kilbourne,<sup>4</sup> started to embrace the fourfold gospel and its emphasis on healing at Moody's Bible Institute in Chicago where it was taught by Albert Benjamin Simpson (1843–1919). However, the most energetic propagator of divine healing was not “father” Nakada, but Sasao Tetsusaburō, the “mother” of the movement. But because of Sasao's early death and his preceding departure from the movement he had been nearly forgotten by the time of the establishment of the Oriental Missionary Holiness Church.

Sasao had been a promising student at Keiō Gijuku 慶応義塾 (later Keio University). Having experienced a near-death situation due to a lung infection when he was a teenager, Sasao's physical condition was too weak to realize his dream of becoming a marine. Instead he went to study in San Jose (1888–1894), where he converted to Christianity and was baptized by the United Methodist minister Merriman Colbert Harris (1846–1921), who had also baptized Uchimura during his work in Japan. Sasao witnessed a revival in San Francisco in 1890,<sup>5</sup> and these were most likely the revival meetings of “the trance evangelist” and divine healer Maria Beulah Woodworth-Etter (1844–1924), which led him to ministry. Back in Japan he became a founding member of the “small flock” (*chiisaki mure* 小ざき群), a group of six Japanese San Francisco converts trying to spread radical holiness teachings in Japan.

For Sasao, illness is a “result of sin, coming from the devil, and not at all a blessing from God.”<sup>6</sup> He understands sin as a “violation of the law” to which God answers with the “curse” of illness. Thus Sasao distinguishes between the devil as the cause of transgression, and God as the initiator of illness. However,

4. At least for the Cowmans and their associate Kilbourne there is proof of close engagement with the radical holiness movement. They were acquainted with the late Martin Wells Knapp (1853–1901) as students of his God's Bible School after his departure from the conservative National Holiness Association (NHA), as well as with Seth Cook Rees (1854–1932), president of the International Apostolic Holiness Union (IAHU). Knapp and Rees contributed to the radicalization of Metropolitan Methodist Church (Chicago) in 1900, which led to the foundation of the Metropolitan Church Association (MCA) in August 1900. The November convention of the Metropolitan Methodist Church highlighted the Cowman's call to Japan and ended with an ordination service for them. Kostlevy argues that the Cowman's engagement with MCA has been consciously omitted from historical accounts in order “to avoid the stigma of fanaticism” (KOSTLEVY 2010, 58). Kilbourne departed for Japan after witnessing the Chicago revival triggered by MCA in 1901 (KOSTLEVY 2010, 71).

5. Japanese accounts of this revival usually restrict it to the small group of Japanese believers and understand it as initiated by Sasao's sudden illness (reported symptoms suggest a heart attack) and subsequent healing experience (YAMAZAKI and CHIYOZAKI 1970, 31). However, I would suggest that without outside input no healing revival would have occurred among a Japanese immigrant convert group. However, the available material does not allow for conclusions about underlying intentions of omitting connections to radical healing traditions.

6. For citations of Sasao in this and the following paragraph see “The blessing of divine healing” (*Shin'yū no megumi* 神癒の恵) in HS 10 February 1904; also in IKEGAMI 2006, 75–78.

before cursing believers with illness, God speaks to them “silently through the Holy Spirit and by His Word.” Consequently illness is described as “God’s second voice” which is supposed to make the believer “acknowledge his/her sinfulness.” Since the “healing of illness is identical with forgiveness of sin” the acknowledgment of one’s sinfulness is the precondition to divine healing. Healing itself is realized as a “result of the wondrous influence of the Holy Spirit who works on the body.” This emphasis on sin as a violation of the law and on God’s educational usage of illness hardly departs from “traditional” Protestant interpretations of illness that deny the availability of healing rituals in our times.

Notions like “second voice” and “curse” also appear in Simpson’s work, but Sasao’s usage seems to contradict Simpson’s intentions. For Simpson the curse consisted in the unrealizable law itself which had been, however, already overcome by Christ on the cross. “Being made a curse for us” Christ took away “the curse of the law” through the imposition of the “law of the cross.” Simpson did refer to illness as God’s second voice,<sup>7</sup> sporadically interpreting it as a “temporary curse,” but as far as I can see, he did so only in connection with passages from the Old Testament. As for Woodworth-Etter (in BAER 2001, 739–48), she interpreted her own illness as God’s trial to prepare her for ministry, in other words, a kind of blessing, just as Jesus had been tempted by Satan. She employs curses only to intimidate mockers at her meetings. As a leading figure in incipient Pentecostalism she held healing sessions available to everybody on the sole condition of faithful surrender to the power of the Holy Spirit. Although her revival meetings left a strong impression on Sasao, I would suggest that he finally followed Harris’ conventional lead on the topic.

In general, in the North American traditions, healing has been meant to bolster the central Christian dogma of substitutionary atonement (CUNNINGHAM 1974, 512) against Calvinist predestination theory as well as other “inconsistent theologies of God’s chastising love” (John Alexander Dowie cited by BAER 2001, 751). The central message there was: “God cannot make you sick” (BAER 2001, 751). Later we will see that Sasao’s conservative affirmation of traditional Protestant views on illness is paralleled by Nakada’s and other Holiness believers’ equally strong emphasis on “works,” again contradicting the theology of North American healers.

Sasao also questions the appropriateness of modern medicine. As a matter of fact, his explanation (see footnote 7) implies a complete denial of its application, but more important than the denial itself is the world view which lies behind it. In sharp contrast to the understanding of North American healers

7. For example, see Albert Benjamin Simpson, *Divine Healing in the Atonement*, paragraph 3: “Sickness is God’s second voice to the man who will not hear His first.” [http://www.davidcox.com.mx/library/S/simpson-Divine\\_Healing\\_in\\_Atonement.htm](http://www.davidcox.com.mx/library/S/simpson-Divine_Healing_in_Atonement.htm) (accessed 1 November 2011).

Sasao starts with an approval of modern medicine as “the natural way” of healing based on the “usage of God-given materials in result of extensive research.” This “natural way of healing” is seen as sufficiently effective in the case of non-believers and animals. But surprisingly, this effectiveness is exactly the reason why believers should not practice it. Since believers have direct access to the power of the blood of Jesus Christ their usage of modern medicine would result in interferences between “natural” and “divine” effects of healing with uncontrollable consequences. For Sasao, the decision to use or not use modern medicine is an ontological and moral problem at the same time. His reference to the effectiveness of medicine on animals could imply a rejection of evolution theory, but there are other holiness believers<sup>8</sup> who directly refer to modern biological thinking and postulate the “entirely sanctified believer” as an achievement of controlled human evolution.

Sasao’s explanation combines world-openness with a distinctively religious standpoint. While physicians and modern medicine have been essentially demonized by North American healers, he depicts them as highly educated men and products of civilization limited only by their secularity. For Woodworth-Etter and other radical healers the “natural way” was not worth considering, since it was simply evident that illness was “abnormal” and therefore only to be healed by the “divinely appointed remedy... the atonement of Jesus Christ” (see Simpson, paragraph 1, cited in footnote 7).<sup>9</sup> The blood of Christ has been central to Christian theology from its beginning, but the recantation of its preciousness in the written work of healers (for example, Simpson) as well as in revival meetings, the ritualistic “sprinkling” and hymnal praise of blood (for example, Woodworth-Etter) accounted for a “magical” implementation transcending the ritual of communion and were clearly fruits of autonomous artistic creation in the field of Christian liturgy.

THE PIONEER OF MORAL INTERPRETATIONS OF DIVINE HEALING:  
NAKADA JŪJI (1870–1939)

Nakada regarded divine healing above all as a means supportive of evangelization. During his stay in the US (1896–1898) he studied at Moody’s, after refusing cooperation with Harris who had picked him up at San Francisco port. In

8. For example, see Satō Shunzō’s reflections on Jesus’ contribution to controlled human evolution in “Eugenics and Euthenics” (*Yūseigaku to yūkyōgaku* 優生学と優境学) in *KT* 24 January 1918.

9. Compared to Woodworth-Etter or Dowie, Simpson’s view on modern medicine was rather moderate, also including affirmative statements. His audience, however, tended to simplify his controversial view as a general denial of modern medicine.

Chicago he experienced baptism by the Holy Spirit and met his later mission partners.

Nakada was a physically strong and to some degree hyperactive person. As a child, his mother brought him to Methodist missionaries in order to discipline his wild behavior. Given his physical and mental conditioning it is a little surprising that he later developed an intensely moral interpretation of divine healing. From the time he accepted the fourfold gospel Nakada emphasized sanctification rather than healing. He regarded temperance, patience, and a simple style of living, that is, moral achievements indirectly relating to physical wellbeing, as evidence of sanctification. However, he also referred to physical healing, interestingly with more cases of organic illness<sup>10</sup> than healers in North America did. Statements from 1912 show his conviction in the biblical foundation of healing which forces believers to practice it. As he states, “Of course we have to seek salvation of soul and body from God. To leave the salvation of the body exclusively to the hands of the physician would be faithlessness.”<sup>11</sup>

He does not reject medicine completely, but suggests it should be complemented by divine healing. In 1916, when his mother-in-law was close to dying of stomach cancer after long-term care for her daughter (his wife), he would recommend his mother-in-law see a doctor. She had accepted Christ only a year ago, so he explained: “I am not the type of person to force belief in divine healing upon others.”<sup>12</sup> For him the call for medicine was a “gentle breeze of human kindness... but trust in the Lord of Hosts is the most secure way [to healing].” Nakada’s wife and his mother-in-law recovered one month later.

In general Nakada liked martial metaphors. Much like North American healers, especially John Alexander Dowie (1847–1907),<sup>13</sup> whose healing tabernacle in Chicago was highly visible, Nakada would see prayer for divine healing as a “war of the spiritual world” against Satan. While World War I was still continuing, Nakada had ended his war, taking it as a sign of Christ’s close return.<sup>14</sup> Spiritual war provided the connecting link between healing and restorationism and despite sympathetic comments on secular healing he still saw his church’s calling

10. In HS and KT he reports cases of bone fractures, lung infections and tuberculosis, brain tumors, comas after brain strokes, lepers, and so on. In many cases the illness is not specified.

11. See “Special issue on divine healing” (*Shin’yugō* 神癒号) in HS 27 March 1912; also in IKEGAMI 2006, 78–80.

12. For this and the following citation see “War on illness and suffering” (*Byōku to no sensō* 病苦との戦争) in HS 9 March 1916; also in IKEGAMI 2006, 80–81.

13. See BAER 2001, 748–54. Baer highlights the significance of Dowie’s determination to continue fighting even after his death until “hell... sin and disease and death are destroyed” (BAER 2001, 766).

14. Four months later, Nakada and Uchimura met for the first time personally and discovered their common enthusiasm for the dogma of Christ’s return.

not in “saving the world, but saving from the world” for “the world as a whole had rejected the establishment of God’s Kingdom.”<sup>15</sup>

This citation was made at Nakada’s “enthronement” as autocrat of the newly founded Oriental Missionary Holiness Church and published when he was already engaged in the SCCM together with Uchimura, starting on 6 January 1918. In order to explain the meaning that has been attached to divine healing in this new situation, I will draw on statements from Nakada and various believers.

#### DIVINE HEALING IN THE CONTEXT OF THE SECOND COMING OF CHRIST: COMPLETE MORALIZATION

At the beginning of the SCCM it was once more stressed that humans often fail morally “because they seek the blessings of God without seeking God himself.”<sup>16</sup> A God-centered life as a precondition of sanctification is constantly stressed: “Complete submission and trust in God” are called “the key for opening the treasure box of God’s favor.”<sup>17</sup> But healing demands belief in what Nakada calls “brown rice Christianity,”<sup>18</sup> that is, the full gospel with special emphasis on God’s signs and wonders. Another obstacle is “spiritual dullness” which makes people unprepared for Christ’s return.<sup>19</sup> Here, the physical process of aging is supposed to be counteracted by refreshing mental and spiritual abilities. Although the term itself is not used in this paragraph, the text hints at a new interpretation of divine healing. During the early stages of the SCCM, references to healing appear in a biographical series on the life of an English evangelist, and from time to time in witnesses. However, they appear predominantly in a memorial series for Sasao Tetsusaburō “who introduced the teaching of divine healing to Japan” and in the summaries of Sunday school.<sup>20</sup>

There, children are advised to pray for recovery rather than go and see a doctor, but even more often they are advised to pray for release from demonic power which inflicts “illnesses of the heart.” Explicitly named as such are con-

15. See “The Church” (*Kyōkai* 教会) in KT 31 January 1918.

16. See “The way of glory” (*Han’ei no michi* 繁榮の途) in KT 3 January 1918. An alternative explanation can be found in the section “Sunday school” (*Nichiyō gakka* 日曜学課) in KT 17 January 1918: “Humans value fleshly matters higher than soul matters.”

17. See “Church news from Nagoya Church” (*Nagoya Kyōkai* 名古屋教会) in KT 3 January 1918.

18. See “Brown rice Christianity” (*Genmaiteki kirisutokyō* 玄米的基督教) in KT 17 January 1918. The term stresses the importance of indigenization while at the same time criticizing modernist images of national identity (white rice).

19. See “Daily renewal of the inner self” (*Naijin hibi arata* 内人日々新) in KT 3 January 1918.

20. See “In memory of Sasao Sensei” (*Sasao Sensei o omou* 笹尾先生を懐ふ) in KT 10 January to 7 February 1918.

tentiousness, disobedience, jealousy, arrogance, pride, anger, selfishness, luxury, crapulence, and “dirty desires.” The availability of deliverance from “illnesses of the heart” (as well as physical dependencies) is taken as proof of God’s existence in the “here and now.”<sup>21</sup>

At the same time Nakada uses every opportunity to infuse fear of death on the side of believers. Since dying without entire sanctification would exclude them from rapture at Christ’s return, they are pushed to work ever more eagerly for the gift of sanctification. It is within this context that divine healing is understood increasingly in moral terms. If physical healing is seen in the light of Christ’s return as a merely “temporary benefit,” but justification and sanctification as eternal achievements,<sup>22</sup> then the moral interpretation of divine healing seems but the only way to keep the dogma itself. Physical healing is still reported, however not anymore as a benefit for the believer, but only for the sake of “revealing God’s glory.”<sup>23</sup>

Alongside the stress of “illnesses of the heart,” the sources obtrusively repeat the idea of divine healing for the purposes of an increased “zeal for good works” which is also thought of as a result of entire sanctification. This is regarded as the other main goal of divine healing besides the revelation of God’s glory. Since “good works” basically refers to missionary efforts, the “call to good works” could hint at the obligation felt by those healed to witness their experience. This point had been also stressed by North American healers who would predict setbacks of illness in case of refusal. But for Japanese holiness “even the most boring work becomes good work,”<sup>24</sup> which hints at a more general application of the term. Since the SCCM was supposed to be a “revolution of morality” the reinterpretation of divine healing in moral terms had become inevitable.

As described in the preceding paragraphs, the early holiness movement shifted its theological emphasis away from the body towards the “heart.” If we

21. See “Let’s touch God” (*Kami ni fureyo* 神に触れよ) in KT 17 January 1918. Other statements expose nineteenth-century cessationism (based on James Buckley) as theological inconsistency. Based on Hebrews 13:8, “Jesus Christ is the same yesterday, today, and forever,” Kiyoyama Kenjirō regards divine healing as an issue of Christology rather than of ecclesiology. Decreasing frequency of divine healing is explained by increasing secularization. This article starts with a reference to the popularity of new religious movements and ends with the claim that the four-fold gospel is the true (and ever) “new teaching” which everybody should believe in. See “The new teaching” (*Atarashiki oshie* 新しき教) in KT 31 January 1918. According to Baer, the emphasis on God’s immanence explains the “antipathy for human and natural means” (BAER 2001, 766).

22. See “But today... (5)” by a female believer using the initials S. A. (*Shikaru ni ima wa (go)* 然るに今は<五>) in KT 31 January 1918.

23. Numerous references could be given here. Nakada states this in the report on the healing of his mother-in-law. The idea can be found with S. A. (see previous note) and with Kiyoyama in “Until the end” (*Owari ni itaru made* 終りに至る迄) in KT 10 January 1918.

24. See “Additional benefits of contemplation” (*Mokusō yoroku* 黙想餘録) in KT 10 January 1918.

further take into account that Christ's return turned out to be believers' ultimate hope in their struggle to harmonize "loved children's deaths"<sup>25</sup> with the doctrine of divine healing, we understand that the additional emphasis shift towards restorationism during the SCCM presented another necessary theological move. As a matter of fact, in 1918, the third component of the fourfold gospel had been dissolved almost entirely into the components of sanctification (moralization) and the Second Coming (restoration).

With its increasing emphasis on moral healing, the Holiness Church did not only distinguish itself from Japanese new religious movements which stayed focused on physical healing throughout World War II; it also developed in the opposite direction of respective theologies in North America. While changes in leadership structure, adjustment to believers' life experiences, and more ambitious self-assertion internally pushed this development, it also reflects the increasing moralization (and spiritualization of morality) of national life beginning in the late Taishō 大正 period.

THE SYNCHRONIZATION OF THEORIES ON DIVINE HEALING:  
THE IDENTIFICATION OF A BIBLICAL VIEW ON DIVINE HEALING

Shortly before the Great Kanto Earthquake in 1923 Nakada published his translation of *Divine Healing*<sup>26</sup> by South African evangelist Andrew Murray (1828–1917). In the "Translator's Preface" Nakada expresses his concern over the multiplicity of theories on divine healing embraced throughout the world, which urged him to specify "an entirely biblical and healthy" (MURRAY 1923, 1) view. Nakada's resentment against "all kinds of fabricated views and sophisms about divine healing" (MURRAY 1923, 1) was, perhaps, not only directed at other Christian denominations but suggestive of diverse interpretations inside the Holiness Church as well. The introduction of Murray's view was meant to synchronize them, while at the same time it tied up moral/spiritual sanctification and physical healing in Nakada's understanding as well. Since Murray's stance represents Nakada's stance in 1923, a short summary of his life and his view of divine healing shall be given below.

The son of Scottish immigrants to South Africa, Murray had studied theology at Utrecht University, where he got involved with a group of radical students pushing revival on the campus; summer vacation travel resulted in an encounter with Johann Christoph Blumhardt (1805–1880). Back in South Africa he pursued a career in the Dutch Reformed Church until 1879 when he suddenly lost

25. Ikegami includes statistics on infancy death rates in modern Japan which show that the declining death rate up till then peaked again in 1918 (IKEGAMI 2006, 86).

26. Nakada obtained his first copy of the book during a world tour in 1921.

his voice. Two years of “silence” made him search for relief in Europe. In London he participated in a convention and met with Otto Stockmayer (1838–1917). At that time Murray was already acquainted with *The Lord Thy Healer* by William Edwin Boardman (1810–1886), an American minister under the influence of Charles Cullis (1838–1892). Their understanding of divine healing was based on James 5:14–16, a passage central to the discourse on healing in Japan as well. Following intense prayer Murray’s voice recovered and he returned to South Africa to become the leader of a local revival movement, proponent of divine healing, and author of more than 240 books.

According to Murray (VAN DE VYVER 2009), Jesus never referred to illness without describing it as evil resulting from sin. Since illness attacks the holy temple of the soul—in other words, the body—believers should be released from it.<sup>27</sup> Murray criticizes “low-level Christians” who deny divine healing—despite Jesus’ atonement on the cross relating in equal parts to body and soul—for their inability to have a close relationship with God. Without the experience of victory over sin they lack a means of persuasion. For Murray, justification and sanctification are not merely two different gifts, but separate acts of faith, and healing depends on their respective degree of strength. He understands illness as a sign of divine judgment, arguing that God “makes use of Satan as a wise government makes use of a jailer” (VAN DE VYVER 2009, 315).

Like Sasao, Murray acknowledges medicine as made by God and its application as the “natural way,” while at the same time pushing for a decision for the life of a believer. Although the young Murray met with Stockmayer and Blumhardt, who emphasized the “promise” of health throughout the Bible, declaring illness to be “not of God’s will,” he finally leaned towards Boardman’s moral perfectionism.

*North American Concepts in New Context: Old and New Radical traits*

A summary of the interpretations of divine healing chosen by Sasao and Nakada shall not be given here. It should be clear that their respective preferences have been heavily influenced by their respective physical and mental conditioning.

In general we can say that both of them avoided interpretations of the radical wing of holiness, although they witnessed its influence in North America during their sojourn and stayed influenced by it through their cooperation with the Cowmans and Kilbourne. Furthermore, no matter how radical their acceptance of Christianity may have been to them, in transmitting holiness teachings to Japan they did not display the “autonomy of artistic creation” that can be found in North American radical holiness healers and incipient Pentecostalism. This is not to say that they lacked creativity at all. Commitment to hymn composition,

27. This argument was also raised by Dowie and Woodworth-Etter (BAER 2001, 765).

the use of traditional Japanese instruments, and the implementation of performing techniques during holiness meetings bear testimony to their creative activity. However, with regard to dogmatic development, they seem to have sought out the most traditional and in large parts conservative interpretations that would still allow for a contemporary practice of divine healing.

Nakada himself did not fear any scandal or accusation of irrationality, but he increasingly understood the importance of biblical support for holiness doctrines, thus fostering the biblical fundamentalism inherited from the North American holiness movement. The early Japanese holiness movement experimented also with radical traits unrelated to divine healing such as communal life with shared finances and unpaid evangelistic work.<sup>28</sup> Later Nakada's enthusiasm for a perceived genetic link between the Japanese and the Jewish people would be for many believers too "radical" and resulted in a schism of the church.

The stress on curses was not new to Japanese religious thought, whereas the correlation of illness with the violation of God-given law contradicted the modern stance of *hirihōkenten* 非理法權天, the superiority of imperial authority over any law. This trait provided one of the reasons for state repression during the 1940s.

But what kind of responses did these holiness teachings on divine healing earn from the broader Christian community? As explained earlier this paper will focus on Uchimura's response.

*Responses to the Early Holiness Movement's Doctrine of Divine Healing:  
Uchimura Kanzō and his View of Divine Healing*

Although Uchimura's final conclusion<sup>29</sup> also pointed to the Second Coming of Christ as the only hope against the existential varieties of "death," he perceived the holiness doctrine's swift transition to the Second Coming to be a shortcut that is a little too short. When Uchimura pursued his studies in New England (1884–1888), regular holiness summer camps took place near Amherst, and Uchimura reportedly attended at least one of Moody's lectures. Presumably he was acquainted with a variety of healing theories.

28. For the rest of the believers Nakada aspired to motivate them to give the highest monthly offerings among all denominations in Japan. Every synod reported the ranking of the holiness offerings.

29. SUZUKI (1962) sketches the development of Uchimura's interpretation of human suffering in four phases, with the last one being dominated by Uchimura's complete surrender to the coming of Christ. He also indicates that Uchimura suffered from a severe fear of death. However, he does not consider Uchimura's understanding of divine healing. HARAJIMA (1983) considers Uchimura's view on divine healing but does not read it as a response to holiness doctrine. This section will try to focus on Uchimura's critique of holiness healing, which still includes the possibility of a conceptional influence.

Ten years senior to Nakada, Uchimura had been writing on the topic of “faith cure” even before the Japanese holiness movement came into being. His *Consolidations of a Christian* (*Kirisuto shinto no nagusame* 基督信徒の慰) and *Search after Peace* (*Kyūanroku* 求安録) from 1893 both contain well-known paragraphs on the meaning of (terminal) illness, although he used to focus on other forms of suffering. Uchimura focused on mental suffering resulting from interference in daily life. He called for a correct understanding of modern medicine that “has not yet entirely understood the miraculous microcosm of the human.” “The power of life (*seiki* 生氣),” he continues, “permeates heaven and earth and constantly works to stop decay and disintegration. If all doctors send me away, I will go to the doctor of doctors, the creator of heaven and earth” (UKZ 2: 60–71).

Uchimura defines “faith cure” as “relying entirely on hygiene and prayer” and insists on its “scientific truth.” For Uchimura a combination of “the natural way” which works well on “lower-class animals” with “a peaceful mind” comprises “the most educated way of faith cure” and “excels methods of healing that regard the physical body as test object” (UKZ 2: 60–71).

In contrast to the (not-yet-pronounced) holy emphasis on works Uchimura proclaims: “Work is not the goal of Christianity.” He explains God’s use of illness as a preventive measure against workaholicism. Since “in this world illness exists for the reason to have objects of love,” the sick person should accept his/her “privilege of being the one to be loved” and engage, depending on his/her condition, in Bible reading, contemplation about God’s providence, and “recognition of humanity’s permanent suffering” which would “deepen [his/her] capacity for compassion.” Uchimura conceives illness and suffering in this world as hinting at humanity’s “animal” dimension and therefore prompts the sick person: “The animal part of you is suffering, but the angelic part of you is gaining health. Abolish your animal pleasures and catch hold of angelic pleasures!” For the nurturing of that “angelic” side “God inflicts the hardest suffering on those he loves most” (UKZ 2: 60–71).

He repeats this idea, which holds elements of chastising judgment while transforming it into a form of medical treatment in basically all texts relating to healing. Although there is a common line of argument with holiness notions of judgment, he stresses God’s fondness as motivation to a degree that makes the sick person look like the privileged one.

In *Search after Peace* (UKZ 2: 178–86) Uchimura criticizes healers who pretend to heal by “defining illness away” like “Unitarianism defines sin away.” The connection is not arbitrary, since he uses it to attack moral perfectionism: “Quick temper is one of my character traits.... But does this mean that anger is no sin to me? When somebody violates my rights without reason I must anger, and I do not regard this kind of anger to be sinful. But when this anger extends into thoughts of revenge that seek to pay back harm with harm then I am com-

mitting a sin.” Statements of Uchimura like this illuminate his differentiated understanding and critique of what Nakada called “illnesses of the heart.” Actually, Uchimura felt more alarmed about “malpractice of intellect” (*interekuto no ran'yō* 知能の濫用), in other words, a sin against the Holy Spirit and therefore a “terminal illness” (UKZ 9: 391).

From 1902—in other words, when the early holiness movement had started its activities in Tokyo,<sup>30</sup> Uchimura kept responding to questions about divine healing from readers of his periodical *Biblical Studies*. His article “The tribulation of the Christian believer” (*Kirisuto shinto no kannan* 基督信徒の患難) outlines his view of illness as a form of medical treatment. When believers take the “stimulant drug” of suffering they “start to see the glory of heaven” and receive step by step more mercy from God. Uchimura imagines humans as vessels designed to contain God’s mercy. However, these vessels are very narrow at birth and therefore need to be “continuously widened” through the “softening agent” of suffering (UKZ 10: 165–71).

“About the possibility of faith cure” (*Shinkō chiriyō no kahi* 信仰治療の可否, 1902) supports the use of medicine/doctors, although they should be chosen carefully. In an age of advanced medical science, “in most cases God would not use his miraculous powers, but save the sick with medication.” He cites a number of Bible passages which show God or Jesus using substances in healing that could be thought of as medication and even claims individual approaches to illness since Jesus “seems to have chosen different ways of healing depending on the person” (UKZ 10: 388–91). One year later he suggests that God “wants to work higher [wonders]” than temporary cures for the body, in other words, “God wants to save people forever” and therefore only rarely performs miraculous healing. But as healing of the “interior spirit” will result in a healed “exterior body,” Uchimura praises the “hygienic value of sanctification (holiness)” (UKZ 11: 497–504) which is, above all, entirely for free.

“On divine healing” (*Shin'yu ni tsuite* 神癒について) from 1906 adds new elements by stating that no matter how much the proponents of divine healing stressed the importance of faith, they nonetheless contributed to the process of secularization. Since faith should not rely on “signs and wonders” divine healing will never become a credential for him, he declares (UKZ 14: 23–31). One month after this declaration Uchimura contracted an illness and he reports on this (co) incidence stressing once more that he “cannot yet comply completely with the so-called doctrine of divine healing.” But at least his illness made him find his “only comfort in the hope of glory in Christ’s kingdom.” The article ends with the words: “Illness might be healed or not be healed.... Faith that does not ask

30. From 1903 Uchimura and Nakada were teaching in close neighborhoods, since the holiness Bible school moved from Kanda 神田 to Kashiwagi 柏木 in Shinjuku 新宿.

for health is precisely the kind of faith that has the strongest power to restore health” (UKZ 14: 42–45).

Only in 1912, eight months after his daughter Ruth’s death, does he return again to the topic. During Ruth’s illness Uchimura consulted Sasao, of whom he got a very favorable impression. But the death of his daughter changed his understanding of divine healing: “People who speak of divine healing and regard cures for the physical body as a special favor/mercy of God misunderstand the spirit of Christianity,” he states. “The greatest mercy consists not of being saved from death, but of encountering death and being saved out of it” (UKZ 19: 211). Those who “cannot believe without seeing ‘signs and wonders’” are too preoccupied with results and effects which lead them to misconceptions of Jesus’ atonement on the cross. Christianity in Japan should throw away its American utilitarianism and return to the faith of “faith alone” (UKZ 21: 24–31).

In “Strength and weakness of faith” (*Shinkō no kyōjaku* 信仰の強弱) from the same year he compromises and states that result-oriented utilitarian faith is not “mistaken faith” but “weak faith.” But Uchimura also criticizes the overemphasis on emotions, that is, “subjective psychological experiments” (UKZ 21: 203–11).

Then, at the start of the SCCM, he declares, “I do not believe in so-called ‘divine healing’” (UKZ 24: 47–49), and after the end of the cooperation with Nakada, Uchimura reveals that he had been criticized from within the movement for being “a disbeliever of divine healing” (UKZ 25: 274–75). But in 1922 he suddenly proclaims, “I believe in divine healing” (UKZ 27: 184–85). Still this proclamation comes with a disclaimer, in other words, that healing *results* in the healed person’s complete submission to Christ, but he does not make submission a *precondition* to healing. And in line with holiness teaching during the SCCM he adds that divine healing occurs to enable a person to “finish his/her God-given work.” His last statement on divine healing was written close to his death and still seems to echo his encounter with holiness healing: “Today I was again thinking all day long about the issue of health. [My] conclusion was that humans, i.e. doctors, are unable to heal the disorders of that ingenious machine, which is the physical body. Only God who created it can heal its illnesses. Finally, I myself turn gradually into a believer of faith cure” (UKZ 35: 531).

### *Divine Healing in Relation to the Modern Japanese Discourse on Medicine and Religion*

What can we say about the early holiness movement’s understanding of divine healing based on Shimazono’s approach? First of all, the movement’s distinction between sanctification and healing led to a conceptual split between the physical and the moral/mental/spiritual spheres. Within the movement as a whole both sides still appeared to be in balance, but to outside observers their doctrine

seemed to disconnect the body from the soul. Although divine healing aimed at re-sacralizing the body, it was perceived by observers as a materialistic concept pushing secularization. The doctrinal distinction allowed for the division of tasks that was not necessarily exclusive, but enabled Sasao and Nakada to specialize in their favorites according to their respective physical and mental conditioning. Sasao concentrated on physical healing/care; having been impressed by female believers (his host mother in San Jose) and Woodworth-Etter he himself took on the role of a “mother” for holiness believers. Nakada tied healing to the mental/moral sphere/care, thereby almost dissolving it into the dogma of sanctification. Because of such a division of tasks the death of Sasao immensely influenced the further shaping of the doctrine.

During the SCCM, however, the attention of the whole movement was drawn towards the mental/moral sphere. Given that the SCCM was one of many alternative spiritual movements during the Taisho period arising in response to perceived insufficiencies and distortions of the time—in other words, shallowness or lack of public morality—the adjustment of holiness doctrines must be seen as a natural development. While the popularity of divine healing without an emphasis on morality in the West has been understood as an expression of the spiritual devastation after World War I (MEANS 1925), I would suggest that the moralization of divine healing in the Japanese holiness movement resulted from increasing social imbalances under the push of the war economy followed by the onset of a recession, that is, imbalances calling for a “revolution of national morality.”

The prescription of Murray’s *Divine Healing* as an “entirely biblical view” in which physical healing and moral perfectionism represent two faces of the same coin can be understood as an attempt to correct earlier problematic tendencies of separation. Nonetheless, as long as the Holiness Church continued to preach the fourfold gospel it could not completely overcome the separation of body and soul/mind indicated in Shimazono’s first division.

Uchimura’s critique of holiness healing as “secularization” is based on his own view of the body as the “animal” dimension, which denies the holiness movement’s claim of a “sacral body,” as well as on his antipathy against “American” utilitarianism. Uchimura’s early understanding seems to be influenced by Inoue Enryō’ (1858–1919)s “method of psychological healing” (*shinri ryōhō* 心理療法) that managed to keep the traditional interrelation of the two spheres by introducing (modern) knowledge on psychosomatic effects. Uchimura *differentiated* the physical sphere from the mental/spiritual/moral sphere and *rated* them according to their “sanctity.” Still he did *not divide* them but rather postulated them as bound together by a positive correlation of physical (and mental) suffering and spiritual/moral wellbeing.

Returning again to holiness doctrines, the proclamation of “universal healer-ship” in the sense that everybody could heal or be healed under just two condi-

tions, in other words, faith (as result of justification) and sanctification, definitely worked against modern medical professionalism and thereby strengthened independent believer's lives. Dualistic conceptions of a chastising God and of devils that must be expelled may be unattractive to educated Christians; but to believers of the early holiness movement such conceptions were more comprehensible than modern medical terminology and (or because) they provided a sort of "explanation" in cases where doctors had no clue. Still, the gulf between secular physicians and religious healers was not as deep as in North America. Since the Japanese holiness movement attracted few from the middle class, although mostly people who could not afford doctors anyway, polemics perhaps were dispensable. Divine healing was "sold" as a privilege to the financially deprived. The transformation of financial/social deprivation into privilege must have implied an enormous mental gain.

As a privilege of the poor, divine healing demanded the outright denial of medicine. The refusal of modern medicine may have been a passive one, but nonetheless was a way to prevent adverse effects. In conclusion we can say that the early holiness movement struggled with the body-soul/mind-unit, a division of which historically created the base for Illich's social iatrogenesis. However, the holiness claim of religious authority over both spheres still prevented it from developing social iatrogenesis in the form of dependence on medicine.<sup>31</sup> Furthermore the holiness response towards clinical iatrogenesis was very consistent. With his emphasis on the selection of "faithful" doctors and modest use of medication Uchimura presents another Christian option of resistance to social and clinical iatrogenesis.

But how about the prevention of cultural iatrogenesis? To what degree did holiness doctrines help believers endure fundamental human experiences like terminal illness, aging, and death? While the believers themselves seem to have been satisfied with their hope of Christ's return, Uchimura's critique of the holiness movement's understanding of divine healing focused precisely on this point. Instead of explaining illness (and suffering) away he pleaded for the wholehearted acceptance of all kinds of suffering and stressed this approach in his theology.

So far Western research on divine healing has concentrated on the healer's contribution to theology, but with Shimazono's approach we catch sight of their contribution to the modern medical discourse. The early holiness movement and Uchimura were fighting on the same frontline of the conceptualization of illness and health. While proposing different solutions, their common con-

31. It must be noted that holiness theology, like most Christian theology, saw believers as entirely dependent on Christ.

tribution to the discourse can be seen in reclaiming medicine/healing as a field relating to morality.

However, the moralization of healing was embedded in a larger process of moralization and of the spiritualization of morality which fed on an increasingly anti-modernist national ideology. Because of this background it is necessary to consider Shimazono's second division, the distinction between private and public value(s). In a sense the shift in the holiness movement's interpretation of divine healing from personal benefit towards the purpose of "revealing God's glory and infusing zeal for good works" can be understood as a process of absorption into national value(s). As a matter of fact, this theological shift was accompanied by strong nationalist sentiment. But even without overt nationalism, "national value(s)" can be understood as a reference to "God's kingdom" in the Christian context.

Before arguing about faith cures, the young Uchimura used to see suffering as a means of becoming a serviceable citizen. After 1891, he replaced this "confucianist idea in the style of the Mitō School" (SUZUKI 1962, 97) by a more Christian interpretation, but never stopped aspiring to be in service to his nation. Uchimura's preference for spiritual and moral health over physical health basically shared the newly-founded Holiness Church's assumption that the Japanese nation was in need of a spiritual and moral recovery. It was exactly for this reason that Uchimura cooperated with Nakada in the organization of the SCCM.

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