Religious Conversion and Elimination of the Sick Role: A Japanese Sect in Hawaii

It seems safe to assume that every society has its definition of illness as a social role. The sick person as a role occupant can claim certain rights, such as the right to be exempted from work and other normal obligations and to be treated with 'compassion, support, and help' (Parsons, 1964, 113). Precisely because illness is a social role, the contents of privilege vested in illness are likely to vary from one social system to another such that they are fitted into a particular system as a whole, of which the sick role is a part. When a new social system emerges, a new definition is likely to be given of the sick role. An emerging religious sect is most likely to carry its own definition of health and illness, as well as death, as an essential component of its culture. If healing takes place as a sectarian performance, it can be understood, I assume, in the light of the sectarian definition of the sick role.

I would like to explore possible relations between religious commitment and healing phenomena, with special attention to the redefined sick role. Religious commitment here specifically refers to conversion to a new sect which involves intense interaction between the candidate and proselytizer for conversion, exclusive membership in the sect, sustained participation in the sect's collective action, and rigorous conformity to the sectarian norms.

The sect studied is formally called Tenshō Kōtai Jingu Kyō, more commonly known as the Dancing Religion because of the outdoor collective dance, a part of its regular ritual which is most visible to the outside public. Here I shall abbreviate it as Tenshō. Tenshō emerged in postwar Japan under the leadership of a middle-aged farmer's wife, Sayo Kitamura, who came to be addressed as Ōgami-sama, great deity. In 1952, the first overseas division of the sect was established in Hawaii, and its membership is roughly estimated to have reached 500 as of 1965. The following analysis is based on a year-long field research (Lebra, 1967) on Tenshō converts in Hawaii. The data were collected through interviews with fifty-five Honolulu members over thirty years old and through observation of collective activities at local branch meetings. Most interviewees had had direct contact with Ōgami-sama, the self-appointed messiah, at one phase of conversion or another, which was made possible by her occasional visits to Hawaii or by the follower's pilgrimage to the sect's headquarters in Japan. Being either issei (Japan-born immigrants)
or *nisei* (issei’s American-born children) including *kibei* (American-born returnees from Japan after growing up there), the informants all understood Japanese with varying degrees of literacy and bilinguality. As for class background, they were found distinctly lower in education and occupation than members of a Buddhist church in Honolulu. Among various reported evidences of salvation, healing was mentioned most frequently. Sixty percent of the informants who had been ill or whose family members had been ill or both, \( N = 40 \) declared that complete healing had taken place due to conversion; 20 percent claimed definite improvement. Post-conversion experience of healing was reported even more frequently in both interviews and weekly congregations. Whether one should accept such information as reliable or reject it as a wishful distortion, or whether conversion did not bring the opposite outcome (aggravation of illness or death) as well, does not affect our analysis. Our interpretation of the sectarian redefinition of the sick role should account for both the reported successful curing and unreported aggravation of illness.

As in many other religions, Tenshō ideology identifies illness as a sign of supernatural potency. Therefore, a brief review of Tenshō concepts of the supernatural is necessary. In my informants’ vocabulary a variety of supernatural agents associated with illness were found. The supernatural being may be suprahuman, human, or infrahuman (e.g. dog spirit); it may be emitted from a dead person (a dead spirit) or a living person (a live spirit); and it may be familiar or strange to the person being possessed by it. It may be benevolent, malevolent, or neutral, and thus sickness may be taken as a sign of the disciplinarian intent of a fatherly supernatural, as an attack by a hostile spirit which is jealous or holding a grudge or as a gesture of a dead person’s spirit trying to call attention and solicit help from the living person.

The central supernatural figure in Tenshō is the Kami, specifically identified as Tenshō Kōtai Jin (the heaven-illuminating, great-ruling deity), who is claimed to have descended into Sayo Kitamura’s abdomen and transformed her from a simple farmer into a third messiah after Buddha and Christ. Tenshō Kōtai Jin has partial identity with the Shinto Sun-Goddess, Amaterasu – a point which cannot be overlooked in understanding the conversion of the people of Japanese ancestry, particularly of *issei* and *kibei*. This supreme Kami causes sickness to give divine tests. However, sickness is usually associated more with lesser spirits, or both the Kami and lesser supernatural agents are believed to be jointly responsible for sickness.

A word about a semi-supernatural agent called *innen*. *Innen* is understood as a Karma chain, fate or bondage that is transmitted from one individual to another through consanguineal links in most cases but not always. *Innen* is the most frequently mentioned symbol to explain sickness, although, here again, *innen* may join the spirit of one or another dead person in causing illness.

Given the above cognitive orientation toward sickness, it follows that the sick role must be redefined. The following analysis focuses upon the evaluative change of the sick role. Evaluation of the sick role refers to judgment of sick-role occupancy in terms of good or bad. It falls into two cate-