Comparisons are telling. The famous itinerant evangelist, Song Shangjie has been set side by side with the best preachers of his day and ours: Billy Sunday, Billy Graham, and David Yonggi Cho. As the comparisons suggest, his preaching ministry has come to define his work. At the time of his labors, however, the matter would not have been so clear-cut. On May 21, 1936, for instance, Chen Rongzhan attended a Christian revival service in order to capture part of what happened during “One Day in China.” In the essay he submitted to be published alongside 468 others, which cumulatively tried to document the scope of what happened in China on that given day, Chen likened Song Shangjie to a “travelling medicine peddler.”

Intriguingly, Chen said little about the sermon, but twice, in his brief 1,000-character essay, he drew comparisons between Song and the medicine peddlers who were active in China’s diverse medical community. Of course, one can easily detect the condescension in his description. Chen submitted his essay, after all, to be published as a depiction of China’s “superstition.” But what is not so easily dismissed is his decision to cast Song as a type of medical practitioner. The fast-talking revivalist did not awaken in him associations with other preachers, or even teachers of the Dharma. Chen may have doubted the efficacy of what Song and other medical hucksters had to offer, but, like so many others in Republican China, he understood Song to be first and foremost a type of healer.

The image of Song as a faith healer would not have appeared odd to those familiar with his services. Even Song’s hagiographers, who unanimously tried to minimize his healing ministry lest it supersede more “spiritual matters,” have had to acknowledge its presence. Song’s healing work was inescapable. Those uncomfortable with its prominence have

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2 In 1937 Stanley Carson lamented that Song’s healing services were overshadowing more “spiritual matters.” Subsequent biographers went to great lengths to demonstrate that Song carefully contained his healing ministry so that it never rivaled his evangelistic work.
emphasized that Song held only one special service dedicated to healing near the end of each revival. They did not mention, however, that Song never deterred people from pursuing God’s touch either before or after that designated time. When he concluded every service, for example, by inviting people to come to God with their “sins that oppressed, evil, and burdens,” most people understood him to be offering them a chance to escape anything that tormented them—including sickness. Song’s journals reveal that sick people came to him constantly, meeting him on the platform at the end of his message, or arranging to visit him between services. Daily he responded to requests to pray for whatever might ail a person.

In fact, healing became such a regular part of Song’s life that shortly after his first healing he was already speaking about it in casual terms. “I rode the car home [from the revival service],” he jotted down in his diary, “My host’s little son was sick. I laid my hands on him, prayed, and he was healed.” And then, without further comment or transition he added, “In the afternoon, I forgot my Bible, and had to borrow [someone else’s].” Healing the sick was just that routine.

The abundance of evidence makes Song’s healing ministry attractive to study. For the purposes of this panel, it acts as an ideal window into the process indigenization. Indeed, healing appears to be a kind of ground zero for indigenization. As Amanda Porterfield has observed, for ages Christians have borrowed “techniques and ideas from other religions and from numerous forms of medicine” as they propagated their faith. With a person’s life at stake, the Christian healer is hard pressed to adopt the vocabulary and practices their patients expect. If someone asks for bread, those offering divine healing can hardly hand him or her a stone. Or can they?

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3 Cornelie Baarbé, Dr. Sung, een Reveil op Java: Over de Evangelist Dr. Sung en zijn preken (Den Haag, The Netherlands: Voorhoeve, 1960), 26
4 Song Shangjie, April 14, 1934, journal entry, Diaries of Song Shangjie, Trinity Theological College, Singapore.
This paper argues that Christian indigenization is not always a straightforward move toward the adoption or adaptation of local ways. Song did not borrow traditional Chinese medical or religious healing practices. Instead, indigenization came through a series of painful personal negotiations, the end of which required him to conform his work of healing not to any of China’s religious or medical ideals, but to its social reality. Song’s message of divine healing became part of China’s medical pluralism.

**The Question of Indigenization**

Much of the scholarship on Chinese Christianity over the last two decades has emphasized the continuity between “independent,” or “popular” forms of the faith with earlier Chinese religious traditions. Some scholars, for example, have argued that the ministry of Song Shangjie “converged” with popular Chinese religious sensibilities. In doing so Song created, to borrow a phrase from Daniel Bays, a kind of “sectarian-Christian fusion”—a blend of heterodox Chinese religious practices with a Pentecostal style of Christianity.6 From that perspective, Song’s “magic of healing” overlapped significantly with traditional Chinese forms of religious healing.7 In other words, Song’s ministry was successful, because it was indigenized.

Indigenization, however, is a slippery concept. Who is the agent? What exactly is he, she, or are they indigenizing? How does one know when indigenization is accomplished? When dealing with such an important, but elusive notion, one is tempted to think in lists. In one column, a person might imagine the ideas and practices that Song employed in his healing ministry. In the other column, a person might note the precedents in Chinese culture or jot down the parallels with Chinese practices. It might be simplistic, but it is this process that suggests the

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“uncanny resemblance” between Song’s style of Christianity and popular Chinese religion.\(^8\)

Certainly even a cursory glance at how Song practiced healing reveals some fascinating parallels. For example, he claimed not to be involved in the healing process. “I am nothing more than a piece of wood,” Song wrote in his journal, “God’s power borrows me to make itself manifest.”\(^9\) When asked why he jumped around during his revival services, Song explained, “When I preach it is not really I who preach, but God’s Spirit who manifests himself through my body.”\(^10\) His comments were almost identical to those made by shamans. Shamans insisted that they were not the ones at work in healing encounters; it was the god who temporarily possessed them who aided the afflicted. Onlookers knew when the god was present because the shaman began to jump rhythmically and breathe heavily.\(^11\) Possession by a divine being was described and enacted by Song and shamans in similar ways.

Overlap with popular religious ideas also appeared in how Song used the Bible as an object imbued with special power. His recitation of Scripture during healing and exorcism demonstrated that he saw the Word of God as authoritative over sin, sickness, and evil spirits. He also described the Bible as possessing healing qualities. In a sermon on the woman who suffered from bleeding for twelve years (Mark 5:25-34), he explained to everyone assembled: “If you want your issue of blood to be healed you must touch Jesus’ garment every day…. Jesus’ garment is the Bible. Just as power went out of Jesus when the woman touched him, so if we read the Bible every day, Jesus’ power is able to flow into our bodies.”\(^12\) Such beliefs had precedents in Chinese culture. Daoist priests used spiritually charged objects to heal people, and

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\(^8\) Lian, 9.
\(^9\) Song Shangjie, December 10, 1931, journal entry, Diaries of Song Shangjie, Trinity Theological College, Singapore.
\(^12\) Song Shangjie, “Zhiyao yangwang yesu [Just Look to Jesus].” *Budaozazhi [Evangelism]* 7:1 (1934): 9.
sacred texts were so potent that just owning a copy could act as a talisman.\textsuperscript{13} People across China recognized that holy books were potent, and Song’s use of the Bible coincided with that widely held conviction.

One also notices that Song’s explanation of sickness converged with Chinese folk and religious explanations. His insistence that sickness grew out of sin was not a foreign concept. Michel Stickmann has observed that for almost two millennia, “The presence of sickness [in China] was thought to indicate some moral failing.”\textsuperscript{14} Western biomedicine, by contrast, diminished the “blame culture of illness,” by externalizing the cause of sickness (in a pathogen).\textsuperscript{15} Sickness no longer came from sin, but from unwanted cells. Some people may have found that new medical message liberating, but others found it unhelpful. It reduced sickness to chance, and thereby undermined attempts to make meaning out of the suffering. Most Chinese people, it appears, preferred the traditional message captured in shanshu, ubiquitous books on moral improvement that were passed out for free by those wanting to acquire merit. “Misfortune or good luck have no need for doors—man himself call them in,” such books explained, “The rewards for good and bad are like the shadow which follows the object.”\textsuperscript{16} The belief in the causal connection between sin and sickness rarely created such thorough consistency as to send those with common temporary ailments on a quest to purify their souls.\textsuperscript{17} It did mean, however, that when a particularly painful or intractable illness brought a person low, he or she could explain it, and pursue a religious solution—just as Song Shangjie always said.

\textsuperscript{14} Ibid., 2.
The list of similarities goes on. Religious healing in China, for instance, was almost always a public event. Song’s healing services, and even the way penitents huddled together and pled for mercy with tears as they waited to speak with Song personally, fit that pattern. Something similar could be said about how Song and other ritual experts dealt with sickness as not merely a biological issue, but as a social reality. They both treated the person rather than the disease. One could also note how Song’s practice of healing was non-invasive, maintaining the Chinese medical tradition that a body should not be violated by any kind of cutting or surgery.

If a person wants to find commonalities between Song and various Chinese healing practices that preceded him, the ancient adage applies: seek and you will find.

The problem is not in finding similarities, but in interpreting them. Does the fact that Song thought or acted in ways that were part of a longer tradition of healing in China mean he crafted his ministry to conform to those canons? It seems unlikely. Better explanations lie closer at hand. For instance, Song’s ideas and practices of healing had biblical precedents. People “possessed” by the Holy Spirit were part of the Christian understanding of the past (cf. 1 Sam 19:20-24), and they were promised in the future (cf. Mark 13:11). His connection between sin and sickness was thoroughly rooted in the stories of God chastising Israel for her sins, and using various plagues and illnesses to turn Israel to repentance. Explanations for Song’s ideas about the causal link between sin and sickness do not require Daoist or Buddhist precedents, especially when, according to Amanda Porterfield, the “affirmation of a connection between sickness and

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sin lies at the root of Christian teaching.”21 Most importantly, Song did not learn his healing ministry from interactions with Chinese religious or medical specialists. He only began healing three years into his ministerial career, after he joined the Bethel Worldwide Evangelistic Band—a group inaugurated by the American holiness movement, and infused with the movement’s outlook on healing. In fact, the traveling team wrote into its founding document that wherever it went, it would preach the holiness message that Christ’s atonement did not only deal definitively with sin, but also with sickness.22 Song did not need to cast his healing work in the form of any particular Chinese ideas or practices when Christian Biblicism and the holiness movement already shared them.

In truth, much of the discussion about religious indigenization flounders on this very shoal. The points where Christianity is said to converge with indigenous ideas or practices are often at the extraordinary or exotic places, like where miraculous and supernatural elements emerge.23 This, however, is an unhelpful observation insofar as religion—by many definitions—is concerned with these very elements. The fact that Song and other religious medical practitioners in China worked for miraculous cures, battled against evil spirits, or used objects charged with supernatural power says little about indigenization. It primarily affirms that Christianity and Chinese religions, as well as virtually every other faith, believe in and try to interact appropriately with the non-material world.

The compatibility between Song’s healing ministry and Chinese religious healing ceremonies are nonetheless real. They are not to be ignored, even if they can be explained as part of the structural similarities that Carol Laderman and Marina Roseman see as present in all

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21 Porterfield, 5.
healing encounters. The likenesses that existed between Song’s work and those of other Chinese healers, no doubt, facilitated people being ready and eager to respond to his invitation to come for healing. That is both important and true. What it does not prove, though, is that their many resemblances equaled identical patrimony. Neither does it mean that Sung or his listeners bent his ministry in order to fit with some preexisting form of Chinese healing. Indigenization, as a process that describes change, did not happen primarily—if at all—in the realm of theological ideas or ritual practices. Little variation existed in Song’s healing ministry from the time it began until near it ended. To find indigenization in Song Shangjie’s healing ministry, an adaptation to or an adoption of local lifeways, one must look elsewhere.

**AN ALTERNATIVE STORY OF INDI GENIZATION**

If a person wants to see how Song’s interaction with the various forms of healing available in China changed or adjusted his own beliefs and practices, then one should not focus on his theology or ritual, but on his own pursuit of health. Before Song joined the Bethel Mission, and began healing in Jesus’ name, he used a number of methods to relieve his own ailments.

When he was 18, and hoping to study in the United States, Song discovered that trachoma might prevent him from fulfilling his dream. In his short book *Wode jianzheng, My Testimony*, he described how he went to the mission hospital for treatment, and credited the care he received there for allowing him to study abroad. Yet, in the subsequent paragraph, he added that the local barber used a “bone instrument and scraped my eyeballs, and washed and rinsed them until I felt a great amount of comfort. I went to the barber’s several times and had had this

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done, and without medicine my sore eyes were healed.”\textsuperscript{25} The two treatments, from Western and Chinese medicine, were received almost simultaneously and were thanked alike.

Later, during his studies in the United States, Song was hospitalized for an anal fistula. He appreciated the gentle care he received, and in his diary would speak of the marvelous relief he experienced from the ministrations of the doctors and nurses, though, regretfully, the fistula never really healed. Perhaps because biomedicine never cured him, Song did not confine himself to the hands of physicians trained in Western medicine. Upon his return to China, for example, he immediately visited the local temple in his village in hopes of assistance from Guanyin.\textsuperscript{26}

Before his Christian ministry began, Song was open to a range of medical care options, whether it was Western biomedicine, Chinese folk medicine, or religious healing.

A noticeable shift happened after he became an itinerant evangelist with the Bethel Mission: visits to all health care providers stopped. Sung was not spared from sickness. In fact, he regularly told audiences how various afflictions threatened to undermine his work. In each case, however, the illness was overcome by divine intervention. When he lost his voice, for example, he counterintuitively added more sermons to the day, reasoning that God would be forced to perform a miracle on his behalf, lest God be ashamed of a silent preacher. At other times, Song reported that he overcame the temptation to cease his peripatetic life and return home by remembering that each time he saw his family his daughters became sick. God, he reasoned, wanted to keep him moving. A fact confirmed, it seemed, when his girls’ health would rebound upon his departure. Once, Song became extremely ill, and a colleague trained in Western biomedicine believed he suffered from a weak heart and predicted a dire outcome if Song continued to work so hard. In response, Song summoned two friends to pray for him, and

\textsuperscript{25} Song Shangjie, \textit{My Testimony}, translated by E. Tipson (Kuala Lumpur: Caxton Press, 1936), 33.
\textsuperscript{26} Song Shangjie, November 14, 1927, journal entry, Diaries of Song Shangjie, Trinity Theological College, Singapore.
as they did so his back “felt extremely hot, like burning fire.” Song left that place and went on preaching—almost without ceasing—for the next nine years of his life.

With such divine resources at hand, other forms of healing were unnecessary. That did not mean they were necessarily bad. At least the numerous physicians trained in Chinese medicine and Western biomedicine, who supported Song’s ministry, never understood him to say such a thing. It was just that their methods of healing were superseded. In Song’s mind, relying on human agents for healing was superfluous at best, a sign of faithlessness at worst. In one telling example, Song rebuked a man who came to be healed of his poor eyesight. Right as Song stretched out his hands to anoint the supplicant with oil, he caught a glimpse of the man’s glasses in his shirt pocket. He quickly withdrew his arms and rebuked the supplicant: “You should have thrown [your glasses] away if you really believed!” Human medicine, in any of its various forms, was like those glasses. You could use it as a crutch, but why limp along when God offered total restoration?

Why, indeed?

Near the end of his career, Song discovered why so many who came to him for healing also sought help elsewhere. Divine healing was not an infallible cure. This became painfully obvious to Song in his own body. His anal fistula never went away. Since his time in the United States, Song suffered from the fistula, but after his evangelistic ministry began with the Bethel Mission, he had refused medical treatment. He believed to do so would undermine his message of divine healing. Instead, he redoubled his efforts at following his own prescription to receive divine healing. He raked his own heart to uncover any unconfessed sins, confessed them, and pled for mercy. When no relief came, Song began to use a sharp stick to puncture the abscess that would form near his anus, and thereby find some relief as the pus drained. He took to
washing his underwear in the privacy of his own room. He dearly wanted to hide the soggy mess he peeled off after every service. His diligence in the matter may have hidden the blood, but he could not disguise the weakness. In December 1939, Song was so weak he preached lying down on a cot. At the beginning of January he was on a steamship returning to his home in Shanghai, so sick that his career as a revivalist-healer was over.

Even so, Song never abandoned his belief in divine healing. Although the fistula had grown to be the width of a human fist, and had carved out a tunnel into his body a foot deep, Song resisted medical intervention. Finally, with friends telling him that they had revelations from God that he needed to seek medical care, Song reluctantly conceded his body not only to God, but also to physicians. For the rest of his short life, the dual medical dynamic appeared in his journals. Song might have a pastor come and anoint him with oil and pray for his healing in the morning, and then in the afternoon a doctor trained in biomedicine would visit him to clean his wound and administer an injection.\(^{27}\)

Without consciously meaning to, Song had come to mimic the behavior of most of the people who had come to him for healing over the last ten years of his ministry. In printed testimonies of those who reported God’s touch through Song Shangjie, many of the healed clearly wanted to praise God for God’s miraculous intervention in their lives. And yet the accounts of their physical recovery could not disguise the fact that even after Song prayed for them, many of them had received medical help and physical healing from Western biomedicine, Chinese medicine, *gongfu*, the passing of time, or other means.\(^{28}\) Song may have preached that only divine healing was necessary, but in the end, he—like the members of his audience—

\(^{27}\) See, for example, Song Shangjie, February 12, 1940, journal entry, Diaries of Song Shangjie, Trinity Theological College, Singapore.

pursued multiple healing options. When he made that concession, Song came to view God’s mysterious work of physical healing as did so many others. Christian divine healing was a welcome new treatment, but as Francis Hsu observed about the fate other medical practices introduced to China over millennia, “if accepted at all, [they] would be considered as one among the many to be resorted to simultaneously or sequentially with others.”

By accepting that reality, Song finally caught up with his audience who had indigenized his healing ministry much earlier; he joined them in treating divine healing in Jesus’ name according to local lifeways.

**CONCLUDING THOUGHTS**

The view of indigenization one receives by examining the healing ministry of Song Shangjie reveals two things. First, and only indirectly touched upon in this brief paper, it problematizes the common conception of indigenization. What could that possibly mean in the Republican Era? To what was Song supposed to conform his healing practice? The question presumes a kind of static culture, a monolithic practice of medicine, and a dominant religious system. If such conditions existed, Song would have had a clear norm to which he would have to adjust. But Chinese culture, medicine, and religion were nothing like that during the Nanjing decade. How, then, does one measure indigenization? My second observation is that in such a fragmented and pluralistic culture, one does not best describe indigenization as continuity with any particular cultural, medical, or religious practice, but by showing how Christianity and divine healing became part of the diversity. That only happened for Song, personally, after a series of painful negotiations over his own health.

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