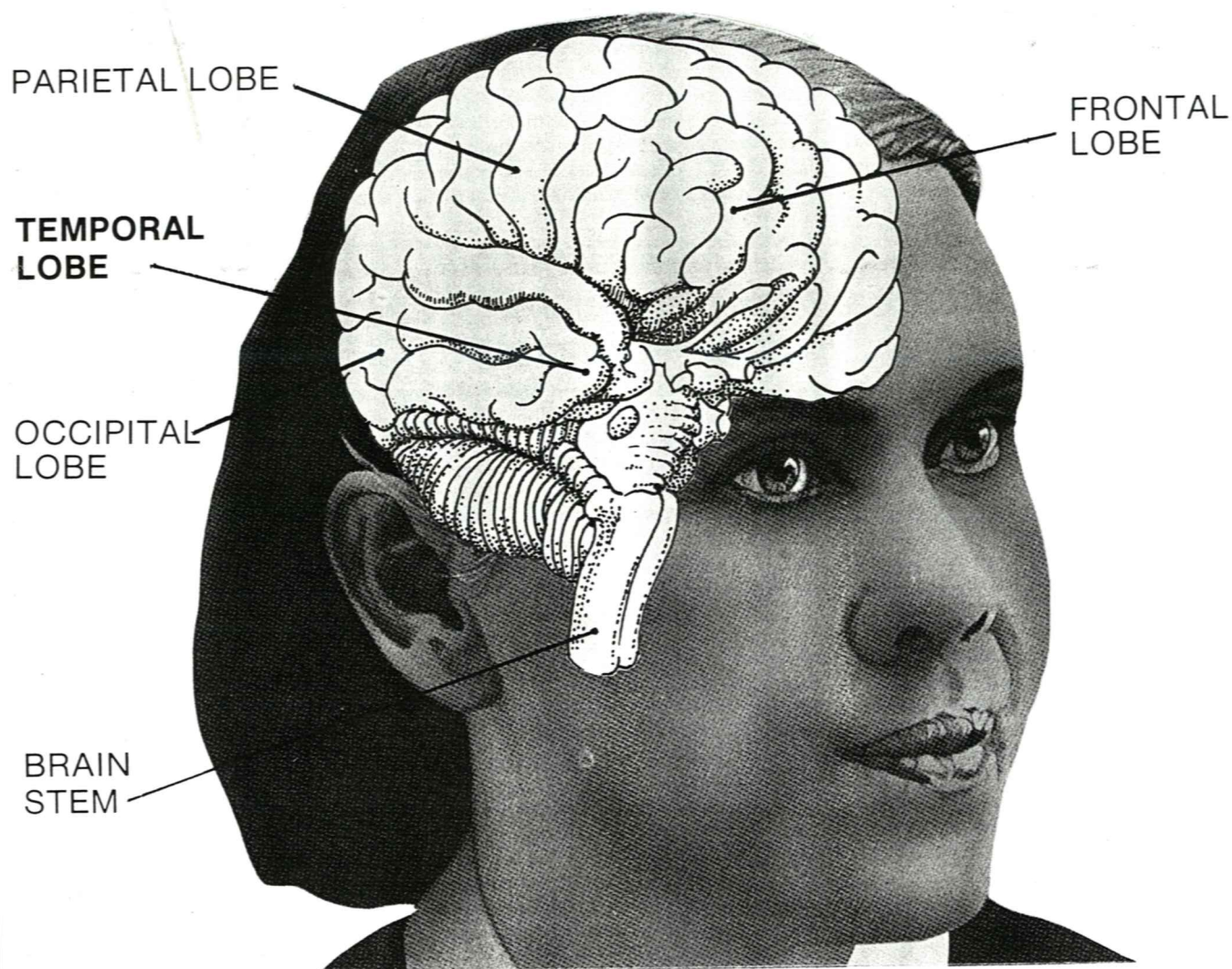


Editorial introduction



The attempt to understand Ellen G. White and her visions has taken many forms. Few are more interesting than the exhaustive research of Dr. Mollerus Couperus, retired physician and founding editor of *Spectrum* magazine.

Couperus' article, "The Significance of Ellen White's Head Injury" — termed "overkill" by one basically approving neurologist — is the author's effort to understand how Ellen White might honestly feel, believe, and claim that God was coming to her repeatedly in vision — even if it wasn't so.

The reasons why one might question Ellen White's claims are myriad, but one class of reasons stands out. When Ellen White insisted she had seen something in vision, or said I was shown, or (most significant) purported to be quoting an angel, her guide, or Jesus Himself, and the very words are now found published in an earlier article or book, rational human beings may be forgiven for disbelieving her veracity.

But since Mrs. White is such an integral part of our Adventist roots, and since it is disconcerting to think of mother as mendacious, we look for mitigating circumstances or alternate explanations that might rescue her integrity.

The notion that a mild form of posttrauma seizure could explain both her "visions" and her personality foibles seems, therefore, attractive. Most neurologists agree that a missile-induced head injury such as the one that caused Ellen Harmon three weeks of coma followed by amnesia at age nine increases manifold the likelihood that she would develop subsequently some kind of seizure disorder.

While a neurological explanation for Ellen White's visions appears to have the potential to rescue her reputation as a truthful woman, it simultaneously seems to preclude supernatural explanations.

White Estate officials have repeatedly indicated their *a priori* rejection of any naturalistic causes for Mrs. White's visions — having gone so far as to establish an Ellen G. White Health Committee from among the medical staff at Loma Linda University to pronounce the impossibility that any form of temporal lobe epilepsy could account for White's visionary experiences (see *Adventist Currents* vol. 1, no. 4, p. 5).

Because the thesis of Couperus' article will so scandalize many Seventh-day Adventists, it seems only fair to let the author make his best

case — including all 210 references.

It is clear that wide disagreement remains among neurologists regarding what behaviors and personality traits should indicate a diagnosis of temporal lobe epilepsy. Three reputable, non-Adventist neurologists were asked to read the manuscript in draft form. Two of the three affirmed the scientific validity of Couperus' thesis and one did not. One positive previewer refused to go on record for practical reasons. The other was not asked to go on record because his earlier published research on the topic is cited substantially in the paper.

The previewer who doubted the author's concluding diagnosis is Dr. Thomas Babb, professor of neurology in residence, UCLA. His letter appears at the beginning of the Currently Posted section of this issue. While his letter may not greatly please Couperus, neither will it bring any joy to the White Estate.

Letters of response — especially from those clinically qualified to judge — will be welcomed both by the author and the publisher. (Boxes quoting M. G. Kellogg ["Kellogg's Diagnosis"] and Arthur White ["Ellen White Autopsy?"] were not submitted as part of this article.)

Ed.

The Significance of Ellen White's Head Injury

by *Molleurus Couperus*

Ellen G. White undoubtedly was one of the most influential individuals in the history of the Seventh-day Adventist church — a spiritual leader considered by many to be a prophet. Seventy years have passed since Ellen died in 1915, and it is the purpose of this presentation to reexamine the life and work of this exceptional Christian woman in the light of current knowledge.

Ellen Gould Harmon and her twin sister, Elizabeth, were born November 26, 1827, in Gorham, Maine. Her parents were devout members of the Methodist Episcopal church, as were their eight children. Of Ellen and her family, James White wrote:

Both the parents possessed a large degree of physical endurance, and the children inherited this blessing, as also the activity, force of character, and executive ability which were especially developed in the mother. In Ellen, both mental and physical development were rapid and vigorous. While but a child she displayed a love of study, a quick perception, and a retentive memory. She was of a buoyant, hopeful disposition, fond of society, courageous, resolute, and persevering.¹

It was also stated that "reverence for God, and respect for parental authority, were early and firmly inculcated; and the children were faithfully taught, both by precept and example, those lessons of integrity and diligence which have molded the characters of many of the world's noblest workers." Such traits typified values of devout, nineteenth-century Methodist families.

When the Harmon family became acquainted with William Miller's stirring warning of Christ's imminent return, they accepted his message with deep conviction, finally "coming out" of the Methodist church in 1843.

At the age of nine Ellen was involved in a serious accident that she said affected her whole life.²

In company with my twin sister and one of our schoolmates, I was crossing a common in the city of Portland, Maine, when a girl of about thirteen years of age followed us, threatening to strike us . . . We were running towards home but the girl was following us rapidly, with a stone in her hand. I turned to see how far she was behind me, and as I turned, the stone hit me on my nose. A blinding, stunning sensation overpowered me and I fell senseless. When consciousness again returned, I found myself in a merchant's store; my garments covered with the blood streaming from my nose, and a large stream of blood on the floor. A kind stranger offered to take me home in his carriage. I knew not how weak I was, and told him I should greatly soil his carriage with my blood, and that I could walk home. I had walked but a few rods when I grew dizzy and faint. My twin sister and my schoolmate carried me home. I have no recollection of anything for some time after the accident. My mother says that I noticed nothing, but lay in a stupid state for three weeks . . . As I aroused to consciousness, it seemed to me that I had been asleep. I was not aware of the accident, and knew not of the cause of my sickness . . . I was shocked at the change in my appearance. Every feature of my face seemed changed . . . The bones of my nose proved to be broken.

Ellen states that her father was in Georgia when the accident occurred, and when he finally returned home he did not recognize his daughter. Apparently the physicians who were taking care of her considered repairing the broken bones with silver wires. But they decided against this, according to Ellen, because her recovery was unlikely. It is possible that her physicians attempted to align the broken bones manually, but there seems to be no record of this. After regaining consciousness Ellen was confined to bed for many weeks and "was reduced almost to a skeleton."³ For two years she was unable to breathe through her nose.

Summarizing the essential facts of Ellen's injury from a medical standpoint, one finds the following:

1. At age nine Ellen received a projectile-type blunt injury to the nasal area of the face and fell to the ground.
2. She was immediately unconscious.
3. There was severe and prolonged bleeding, and she was carried to a nearby store.
4. After a brief interval of consciousness she became unconscious again; this lasted for some three weeks.
5. When she regained consciousness she had no recollection of what had taken place.
6. She noticed that her face was markedly deformed at that time.
7. After regaining consciousness she was confined to bed for "many weeks" and was reduced "almost to a skeleton."

The area of the head where Ellen received the impact of the stone thrown at her by a thirteen-year old girl contributed significantly to the severity of the injury that followed. The stone hit Ellen on the nose as she turned her head back to see how near the pursuing girl was, and Ellen fell senseless to the ground. Girgis has observed that the temporal lobe is peculiarly vulnerable to injury because of its location low in the skull behind the eye orbit. There the skull bone is thinnest and puncture wounds can penetrate the brain with relatively little force. Landolt and de Jong also have emphasized the fragility and vulnerability of the temporal area of the skull, one reason that resulting temporal lobe epilepsy is so common.⁴

When a head injury occurs, there is first the danger of the object in motion (in Ellen's case a stone) causing injury to the overlying skin and the structures immediately beneath it, such as blood vessels, nerves, and the underlying bone. Following this is the effect of the impact on the brain itself, which sometimes includes direct destructive action if there is a fracture or a hematoma.

In a so-called closed-head injury (such as Ellen apparently sustained), the force or impact of the flying object through its accelerating effect (a jolt) throws the brain against the opposite side of the skull, causing a diffuse injury to the brain. The head of a person thrown from a speeding vehicle, striking a tree trunk, would be subject to the same acceleration and deceleration injury to the brain. The resulting damage in both cases could be either mild or severe, depending on the force of the impact. Most head injuries in civilian life come from such closed-head injuries. In these injuries the temporal lobe is often more extensively damaged than any other part of the brain.

The long period of unconsciousness which followed Ellen's head injury, and her later amnesia regarding the incident, indicate the seriousness of her brain injury and explain the delayed results of the accident. For a head injury to produce a coma or unconsciousness lasting some three weeks is not common and usually suggests a severe brain insult. In a report of 105 children who suffered a skull injury followed by a period of unconsciousness, in only 4 patients did this last longer than twenty-four hours. However, patients sustaining head injuries have remained unconscious afterward for three weeks and still survived; but in such cases there are nearly always serious after effects. It may take weeks before recovery starts in such patients and improvement is slow, as it was in Ellen's case. This is associated with a period of confusion and a time of variable loss of memory regarding what took place — a period of amnesia. Such amnesia may be permanent or may gradually improve to a variable degree.

A loss of memory for a period greater than twelve hours following the accident frequently is followed by the development of epilepsy. Epileptic seizures may follow shortly after the accident; or the epilepsy may not manifest itself for many years, sometimes as long as twenty years later. If

the head injury occurs in a child, the time interval before the epilepsy manifests itself is likely to be longer; and the longer this interval, the more likely it is that the epilepsy will persist. Russell considers posttraumatic amnesia lasting more than a few days the result of severe brain damage, including possible tearing and twisting of fiber tracts in the brain.⁵

Cyril B. Courville, then-professor of nervous diseases at Loma Linda University, and a leading authority on head injuries, wrote the following in 1944 regarding some of the effects of head injuries:

... unconsciousness due to application of force to the head may persist for a variable interval, and when uncomplicated is a fairly reliable indication of the degree of force producing the reaction The clinical picture of original coma of short duration following injury to the head with consequent lucid (or semilucid) interval, and then relapse into coma is still too often overlooked. It is essential to know that the original period of coma is the result of "concussion". The patient recovers from this experience more or less completely for the causative injury is not usually severe (exception: gross temporal lobe contusion, in which case there is only partial recovery from the deeply comatous state). The relapse into coma is due to increasing intracranial pressure due to accumulating extradural, subdural intracerebral blood clot, to edema of the temporal lobe, to progressive subdural cerebrospinal fluid accumulation, or to progressive softening (and swelling) of the brain following arterial thrombosis.⁶

Courville later stated "that the length of the period of unconsciousness is a fair index to the severity of concussion." He specified that an unconsciousness over a period of more than six hours suggests the possibility "that gross lesions of the brain as well as fractures of the skull may be present. Such patients may survive or die, depending on the severity of these associated symptoms."^{7,8}

Courville also has pointed out that injury to the temporal lobe is the essential cause of psychomotor epilepsy (a type of temporal lobe epilepsy).⁹ In a series of fifty-four clinical cases of psychomotor epilepsy, he found that in thirty-seven percent (twenty cases), injury was the most likely cause.¹⁰ After the recovery from prolonged unconsciousness there usually is only a slow improvement from the amnesia (loss of memory), and only one-third of the patients experience a complete recovery.^{11,12}

Jennett in 1975 stated that "loss of consciousness or even brief amnesia after injury always implied brain damage, . . . But the severity of the diffuse brain damage . . . is best judged by the duration of the post-traumatic amnesia." In a series of 800 cases of head injuries studied by Jennett, some forty percent of those who experienced a posttraumatic amnesia of twenty-four hours or longer, developed late epilepsy.¹³ If Jennett concluded that there was a forty percent likelihood for a patient to develop epilepsy after a head injury resulting in an unconsciousness of twenty-four hours or longer, how much greater would be the chance for Ellen to develop epilepsy if she were unconscious for three weeks and amnesic for the whole accident.

Based on the study of the later results of head injuries in the armed forces, Caveness summarized his findings as follows:

The post-traumatic syndrome, the most common sequelae [result] to develop from craniocerebral trauma, is generally characterized by the following complaints: headache, vertigo and dizziness, nervousness, irritability, impaired memory, inability to concentrate, excessive fatigue, difficulty with sleep . . . Other attributes include a sense of ill health and a reduction in the capacity to earn a livelihood.

Out of a group of 574 patients who had head injuries, 46 percent developed epileptic seizures.¹⁴ The impaired memory, nervousness, inability to concentrate, and excessive fatigue were all symptoms Ellen White had for several years following her head injury. Of all seizures in adults that include "behavioral automatism, personality and thought disorders and visual disturbances", over 50 percent are perhaps due to involvement of the temporal lobe.¹⁶

Jennett in another study of 481 cases of so-called late epilepsy after head injury found that temporal lobe epilepsy developed in ninety cases. He determined that 53 percent of the patients had from one-to-six attacks a year, but 18 percent had more than one a month.¹⁷

Epilepsy as an entity has been recognized to some extent since the

days of ancient Egypt, but it was with Hippocrates (400 B.C.) and Galen (+175 A.D.) that some organized knowledge of this disease began to accumulate. During the nineteenth century a gradual differentiation was made between several kinds of epilepsy beyond the grand mal and petit mal types, and such comparative analyses have continued. It was Hughlings Jackson in England who in 1888 reported on some fifty cases of epilepsy which had as part of their symptom complex a "dreamy state" or "intellectual aura" that preceded generalized attacks, or that occurred without a full attack.¹⁸

There was a steady but slow increase in the knowledge of brain injury and resulting epilepsy during the rest of the nineteenth century. During the two World Wars a large number of head and brain injuries occurred. Many of the injured could be followed closely for a number of years, increasing greatly the knowledge of the late or delayed effects of these injuries. Of the cases in which missile injuries to the head were sustained (in both World Wars and in the Korean War), more than one-third of the victims developed epilepsy. Many head injuries followed by epileptic seizures now result from industrial and traffic accidents.

With the development in 1929 of the electroencephalograph to record the electrical activity of the brain and improved x-ray visualization of the brain and skull (including the CAT scan for variations in anatomical structure, the PET tomography which indicates functional changes in precise areas, and, most recently magnetic resonance imaging [MRI]), a firmer basis for the study and detection of abnormal function and defects of the brain was attained — resulting also in a progressively better understanding of the various types of epilepsy and other cerebral malfunctions.

There are numerous causes for epilepsy, including hereditary predisposition, birth injury, postnatal head injury, meningitis and other infections, tumor, metabolic abnormality, vascular disease, and intoxication. The most common type of epilepsy is temporal lobe epilepsy, and the most common cause for this is head injury.

The Posttraumatic Symptomatology of Ellen G. White After Her Accident

After Ellen Harmon regained consciousness, she was confined to bed for several weeks. She had lost a great deal of weight, probably at least partially due to the difficulty of feeding her during the period of her prolonged coma — no intravenous feeding equipment being available at that time. Fluids put in her mouth might have been swallowed by reflex action, however.

She improved very slowly, and "her health seemed to be completely shattered." Later Ellen was able to attend school but little; and she states that "it was almost impossible for me to study, and retain what I had learned." When she did attend school her hand trembled so much that she could make no progress in her writing; and when studying she says "the letters of my book would run together, large drops of perspiration would stand upon my brow, and I would become dizzy and faint." Her teacher advised her to leave school until her health improved, which she did. Three years later, when she was twelve, she attempted to go to school again; but her health failed once more and she was forced to leave school permanently. This discouraged Ellen greatly. She wrote: "When I pondered over my disappointed hopes, and the thought that I was to be an invalid for life, I was unreconciled to my lot and at times murmured against the providence of God in thus afflicting me."¹⁹ In another account she says: "I seemed to be cut off from all chance of earthly happiness, and doomed to continual disappointment and mortification."²⁰

The symptoms experienced by patients who are recovering from a severe head injury include headaches, dizziness, depression, slowness in thinking, and impairment of concentration and memory — all of which Ellen, by her own account, experienced. Ounsted, in his study of temporal lobe epilepsy in children, concluded that "social and schooling difficulties are widespread among temporal lobe epileptics, even when normal intelligence is present The social and schooling difficulties of children with temporal lobe epilepsy are greater than is commonly thought."²¹

James White stated that at the time of Ellen's first vision, "her nervous condition was such that she could not write, and was dependent on one

sitting near her at the table to even pour her drink from the cup to the saucer."²²

Ellen, nearly fifty years later reflecting in the *Review and Herald* (November 25, 1884) on the effects of her accident, wrote: "I visited . . . the spot where I met with the accident that had made me a life-long invalid. This misfortune, which for a time seemed so bitter and was so hard to bear, has proved to be a blessing in disguise. The cruel blow which blighted the joys of earth, was the means of turning my eyes to heaven."

In 1841 Ellen had attended a series of lectures by William Miller, but she felt unready to be accepted by God because of a lack of sanctification. Ellen states that she "settled down in a melancholy state which increased to deep despair."²³ She remained in this state for three weeks, and in utter hopelessness, would fall upon her face:

I thought that the fate of the condemned sinner would be mine Many times the wish arose that I had never been born. Total darkness settled upon me and there seemed no way out of the shadows I have since thought that many inmates of the lunatic asylums were brought there by experiences similar to my own.²⁴

At this time, and in this state of mind, Ellen had a significant dream that was probably the first of her many recorded visionary experiences. In this dream she saw a temple supported by a large pillar to which a bleeding lamb was tied. Fear came over Ellen while near the lamb, and she felt a sense of shame when she saw that she must confess her sins before those who had already done so and who seemed happy and expecting a joyful event. Then a trumpet sounded, the building shook, and the saints shouted in triumph. The temple then shone with awful brightness, followed by a terrible darkness in which Ellen found herself alone. She wrote: "The horror of my mind could not be described. I awoke, and it was some time before I could convince myself it was not a reality. Surely, I thought, my doom is fixed."²⁵

Shortly afterward she had another dream in which she thought she was sitting in deep despair when "a person of beautiful form and countenance" asked her if she wished to see Jesus, and if so, to follow him. She was led to a steep stairway and was told to keep her eyes fixed upwards; for if she would look down, she would become dizzy and fall. She saw that some indeed fell on the way. Then she saw Jesus, and "she tried to shield herself from his piercing gaze." But Jesus laid His hand upon her head and said: "Fear not." Ellen fell prostrate at His feet and saw scenes of glory and beauty, while Jesus smiled upon her. The guide then brought her back to the stairs, giving her a green cord with which she could come in contact with Jesus when she so desired.²⁶

Certain features of this vision suggest that it may have been a temporal lobe seizure. First, the circumstances must be remembered. Ellen was discouraged, feeling that she was not ready to be accepted by Christ because of a lack of sanctification, and in deep despair. Her dream probably was conditioned by her emotional state and the specific problems that were troubling her. She felt fear in the dream when she came near to the lamb, and later saw the awful brightness and then the terrible darkness that followed, in which she was alone. All of these (fear, bright light, and darkness) are frequently experienced in temporal lobe seizures, as they were in many of Ellen's visions.²⁷

In her second recorded dream (1842) she was told to keep her eyes fixed upwards. Jesus looked at her with piercing gaze, but then told her, "Fear not." Fear apparently was part of this experience also, and her eyes were fixed upwards — both of which are typical factors in temporal lobe epileptic seizures.²⁸

There are obvious similarities between this dream and the much longer vision which she experienced in December 1844. Soon after her second dream (mentioned in the previous paragraph), Ellen had another experience while participating in a prayer meeting:

As I prayed . . . everything was shut out from me but Jesus and glory, and I knew nothing of what was passing around me. I remained in this state a long time, and when I realized what was around me, everything looked glorious and new, as if smiling and praising God.

In the account in *Early Writings* she added: "Wave after wave of glory rolled over me, until my body grew stiff."²⁹ This would seem to be her third recorded visionary experience. Ellen participated in the

disappointment of the Millerite Adventists, when Jesus did not return in the spring of 1843, and in the still greater disillusionment of October 22, 1844, when again He did not appear.

It was in December of 1844 that Ellen experienced a vision while kneeling in prayer together with four other women at the home of a friend. In this vision she saw the journey of the 144,000 saints on a narrow winding path; some fell down into the dark and wicked world below. Then followed a statement which has given rise to considerable controversy in her church:

It was just as impossible for them to get on the path again and go to the city, as all the wicked world which God had rejected. They fell all the way along the path one after another, until we heard the voice of God like many waters, which gave us the day and hour of Jesus' coming.

Together with most of the little group that later formed the Seventh-day Adventist church, she believed, for several years after October 22, 1844, that probation was closed.³⁰

A week later Ellen experienced another vision in which she saw the trials and oppositions she would pass through in her work of relating her visions to others. Following this she again entered a period of despair because she had no means to support herself in such a ministry; she "coveted death."

During a prayer session in her father's home with friends, she suddenly felt as if a ball of fire had struck her over the heart; she fell to the floor and heard a holy being say, "Make known to others what I have revealed to you."³¹ After this Ellen Harmon was faithful to the vision and became increasingly active in speaking to small groups of those who had believed the second advent message of Christ's soon return. On August 30, 1846, she was married to Elder James White, with whom she then worked for the scattered Adventist companies. Writing, publishing, and traveling became a mode of living for the Whites.

"The stone hit me on my nose . . . and I fell senseless . . . I have no recollection of anything . . . but lay in a stupor for three weeks."

Ellen continued to have many so-called "open visions" during waking hours in the period from 1844 to 1884; after that she had primarily prophetic dreams, or night-visions, until her death on March 3, 1915. It is impossible, of course, to obtain an accurate account of the total number of visionary experiences Ellen White had, but James White claimed that by 1868 she had experienced between 100 and 200 visions.³² Between 1868 and 1884 there are some eighty additional visions listed; and nearly sixty prophetic dreams after 1884 are enumerated in the *Comprehensive Index to the Writings of Ellen G. White*, besides forty-eight which are classified as of uncertain date. Arthur White has stated that "no complete record was preserved of all the visions given Ellen Harmon in the weeks and months succeeding the first revelation. Contemporary documents indicate that the revelations of those early days were frequent."³³ It would seem from all this that Ellen had at least 400 lifetime visionary experiences, and perhaps many more.

How was Ellen Harmon persuaded that the visionary experiences and dreams she had had come directly from God? First, probably, was the nature of what she saw — scenes of heaven in which she spoke with angels, spoke with Christ, and saw God. She believed she was receiving important messages and warnings from heaven. Perhaps more crucial in the beginning was the influence of those who were close to her, who believed that her experiences or trances were the workings of God. After her second dream in 1841 she confided to her mother the struggles she was going through. Her mother was sympathetic and encouraged her to visit Elder Stockman. Ellen records:

Upon hearing my story, he placed his hand affectionately upon my head, saying with tears in his eyes: "Ellen, you are only a child. Yours is a most singular experience for one of your tender age. Jesus must be preparing you for some special work."³⁴

Ellen's first public prayer was such an emotional experience for her that she lost consciousness of what was going on around her.

When I was struck down, some of those present were greatly alarmed and were about to run for a physician, thinking that

some sudden and dangerous indisposition had attacked me; but my mother bade them let me alone, for it was plain to her, and to the other experienced Christians, that it was the wondrous power of God that had prostrated me.³⁵

Ellen was deeply impressed by the religious and emotional excitement of her local Methodist congregation, including the trances and the fainting.³⁶ She found support for her belief in the divine origin of her visions also from James White and Joseph Bates.³⁷ During the middle of the nineteenth century, there were others in the Adventist faith community who were claiming, or who were recognized as having, visions from God. Ellen mentions a number of these in autobiographical sketches.³⁸

There is no question that Ellen White claimed, and no doubt came to believe firmly, that she received visions and messages directly from God. Today one may wonder why Ellen White was so easily accepted by others as a prophetess. During that period of history, prophets and prophetesses were rather common both in England and America. At this time Joseph Smith was accepted as a prophet, and Mormon missionaries claimed that their church had "the spirit of prophecy." Mary Baker Eddy, also a contemporary of Ellen White's, became the founder and spiritual leader of the Christian Scientists. Billington has pointed out that between 1830 and 1850, "women preachers were popular. Visions and trances were easily accepted."³⁹

Arthur White, Ellen's grandson, agrees that the physical manifestations of Ellen's visionary experiences — unusual and unexplained as they were to that generation — contributed to their acceptance as being of supernatural origin. "The very manner in which the visions were given was one strong evidence, among many, which settled the matter in the minds of most eye witnesses."⁴⁰

There was a period early in the ministry of Ellen White in which her acceptance rather than unanimous was quite probationary in nature; she certainly was not seen as an authority. In 1851 James White wrote in the *Review and Herald* (April 21, 1851):

Every Christian is, therefore, in duty bound to take the Bible as a perfect rule of faith and duty He is not at liberty to turn from them [the Scriptures] to learn his duty through any of the gifts. We say that the very moment he does, he places the gifts in the wrong place, and takes an extremely dangerous position.

In the same issue of the *Review* he added:

God's Word is an ever-lasting rock. On that we can stand with confidence at all time. *Though the Lord gives dreams, designed generally for the individuals who have them, to comfort, correct, or to instruct in extreme trials or dangers, yet to suppose that he designs to guide in general duties by dreams, is unscriptural, and very dangerous.*

Four years later James White wrote the following:

There is a class of persons who are determined that the *Review* and its conductors make the view of Mrs. White a test of doctrine and Christian fellowship What has the *Review* to do with Mrs. W.'s views? The sentiments published in its columns are all drawn from the Holy Scriptures. No writer of the *Review* has ever referred to them as authority on any point.⁴¹

Twenty-eight years later (in 1883), Elder G. I. Butler, then-president of the General Conference of Seventh-day Adventists, wrote the following:

Our enemies try very hard to make it appear that we make the visions a test of fellowship. It would be most absurd and impossible to do so, even if we would do it. With people in all parts of the world embracing our views who never saw Sister White or heard of her, how could we make them a test of fellowship? . . . They claim that there are many among us who do not believe the visions. This is true; yet these are in our churches, and are not disfellowshipped. They have claimed . . . that Elders Smith, Canright, and Gage did not believe the visions; yet all of them are members of our churches, two of them hold credentials as ministers, and one of them holds very important offices No, we do not make the visions a test, and never have.⁴²

Neal Wilson, current president of the General Conference of Seventh-day Adventists, expressed basically the same attitude in an interview recently.

When we come to the point as to whether one has to believe in Ellen White, to some degree or another, or accept her visions as real, or simply an imagination or parroting what somebody else said — that one has to believe that these things were real visions in order to be a Seventh-day Adventist or to experience salvation — this church has never taken this position. I hope it never does, it would do great violence to the gift of God the church has been given. It was never intended for that purpose at all.⁴³

As time went on, Ellen White was more and more accepted in the Seventh-day Adventist church as a person with authority; and her influence became that of a real prophet, even though she herself refused to call herself one — preferring the title "the Lord's Messenger." She believed that her work included "much more than the word 'prophet' signifies."⁴⁴

What she really believed about the importance of, and divine involvement in, her work is clear by the following statements:

The *Testimonies* are of the Spirit of God, or of the devil. In arraying yourself against the servants of God you are doing a work either for God or for the devil.⁴⁵

If you seek to turn aside the counsel of God to suit yourselves, if you lessen the confidence of God's people in the testimonies He has sent them, you are rebelling against God as certainly as were Korah, Dathan, and Abiram In these letters which I write, in the testimonies I bear, I am presenting to you that which the Lord has presented to me. I do not write one article in the paper expressing merely my own ideas. They are what God has opened before me in vision — the precious rays of light shining from the throne. It is true concerning the articles in our papers and in the many volumes of my books.^{46,47}

Why did Ellen come to these conclusions regarding the nature and significance of her work? Perhaps it was a gradual process, primarily due to the influence and pressure of all those around her who believed that her visionary experiences must be of supernatural, divine origin. This process started with her first dreams and continued until her last vision. It is quite understandable that Ellen became fully persuaded that these dreams and visions were all direct, divine revelations so that she could finally say (and believe): "In ancient times God spoke to men by the mouths of prophets and apostles. In these days He speaks to them by the *Testimonies of His Spirit*."⁴⁸

However, during Ellen's lifetime there were those who questioned the divine origin of her visions. James White in 1847 published a letter from "a beloved brother" regarding Ellen's visions.

I cannot endorse sister Ellen's visions as being of divine inspiration, as you and she think them to be; yet I do not suspect the least shade of dishonesty in either of you in this matter I think that what she and you regard as visions from the Lord, are only religious reveries, in which her imagination runs without control upon themes in which she is most deeply interested. While so absorbed in these reveries, she is lost to everything around her. Reveries are of two kinds, sinful and religious. Hers is the latter.⁴⁹

Others suggest mental or physical causes. Ellen mentions mesmerism (a form of hypnotism) as being claimed as a cause or explanation for her visions. This possibility even suggested itself to her.⁵⁰

Another explanation given for her visions was hysteria, and this suggestion was repeated throughout her life. It is interesting that Ellen diagnosed one of her fellow church members as suffering from hysteria. She wrote:

Dear Sister F., you have a diseased imagination You are doing positive injury, not only to yourself, but to the other members of your family, and — especially your mother Her mind is becoming unbalanced by the frequent fits of hysteria which she is compelled to witness.⁵¹

There were early coworkers with Ellen and James who rejected the supernatural origin of Ellen's visions. Among these was Isaac Wellcome, who was baptized by James White in 1844 and was active in the Second Advent Movement. He wrote:

Ellen G. Harmon . . . was strangely exercised in body and mind . . . falling to the floor . . . (we remember catching her twice to save her from falling upon the floor) . . . in meetings she would

speak with great vehemence and rapidity until falling down, when, as she claimed, wonderful views of heaven and what was being transacted there were shown her. She claimed to have seen that Christ had left the office of mediation and assumed that of Judge, had closed the door of mercy, and was blotting out the names, from the book of life . . . We saw her at Poland, Portland, Topsham, and Brunswick during the beginning of this career, and often heard her speak, and several times saw her fall, and heard her relate wonders which she said her heavenly Father permitted her to see. Her supernatural or abnormal views were not readily understood as visions, but as spiritual views of unseen things, which were quite common among the Methodists . . . These visions were but the echoes of Elder [Joseph] Turner and others' preaching, and we regarded them as the product of the over-excited imagination of her mind, and not as facts.⁵²

Jacob Brinkerhoff and his brother W. H. Brinkerhoff (who was ordained by James White), were active in the work of the Seventh-day Adventist church in the 1860-65 period. Jacob wrote in 1884:

Mrs. White is in high repute among them as a leader . . . partly by her claim to divine inspiration. Shortly after the disappointment in 1844, she had what is called her first vision. Those were trying times to the faith of the Advent people, no doubt; and she was very young at the time, and in very poor health . . . In the excitement of the time, and while in this weak condition of the body, her mind seemed to depart from her body, in trance, in which the mind continues to be active, and forms conceptions from preconceived opinions, from the excitement of the occasion,

M. G. Kellogg's Diagnosis

Dr. M. G. Kellogg wrote this assessment of Ellen White's visions in a 3 June 1906 letter to his younger brother, John Harvey Kellogg:

In 1868, after talking with Dr. Trall, I began to suspect that Mrs. White's visions might not be what we had thereunto supposed them to be, and from that time onward I have been studying both Mrs. White and her visions, dreams, and testimonies . . .

I have seen Mrs. White when in vision quite a number of times between 1852 and 1859, in every instance she was simply in a state of catalepsy. In each instance she was suddenly seized, fell unconscious, and remained unconscious during the full time the fit lasted; every vital function was reduced to the lowest point compatible with life; pulse almost stopped and very infrequent breathing so slight as to be imperceptible except when she uttered short sentences; pupils dilated to great width, sense of hearing blunted; in fact all her senses so blunted that she could neither see, feel, nor hear; in fact was wholly unconscious, yet her mind was acutely active, the action being automatic and wholly involuntary, the whole vision being a conglomerated mental rehearsal of previous conceptions, scenes, meditations, and suggestions so vividly reproduced on her mind as to be to her a living reality. Catalepsy assumes many forms in its various victims, but in her case some phase of all forms was produced. I have seen many cases. Mrs. L. M. Hall's description of Mrs. W's condition in vision agrees with mine.

or from surrounding circumstances. At that time the experience of the Advent people was the theme of interest among them, and in her vision or trance her mind went forward on the same subject as a natural consequence . . . We do not wonder that her visions were considered by her and by those whom she associated with as revelations from the Lord. Such phenomena in nature do not often occur; and at a time when various fanaticism[s] were attributed to the work of God, it is not surprising that this should have been. Being wholly absorbed in her religious views and experience, her mind, while in a trance state, would operate in the same direction while she was in a state of insensibility. A trance is a state of insensibility; catalepsy; ecstasy . . . Those at all acquainted with the history of Mrs. White's visions have read that a principal claim for her divine inspiration is that she is perfectly

insensible; but it only corroborates the position we take that they are only produced by an unhealthy and unnatural state of her body and mind.⁵³

It almost reads as if Brinkerhoff was going to call it temporal lobe epilepsy. But he stopped short of that; the term had not yet been coined. A little later in his paper he adds: "They overlook the fact that they (the visions) may be inspired by neither God or Satan, but may be only human, or from her own mind, which position we hold to be true as to their source."

Dudley Canright in 1887 named her head injury as the cause of her visions:

At the age of nine she received a terrible blow on the face, which broke her nose and nearly killed her. She was unconscious for three weeks. This shock to her nervous system was the real cause of all the visions she afterwards had.⁵²

In 1919 he specifically suggested epilepsy as the cause. It is significant that all the symptomatic diagnoses applied during her lifetime to her visionary experiences are covered by the then-unknown entity of temporal lobe epilepsy.⁵⁴

Dr. William Sadler, who was well acquainted with Ellen White, wrote in 1912:

It is not uncommon for persons in a cataleptic trance to imagine themselves taking trips to other worlds. In fact, the wonderful accounts of their experiences, which they write out after these cataleptic attacks are over, are so unique and marvelous as to serve as the basis for founding new sects, cults, and religions . . . It is an interesting study in psychology to note that these trance mediums always see visions in harmony with their theological beliefs . . . Nearly all these victims of trances and nervous catalepsy, sooner or later come to believe themselves to be messengers of God and prophets of Heaven: and no doubt most of them are sincere in this belief. Not understanding the physiology and psychology of their afflictions, they sincerely come to look upon their peculiar mental experiences as something supernatural, while their followers blindly believe anything they teach because of the supposed divine character of these so-called revelations.⁵⁵

Sadler had written to Ellen in 1906 a nine-page letter as an answer to her invitation that anyone who had "perplexities and grievous things on their mind regarding the testimonies that I have born, to specify what their objections and criticisms are."⁵⁶ Arthur L. White has published extracts from Sadler's long letter, listing the questions asked by Sadler.

Dr. Gregory Holmes and Dr. Delbert Hodder presented a paper entitled "Ellen G. White and the Seventh-day Adventist Church: Visions or Partial Complex Seizures?" at the American Academy of Neurology meeting in Toronto in May 1981. The paper was summarized in the *Journal of Neurology* as follows:

The Seventh-Day Adventist Church was born in the period following the "Great Disappointment" of 1844. The principal figure in the formation of this major Protestant denomination was Ellen G. White. Her 100,000 pages of writing are second only to the Bible in determining church doctrine for millions of members throughout the world. Ellen White was considered to be a "Prophet of God" who received instructions and guidance through supernatural visions which continue to provide evidence to most Adventists of her divine inspiration.

At age 9 Ellen White sustained a severe head injury. Following recovery her personality changed and she became introspective, extremely moralistic, and religious, and developed into a prolific reader and writer. At age 17 Ellen White had her first "spell" which was interpreted by her as a "vision." The visions were characterized by occasional auras, an altered state of consciousness with staring or eye-rolling, gestural automatisms, perseveration of speech, visual and auditory hallucinations, and postvision lethargy and amnesia for events occurring during the vision.

Based on the history of head trauma, personality changes, and descriptions of the visions, we suggest that Ellen White had partial complex seizures.⁵⁷

The paper was also reported in the *Toronto Star* on May 23, 1981; and a version was published by Hodder in *Evangelica*, November 1981.

Partial complex seizures are typical of one form of epilepsy, which involves the limbic system of the brain, including the temporal lobes. There was a time when most people believed that epilepsy meant muscle spasms and convulsions with probable frothing at the mouth and biting of the tongue. This kind of epilepsy does indeed occur, but there are also other types of epilepsy. All forms of epilepsy are due to malfunction of nerve cells in the brain. Such malfunction may cause abnormal reactions in muscle activity in large areas of the body, but there are many other systems and functions that may be affected, especially in temporal lobe epilepsy. These include endocrine functions, heart rate, respiration, consciousness, thoughts, memory, dreams, speech, writing, mood, behavior, temper, sexuality, and others.

The specific symptoms which an epileptic patient will manifest depend on the location of the damaged neurons (including in which half of the brain), the severity and extent of the damage to the involved nerve cells, and what other distant neurons are influenced by the malfunction of the primary focus in the brain. The symptoms resulting from the original brain damage may not become evident for many years.⁵⁸ This delay may be due to the final effects of the prolonged process of tissue changes following the brain injury. Courville⁵⁹ quotes Earl et al, reporting that in 31.2 percent of clinical cases of psychomotor epilepsy there was a history of postnatal craniocerebral injury. Gomes,⁶⁰ who analyzed 3,636 cases of temporal lobe epilepsy, was able to ascertain the etiology [cause] in 64 percent of the patients. Of these, injury was the cause in 38 percent of the cases.

Epileptic seizures occur periodically, but their frequency may vary greatly. Seizures may also be precipitated by internal and external factors, such as anxiety, depression, fatigue, and sleep; and in some types of epilepsy it is possible for patients to trigger an attack by hyperventilating (intentionally or during stress), by blinking at bright lights, by hearing a sudden loud noise, by pressure on the carotid arteries in the neck, and even in some individuals by reading. Some patients may have a premonition that a seizure is coming, and it is sometimes possible for a patient to abort the seizure. Ellen was able to resist the coming of a vision at least once and was unable to speak following this for nearly twenty-four hours.⁶¹ Ellen was unaware of her surroundings during a vision and was later amnesic about what had taken place around her during the vision; yet she was able to recall what she had seen and experienced in the vision itself. This is typical of a partial complex seizure in temporal lobe epilepsy.

It was claimed that Ellen did not breathe during her visions; yet she never became cyanotic. (But she frequently did speak while in vision—an activity for which she needed air.) George I. Butler in 1874 supported this when he said her “face retains its natural color, and blood circulates as usual.” In the more detailed reports of Ellen’s visions, it has been noted that when she came out of a vision she experienced “a deep inhalation, followed in about a minute by another, and very soon natural breathing was resumed.” Ellen’s breathing may well have been almost imperceptible. Because of the reduction in normal breathing, it is not strange that some of those present concluded that Ellen was not breathing at all.⁶² It has been reported in temporal lobe epilepsy that respiration may actually be arrested for brief periods (apnea), and slowed down following this. Lennox lists among the symptoms of psychomotor seizures the fact that breathing in these patients may vary from hyperventilation to apnea (absence of breathing). Total absence of breathing could continue only a very short time, but almost imperceptible breathing could last for long periods.⁶³ At times this apparent “not-breathing” during visions was put forward as a proof that Ellen’s visions must be of supernatural origin.

Automatism (automatic actions of which the patient is not conscious) is a common symptom in temporal lobe epilepsy. And Ellen manifested this by wringing her hands; having slow graceful movements of the shoulders, arms, and hands; and walking back and forth while in vision. This peripatetic manifestation seems significant since the most remarkable feats of automatism in temporal lobe epileptics have been in this area.

In 1888 Hughlings-Jackson reported fifty cases of epilepsy that manifested an aura or dreamy state, including some rather extreme examples of automatism. These happened to a physician who was a patient of Jackson’s. In one of his experiences he was traveling on a

commuter train and was to get off at the fourth station. He remembered passing the second station, but the next thing he knew he was standing on the door steps of his house, fumbling for his door key. He had left the train at the correct station, turned in his ticket at the gate, walked half a mile, and crossed streets to his house—none of which he recalled. It had been an automatic behavior for which he was amnesic.⁶⁴ Interestingly, another of Jackson’s patients referred to his seizure experiences as “visions”. Sleepwalkers may open doors and climb stairs safely but not remember their actions; it is an automatism.

What did those who were present during Ellen’s visions actually observe? Fortunately, there are available a number of fairly detailed reports by some who were present when Ellen was involved in one of her visionary experiences, including James White and J. N. Loughborough, who claimed to have seen her in vision about fifty times. Arthur L. White has given us a comprehensive summary of the accounts of these eye witnesses:

1. Immediately preceding a vision, there was a deep sensing of the presence of God both by Mrs. White and by others in the room.
2. As the vision began, Mrs. White uttered an exclamation of ‘Glory!’ or ‘Glory to God!’ at times repeated.
3. There was a loss of physical strength.
4. Supernatural strength was then apparent.
5. There was no breathing, but the heart beat continued normally, and the color in the cheeks was natural. The most critical tests failed to reveal any disturbance of the circulatory system.
6. Occasionally there would be exclamations indicative of the scene being presented.
7. The eyes were open, not with a vacant stare, but as if she were intently watching something.
8. The position might vary. At times she was seated; at times reclining; at times she walked about the room and made graceful gestures as she spoke of matters presented.
9. There was absolute unconsciousness of what was occurring about her. She neither saw, heard, felt, nor perceived in any way the immediate surroundings or happenings.
10. The close of the vision was indicated by a deep inhalation, followed in about a minute by another, and very soon natural breathing was resumed.
11. Immediately after the vision all seemed very dark.
12. Within a short time natural strength and abilities were regained.”^{65,66}

Loughborough also reports on an 1846 vision that Ellen Harmon experienced in the presence of Joseph Bates. In this she spoke about what seemed to be planets. Mrs. Truesdale, who was present at this meeting, is quoted by Loughborough:

We soon noticed that she was insensible to earthly things . . .

After counting aloud the moons of Jupiter, and soon after those of Saturn, she gave a beautiful description of the rings of the latter. She then said, “The inhabitants are a tall, majestic people, so unlike the inhabitants of earth. Sin has never entered here.”⁶⁷

Ellen also reports on her planetary vision in *Early Writings*, where she saw Enoch among the inhabitants of one of the planets.⁶⁸

In further discussing what Ellen White said she experienced in her first vision, Arthur White adds a very clear picture of the essential features of her experience, and summarizes them as follows:

Thus it is clear that it seemed to her she was seeing, feeling, hearing, obeying, and acting, employing her ordinary faculties, while in reality she was not; but it was in this vivid way, seemingly through the utilization of the ordinary organs of sense, that the truths and information were forcefully impressed upon her mind. This she later related or wrote out in her own words.^{69,70}

When the extant records of the details of Ellen G. White’s visions are compared with the symptoms of partial complex seizures in temporal lobe epilepsy, a striking similarity is discovered. Daly⁷¹ mentions that complex partial seizures consist in an alteration in the *content* of consciousness . . . the hallucinations of complex partial seizures

are 'formed,' in the sense that they constitute a fully developed recognizable sensory experience which in rare instances may, in fact, be the memory of an actual experience. An important point in the nature of this altered content of consciousness is that it constitutes an intrusion upon the patient's on-flowing stream of awareness No matter how vivid, complex, or 'real' the ictal [seizure] experience, the patient recognizes that it is an experience imposed upon him. His consciousness is 'split,' and he can still remain the objective observer, the bystander witnessing these curious events.

The seizure experience is usually initiated by a so-called signal symptom, or aura, that often involves some epigastric sensations or other automatic manifestations. There may be a sense of fear or the hallucination of smelling something, which Ellen White experienced a number of times as the smell of roses, or simply "flowers." She smelled the fragrance of violets, and at another time she was "gathering the flowers and enjoying their fragrance."⁷² At another time

she knelt by the bed, and before the first word of petition had been offered she felt that the room was filled with the fragrance of roses. Looking up to see whence the fragrance came she saw the room flooded with a soft, silvery light.⁷³

Arthur White, when describing a visionary experience of Ellen in 1901 in which there was "a sweet fragrance, as of beautiful flowers," added: "She knew what it meant." Apparently it was a frequent part of Ellen's visions to notice this fragrance. She also often saw a bright light at the beginning of her visions, a light that would flood the room, or would appear in various intensities, colors, and shapes. The seeing of bright lights and various colors is very common in the partial complex seizures of epileptics. Ellen has stated:

Well, while I was praying and sending up my petition, there was, as has been a hundred times or more, a soft light circling around in the room, and a fragrance like the fragrance of flowers, of a beautiful scent of flowers.⁷⁴

If one takes seriously the statement "a hundred times or more", the circling light and the fragrance of flowers must have been present in nearly every vision. The hallucination of music (also associated with bright light) was present in Ellen's experiences,⁷⁵ as it is also found in the seizures of temporal lobe epilepsy.

The main event in Ellen's visions is also comparable to what occurs in partial complex seizures, be they brief or long. Williams has summarized the basic features of these seizures as follows:

all recognition, however simple, is based upon memory, as is all movement, and there is simply an increasing complex pattern of the use of past experiences, from the recognition of the simplest visual or auditory form to the intellectual handling of an elaborate perceptual event.⁷⁶

Gastaut observed that the thoughts that occupied the mind of the patient before the seizure might well become the subject of the seizure itself.⁷⁷ Such was the case, apparently, in Ellen's visions frequently, perhaps always.

Gloor et al, in 1982, when discussing the results of brain stimulations in their patients with temporal lobe epilepsy, expressed themselves similarly: The idea that

stimulating 'whom' seems more important than stimulating 'where' in the limbic system becomes understandable, because the responses reflect at the same time the functional role of the stimulated area and the patient's past individual experience.⁷⁸

Prolonged Visions

Lennox has pointed out that seizures lasting several hours might occur once or twice a year; and that the more frequent the seizures are, the more likely that they will be of short duration.⁷⁹ Partial complex seizures usually last from only a few seconds to several minutes, but may also last hours and, rarely, days. Arthur White stated regarding the duration of Ellen's visions:

While some of the visions were very extended in their nature, at times lasting more than an hour, and on one occasion four hours, there were other times when the visions were very brief. . . . only a few minutes, or in some cases, seconds.⁸⁰

Temporal lobe epileptic seizures which are prolonged and last even

for days, can be classified as partial complex status epilepticus. Such prolonged seizures may actually consist of many short ones occurring in such rapid succession that they appear to be one, especially to an untrained observer. It is also possible to have a long-lasting period of mental confusion following a seizure, which again may appear as a continuation of the seizure. If more details were known about Ellen White's three-and four-hour visions, a definitive diagnosis of them might responsibly be made.⁸¹

When a partial complex seizure ends, the patient may pass through a brief period of exhaustion and some automatism, for all of which the patient is later amnesic. Gradually self-awareness and consciousness return; this was also Ellen's experience. If the vision was to be written out, it could not be done until the individual had recovered from the seizure. And when writing out the vision, the fully conscious patient could also interpret the vision, adding to or subtracting from it. With a compulsion to write, such an account could become extensive indeed.

Most patients with status epilepticus suffer from the convulsive type, but some 25 percent to 30 percent have partial complex seizures which are nonconvulsive. In this latter group "no evidence of permanent intellectual deterioration has yet been reported."^{82,83,84} Convulsive, generalized status epilepticus is seen in grand mal epilepsy, while in the complex partial variety it is rare.

The point has recently been made that if a patient experiences a prolonged attack of status epilepticus, this will result in a definite serious deterioration of the mental capacities. Therefore Ellen White could not have been an epileptic. This argument is based on a misunderstanding of the difference between convulsive epilepsy (such as grand mal) and a nonconvulsive type (such as temporal lobe epilepsy).

Status epilepticus of the convulsive type is indeed threatening not only because of its deteriorating effect on the intellectual capacities of the patient, but because the prolonged rapid muscle contractions produce serious complex metabolic disturbances that endanger life itself.⁸⁵ So serious are such prolonged convulsive epileptic attacks that they must be terminated as soon as possible by injections of strong sedating medication in order to prevent brain damage. Ellen experienced none of these consequences from her prolonged visions because her seizures were nonconvulsive and of the partial complex type.

Temporal Lobe Epileptic Seizures

Penfield has described the function of the temporal lobe as having to do with "the interpretation of present experiences in the light of past experiences." Further the temporal lobe contains a "sequential record of consciousness, a record that has been laid down during the patient's earlier experience." In 1933 Penfield discovered that when he electrically stimulated certain groups of nerve cells in the temporal lobe, the patient would "relive" — as in a moving picture or a "flashback" — what had been experienced in one way or another earlier in life. In other words, the temporal lobe system records all the experiences that a particular person has had; and even if it is beyond the direct recall of the individual (forgotten), it is still recorded and can be brought back to consciousness by artificial electrical stimulation or by an electrical discharge in the brain during an epileptic seizure.^{86,87} The results of these experiments substantiated what had been suggested by Jackson and others long before — that the brain stores permanently our past experiences, which are subject to recall. This recalling of past events, thoughts, and impressions is the basis of what patients experience in partial complex seizures.⁸⁸

Various terms have been used in the past for what is covered by the term temporal lobe epilepsy. One of these was psychomotor epilepsy; but the World Health Organization adopted the general designation of temporal lobe epilepsy for this disease, and the more limited terms of temporal lobe partial seizures and partial complex seizures for specific types of temporal lobe seizures that are very different from those of generalized or grand mal epilepsy.

The symptoms of temporal lobe epilepsy are many, and they can be divided into those associated with the seizures themselves (called ictal) and those between seizures (interictal).

The beginning of a seizure in temporal lobe epilepsy usually manifests itself by the patient suddenly stopping whatever he or she is doing. There may then follow an interval of automatism such as lip smacking, hand

wringing, walking, or other behaviors that the patient will not remember. A patient may even continue to turn the pages of a book as Ellen did.⁸⁹ The patient may also experience olfactory hallucinations of flowers or ill-smelling substances. This is followed by "cognitive complex temporal lobe experiences" that Wilder Penfield called "flashbacks" ("playbacks"), "psychical hallucinations," or "experiential seizures."⁹⁰ "These involve hallucinations of past experience, and reactivation of the stream of consciousness."^{91,92}

"Penfield points out that the epileptic is having the double experience of a re-creation of the past with the consciousness of the present time during the experiential hallucination. The psychosensory hallucination deriving from the temporal lobes can involve any of the sensory modalities or combination thereof, namely visual, auditory, olfactory, gustatory, vestibular, tactile or the 'indescribable' hallucinations described by Williams."^{93,94}

During the seizure the patient may be sitting, lying down, or even walking and singing, while being totally unaware of what is going on around him. During the seizure the patient may experience joy, elation, depression, and often fear — as Ellen White did in her visions. Automatism may be present again at the very end of the seizure, and the completion of the seizure is marked by the patient beginning to respond to questions and commands. Some patients will have a period of varying degrees of confusion following the end of the seizure, the so-called postictal phase. Patients most often will remember what they experienced or saw during the seizure, but not what went on around them.⁹⁵

Some complex partial seizures are reported to start with a motionless stare, others with motion and staring, and a third type with a "drop attack."

Dreifuss has stated: "The objectivity with which patients with complex partial seizures can describe their hallucinations is an extremely important diagnostic point."⁹⁶

"A loss of memory for a period greater than 12 hours following the accident frequently is followed by the development of epilepsy."

The thoughts in a partial complex seizure may be called ideational, involving thoughts on which the patient has dwelled previously and on which he perseverates. These ideas may be repeated in many attacks. "Its content may be personal, metaphysical, or even transcendental (of death, eternity), or it may be quite objective (fixation on the ideational content of a sentence read or heard at the start of the seizure)."⁹⁷

Behavioral Symptoms in Temporal Lobe Epilepsy

It has been known for more than a century that patients afflicted with temporal lobe epilepsy are likely to manifest psychic abnormalities. Many of these abnormalities are no doubt due to the specific brain lesion, but some are due perhaps to the social and emotional effects produced by being an epileptic. Landolt points out that as early as 1938 it was reported that as many as 50 percent of temporal lobe epileptics were afflicted with psychic disturbances.

Patients who suffer from temporal lobe epilepsy may also manifest specific symptoms between seizures. These symptoms are classified as interictal (between seizures) and indicate a state of behavioral activity which is part of the epilepsy and is due to pathological changes in the temporal lobe limbic system. These behavioral symptoms have been cataloged over a period of years by many clinical observers. Waxman and Geschwind in 1975 published a paper entitled *The Interictal Behavior Syndrome of Temporal Lobe Epilepsy*,⁹⁹ in which they described alterations in patients' sexual behavior and religiosity, and a tendency toward extensive, compulsive writing.

During recent years several epileptologists have published lists of these symptoms. These were summarized by Bear and Fedio (1977) and by Bear (1979),¹⁰⁰ and include a deepening of emotions, euphoria, sadness, anger, hostility, hyposexuality, guilt, argumentiveness, hypermoralism, compulsivity, viscosity (stickiness, tendency to be repetitive), sense of personal significance and destiny, multiple conversions, deep and often idiosyncratic religious beliefs, interest in philosophical, moral or cosmological speculations, humorlessness, a sense of dependence and

passivity (cosmic helplessness), paranoia (suspiciousness, overinterpretation of motives and events), and hypergraphia¹⁰¹ [see box].

Not all workers in epileptology are yet fully convinced that all the symptoms listed by Bear and Fedio are found only in temporal lobe epilepsy. Hermann and Riel in 1981 discussed whether these symptoms were specific for temporal lobe epilepsy, or if they might also be found in other types of epilepsy. They concluded: "Four traits (sense of personal destiny, dependence, paranoia, philosophical interest) were significantly elevated in the TLE [temporal lobe epilepsy] group, thus lending some support to the notion of changes in behavior and thought which occur in TLE but not necessarily in other forms of epilepsy." The other traits mentioned by Bear and Fedio were found both in patients suffering from temporal lobe epilepsy and in those with generalized epileptic seizures.¹⁰²

Blumer has stated that behavioral and personality changes begin about two years after the onset of seizures, and are "associated with chronic excessive neuronal discharge in the mesial temporal lobes and adjoining areas." He mentions that emotionality, hyposexuality, and mood changes are the three major character changes, and that the patient's religiosity may become "awkward or intrusive to others."¹⁰³

Geschwind (1979)¹⁰⁴ noted that *the increased concern of temporal lobe epileptics with philosophical, moral, or religious issues is often in striking contrast to their educational background*. Geschwind¹⁰⁵ had suggested in 1977 that "the personality changes in temporal lobe epilepsy may in some sense be the single most important condition in psychiatry." However, neither Geschwind nor anyone else has claimed that these characteristics are found only in temporal lobe epilepsy; but their frequency of occurrence individually and as a group in TLE is significant. One would not expect that all patients suffering from temporal lobe epilepsy would show all the possible symptoms of this disease. The extent and severity of the causative head injury, or the size and location of a neoplasm, would be influential in determining the variety and severity of the patient's symptoms. In the case of Ellen G. White, we know that she was unconscious for a period of three weeks following her head injury; that she was amnesic for the entire episode; and that she was subsequently unable to attend school due to emotional, physical, and neurological symptoms. One should not be surprised that Ellen manifested so many of the symptoms that are encountered in temporal lobe epilepsy.

In 1974 Waxman and Geschwind reported on hypergraphia as they had observed it in seven patients with temporal lobe epilepsy:

The case histories summarized above are striking in that in each case there was an unusual tendency for the patient to write extensively, typically in a meticulous manner. Each of the authors has observed many other patients besides these seven in whom there was evidence for a temporal lobe disorder and who also wrote to an unusual degree. The literature contains numerous references to the circumstantial and pedantic character of speech of temporal lobe epileptics. In describing a patient with psychomotor seizures, Kraepelin, as early as 1906, noted that the patient "gives a connected, though very long-winded account of his condition . . ." We believe that the extensive and in some cases compulsive writing we have observed in temporal lobe epileptic patients reflects the previously documented deepening of emotional response in the presence of relatively preserved intellectual function. In this context, it is not surprising that, in speech, some temporal lobe epileptics are described as circumstantial or pedantic or as exhibiting "stickiness" or "viscosity."¹⁰⁶

The first patient Waxman and Geschwind discussed was a "24 year old right handed woman who began to have seizures at age 10 and behavioral disturbances at age 15." Following her examination and treatment she continued to have seizures and became "devoutly religious and experienced at least five religious conversions." It was determined that her brain lesion was in her right temporal lobe. She experienced visual hallucinations with "blue-green flashing light," and showed "great interest in mystical issues and in particular the meaning of existence and the fate of the universe. She also complained of having no interest in sexual activities." She spent several hours a day writing, including poetry, "usually with a moral or philosophical theme." A song she had learned she copied several hundred times and felt "compelled to write a word over and over."¹⁰⁷

The following table from David M. Bear and Paul Fedio, "Quantitative Analysis of Interictal Behavior in Temporal Lobe Epilepsy," *Archives of Neurology* 34, pages 454-457, 1977. Reproduced with permission.

Trait	Clinical Observations	Investigators
Characteristics attributed to interictal [between seizure] behavior in Temporal Lobe Epilepsy		
Emotionality	Deepening of all emotions, sustained intense affect	Davison and Bagley, Glaser, Hill, Slater, Slater & Beard, & Waxman and Geschwind
Elation, euphoria	Grandiosity, exhilarated mood, diagnosis of manic-depressive disease	Flor-Henry, and Slater and Beard
Sadness	Discouragement, tearfulness, self-depreciation; diagnosis of depression, suicide attempts	Glaser, Slater and Moran, Williams
Anger	Increased temper, irritability	Falconer, McIntyre et al, Taylor, and Treffert
Aggression	Overt hostility, rage attacks, violent crimes, murder	Davidson, Mark and Ervin, Mark et al, & Serafetinides
Altered sexual interest	Loss of libido, hyposexuality, fetishism, transvestitism, exhibitionism, hypersexual episodes	Blumer, Blumer & Walker, Davies & Morgenstern, Gastaut & Collomb, Hierons, Hooshmand & Brawley, and Mitchell et al
Guilt	Tendency to self-scrutiny and self-recrimination	Bear, Blumer, Dominian et al, & Waxman & Geschwind
Hypermoralism	Attention to rules with inability to distinguish significant from minor infraction; desire to punish offenders	Blumer, Mark & Ervin, and Waxman and Geschwind
Obsessionalism	Ritualism; orderliness; compulsive attention to detail	Bear, Blumer, Bruens, and Waxman and Geschwind
Circumstantiality	Loquacious, pedantic; overly detailed, peripheral	Bear, Slater and Beard, and Waxman and Geschwind
Viscosity	Stickiness; tendency to repetition	Blumer and Glaser
Sense of personal	Events given highly charged, personal significance; divine guidance ascribed to many features of patient's life	Glaser, Slater and Beard, & Waxman and Geschwind
Hypergraphia	Keeping extensive diaries, detailed notes; writing autobiography or novel	Blumer, Waxman and Geschwind
Religiosity	Holding deep religious beliefs, often idiosyncratic; multiple conversions, mystical states	Dewhurst & Beard, Ervin, Hill, Slater, and Slater and Beard
Philosophical interest	Nascent metaphysical or moral speculations, cosmological theories	Bear, Slater & Beard and Waxman and Geschwind
Dependence, passivity	Cosmic helplessness, "at hands of fate"; protestations of helplessness	Bear, Ferguson et al, and Waxman and Geschwind
Humorlessness, sobriety	Overgeneralized ponderous concern; humor lacking or idiosyncratic	Bear, Ferguson et al, and Waxman and Geschwind
Paranoia	Suspicious, overinterpretive of motives & events; diagnosis — paranoid schizophrenia	Bruens, Hill, Pond & Slater and Beard

Sachdev and Waxman¹⁰⁸ in 1981 studied the frequency and degree of hypergraphia in temporal lobe epilepsy by sending out letters to all patients who had been admitted to the hospital at the Palo Alto Veterans Administration Medical Center and discharged between 1972 and 1978 with a diagnosis of epilepsy or seizure disorder. They were asked to answer to the best of their ability questions regarding their present state of health, their understanding of their disease, and the change the disease had caused in their lives. Those who had a diagnosis of temporal lobe epilepsy used 4200 to 5540 words in their reply; those with a possible diagnosis of temporal lobe epilepsy used from 120 to 475 words, while those who had no evidence of temporal lobe epilepsy used from 33 to 120 words. Sachdev and Waxman concluded "that hypergraphia is one of the relatively more obvious traits of the interictal behaviour syndrome."

"Epileptic seizures may follow shortly after the accident or the epilepsy may not manifest itself for many years, sometimes as long as twenty years later."

Geschwind summarized his findings as follows:

The degree of hypergraphia in many of these patients is striking. Thus patients may regularly write essays or sermons. One patient had trunks filled with his writings. A neurologist in New Zealand was presented by one of his patients with over twenty volumes of her selected handwritten works. I have recently seen a patient who developed temporal lobe epilepsy after partial resection of one temporal lobe during the removal of an aneurysm. He had never had intellectual interest but, following the appearance of temporal lobe epilepsy, became consumed with the thought that he had the mission to write something important.¹⁰⁹

The question naturally arises, Is every temporal lobe epileptic hypergraphic to some extent? Is it specific for temporal lobe epileptics, or is it also found in other epilepsies? Hermann and his coworkers investigated this in 1983.¹¹⁰ They studied a group of 138 patients, 90 of whom had temporal lobe epilepsy; 29, generalized epilepsy; and 15, a mixed type. All of these patients were sent a letter similar to the one which Sachdev and Waxman had sent to their patients. They found that patients with a temporal lobe spike focus "had a higher response rate relative to nontemporal lobe epilepsy." If one considers hypergraphia an all-or-none phenomenon, "then letter length would suggest support for temporal lobe epilepsy/hypergraphia specificity as the two longest letters (1176 and 1229 words) were written by people with temporal lobe epilepsy." The average length of the letters from the nontemporal lobe epilepsy group was 371 words, for the temporal lobe, 296 words. (The two longest letters from the temporal lobe epilepsy group of Sachdev and Waxman study were 5540 and 4200 words long.) Hermann, et al., suggested "that further research in this area should attempt to determine whether hypergraphia is best conceptualized as a graded or an all-or-none phenomenon."

The compulsion to write was clearly evident in Ellen G. White. She wrote an almost unbelievable quantity; so that at the time of her death in 1915, her literary productions consisted of well over 100,000 pages, including 4,000 articles in church periodicals.¹¹¹ The printed pages of the nine volumes of her *Testimonies* amount to 4,812 pages, while the "Conflict of the Ages" series has 3,603 pages. She wrote in addition many letters that were not preserved, particularly in the earlier years of her labors. She also kept a diary and an extensive journal.

Ellen started her public writing in 1845. To reach 100,000 pages before she died in 1915, she would have had to average at least three and a half pages every day of her life, in health or in sickness, on Sabbaths, and when traveling or attending conferences.

An entry in her diary on June 12, 1892, illustrates the extensive writing that was a part of her daily life.

Articles written: missionary work, 15 pages letter paper. A. T. Robinson, 13 pages; Sister Ings, 5 pages; Brother Lockwood, 5 pages; Sara McEnterfer, 2 pages; Ella May and Mable White, 4 pages. Large document to C. H. Jones in regard to publishing and

health institutions. J. E. White, 12 pages. Sent Brother Wessels 5 letter pages, to Elder E. J. Waggoner to London; to Elder Washburn, England, 1 page.¹¹²

This made a total of 62 pages, besides the "large document" to C. H. Jones. But more significant than the total quantity she wrote is the compulsion and pressure she felt to write.

This is already apparent in the article she wrote to the editor of the *Day Star* after he had published her so-called first vision on December 20, 1845. She said: "My vision which you published in the *Day Star* was written under a deep sense of duty, to you, not expecting you would publish it."¹¹³

I felt that I should have rest, but could see no opportunity for relief. I was speaking to the people several times a week, and writing many pages of personal testimonies The blood rushed to my brain, frequently causing me to reel and nearly fall. I had the nosebleed often, especially after making an effort to write. I was compelled to lay aside my writing, but could not throw off the burden of anxiety and responsibility upon me I then wrote out a portion of that which was shown me in regard to the Institute, but could not get out the entire subject because of pressure of blood to the brain I supposed that after resting a few days I could again resume my writing. But to my great grief I found that the condition of my brain made it impossible for me to write. The idea of writing testimonies, either general or personal, was given up, and I was in continual distress because I could not write them.¹¹⁴ (*Testimonies*, vol. I, pages 576-577).

Throughout her long life this early sense of duty remained, accompanied by an ever-increasing feeling of mission and divine election, so frequently expressed in her writings and lectures. This deep conviction of a special, God-given mission to the world is illustrated by the following statements in her writing:

I had not the least idea of writing as I have done, but the Lord has carried my mind on and on until you have the matter I send.¹¹⁵

In the night season the Lord gives me instruction, in symbols, and then explains their meaning. He gives me the word, and I dare not refuse to give it to the people.¹¹⁶

God has given me a testimony to bear to His people that he has given to no other and I must bear this testimony which is like fire shut up in my bones.^{117,118}

I do not write one article in the paper expressing merely my own ideas. They are what God has opened before me in vision.^{119,120}

In ancient times God spoke to men by the mouths of prophets and apostles. In these days He speaks to them by the testimonies of His Spirit.¹²¹

Physically, I have always been a broken vessel; and yet in my old age the Lord continues to move upon me by His Holy Spirit to write the most important books that have ever come before the churches and the world.^{122,123}

In a letter that Ellen wrote to Lucinda Hall on April 8, 1876, she said:

I have a special work at this time to write out the things that the Lord has shown me I have felt that I must neglect everything to get out these writings. I have not attended meetings for two weeks While Elders Waggoner and Loughborough are here I let them do the work, and I keep all my strength for one purpose — to write I have a work to do that has been a great burden to my soul. How great, no one but the Lord knows (*Review and Herald* August 16, 1973, p. 6).

Another illustration of her compulsion to write is obvious in a 1906 letter to George Amadon:

The evening after the Sabbath I retired, and rested well without ache or pain until half past ten. I was unable to sleep. I have received instruction, and I seldom lie in bed after such instruction comes I left my bed and wrote for five hours as fast as my pen could trace the lines.¹²⁴

Arthur White also called attention to Ellen's voluminous writing, and her sense of compulsion to write.

"Write, write, write, I feel that I must, and not delay," penned Ellen in 1844. In these words are summed up the objective of her most important work Her childhood experience and her

education were not such as we would ordinarily think of as naturally fitting one to spend a lifetime in writing. . . . When we sum up the story we find that Mrs. White was a voluminous writer. Today there are 18,000 pages in the current E. G. White books. Taking these with the earlier editions which are now out of print, we have a total of 22,000 pages. We may add to this more than two thousand articles which have appeared in our various denominational journals. These reduced to book pages would give us another 12,000 pages. In addition to this are many thousands of pages of manuscript matter which, because of its local or personal character was not published.¹²⁵

It has already been noted that Geschwind has called attention to the deep philosophical, moral, and religious concerns that temporal lobe epileptics manifest, in strong contrast to their educational background.¹²⁶ When these are combined with an uncontrollable urge to write, the temptation to borrow material from others in massive proportion may become irresistible. The call to *write, write, write* can easily change to *borrow, borrow, borrow*. Under a strong religious compulsion, such a writer could well persuade herself that it was God who made her find the material she wanted to copy; and that she was simply obeying the divine obligation and prompting of the Spirit to copy the writings of others and put it out under her own name.

Ron Graybill has recently discussed Ellen White's extensive borrowing and he also points to Ellen's compulsion to write as a possible cause for her extensive use of unacknowledged sources.

When the scope of her writing expanded, first into health topics, and later into history, Mrs. White found herself in a position where plagiarism was hard to avoid. Her limited education did not equip her for the broad range of topics she tried to cover. Nevertheless, she felt "mightily wrought upon" to write. "Should I resist these impressions to write, when I am so burdened?" she asked. "I must obey the movings of the Spirit of God or withdraw myself from having any connection with the work." "I take no credit of ability in myself to write the articles in the paper or to write the books which I publish," she said. "Certainly I could not originate them. I have been receiving light for the last forty-five years and I have been communicating the light given me of Heaven to our people." This strong self-image as an inspired writer may have inhibited her ability to realize how much her writings depended on other authors. She could scarcely have sensed the degree to which her visions and dreams were shaped by her reading, and thus she came to believe that her revelations were the original sources of what she wrote.¹²⁷

"When we come to the point as to whether one has to believe in Ellen White, . . . or accept her visions as real . . . this church has never taken this position. I hope it never does . . ."

— Neal C. Wilson

How much did Ellen copy? Apparently no one yet knows this accurately, but it is clearly massive. Since 1887, when Canright first called attention to her plagiarism, William Peterson, Ingemar Linden, Ronald Numbers, Jonathan Butler, Don McAdams, Walter Rea, Warren H. Johns, Ron Graybill, and others have added to the accumulating evidence of her lifelong, uncredited source dependency.

Robert W. Olson in the *Adventist Review* of February 23, 1984, stated that "possibly 50 percent or more of the material in the book [*The Great Controversy*] was drawn from other sources." Only further research will finally determine how much more than "50 percent" was actually copied from other authors in this book by Ellen. Some estimate that it may be as high as 90 percent, but it is probably not too important whether half or nine tenths is borrowed. Ellen *had* to write, and to produce the quantity she did she had no recourse but to copy from others; and this, with the help of her secretaries, she did well.

Ellen's literary borrowing seems to have started in her very first article

published in the *Day Star* of January 24, 1846, where she reported on her so-called first vision of December 1844. Apparently she had in front of her the pamphlet *The Christian Experience of William E. Foy*, which was published and copyrighted in 1845. Her indebtedness to Foy is evident in many places in her article, but the most striking place is where Foy's guide says: "Those that eat of the fruit of this tree return to earth no more" (page 14). Ellen, in turn, has Jesus say: "Those who eat of the fruit of this land go back to earth no more."¹²⁹

Repetitiveness

An easily observable trait in the temporal lobe epileptic is perseveration, stickiness, or viscosity — a form of automatism, which applies both to speech and writing, *in which the individual repeats words, phrases, sentences*, or, as Fenton expressed it, "a tendency to adhere to each thought, feeling and action."¹³⁰ For example, many who saw Ellen White experience a vision report that she often exclaimed *glory, glory, glory* at the onset of a vision. Daly describes a case reported by Penfield and Jasper of a boy who "at the beginning of attacks heard a voice calling; 'Sylvere, Sylvere, Sylvere' — the patient's first name." A forty-five year old man was heard to say, "Mother, Mother, Mother." And an admitted agnostic repeatedly uttered "God, God — oh, my God."¹³¹ It would be easy for Ellen's subconscious mind to select the repetition *glory, glory, glory* because the word *glory* was commonly used in the Methodist meetings she attended in her adolescence.

Ellen gave evidence of this repetitiveness in her first publication when, as an eighteen-year old, she repeated the words "I saw" sixteen times. In a second contribution to the same periodical three weeks later she used "I saw" thirteen times. Two months after this in an article in *The Little Remnant Scattered Abroad*, she employed "I saw" thirty-five times. The repetition of this phrase becomes increasingly noticeable in Ellen's writings, until in some pages nearly every sentence begins with these words, as seen in an article by her in an 1849 *Present Truth* where, in thirteen sentences, she used "I saw" or "I was shown" eleven times.¹³²

Many other words beginning or imbedded in her sentences illustrate this same repetitiveness — words such as "they" and "you". In all her early publications, this can easily be seen, particularly in the first one hundred pages of volume one of her *Testimonies*, and volume two of *Spiritual Gifts*. In later editions of her works most repetition, particularly of "I saw" and "I was shown," was eliminated. Perhaps at first the frequent use of the "I saw" in her writings was looked upon as reinforcing a claim for divine inspiration. As time went on, the evidence of this repetition was greatly reduced by editors, but never entirely eliminated.¹³³⁻¹³⁴

Ellen's son, W. C. White, agreed "that in the original manuscripts . . . there was such repetition." And Ellen wrote in 1906:

While my husband lived, he acted as a helper and counselor — The instruction I received in vision was faithfully written out by me . . . Afterward we examined the matter together, my husband correcting grammatical errors, and eliminating needless repetition.¹³⁵

Later "the secretaries were expected . . . to leave out that which was plainly unnecessary repetition." Arthur White also believed that "in some original manuscripts" there was much repetition, when Ellen was "perplexed by many cares and burdens."¹³⁶

Many repetitions that were not so objectionable as "I saw" remained even in her later writings. Particularly significant are cases in which she represented others as speaking or writing with the same repetitiveness that she did. For example: "Said the angel, 'Be ye clean that bear the vessels of the Lord, Be ye clean that bear the vessels of the Lord.'"¹³⁷

Ellen had two visions on January 5, 1849, at Rocky Hill, Connecticut. In the second vision she saw four angels heading toward earth on a special mission. Jesus "gazed in pity on the remnant, . . . raised His hands, and with a voice of deep pity cried, 'my blood, Father, my blood, my blood, my blood.' . . . Then I saw an angel . . . crying with a loud voice, 'Hold! Hold! Hold! Hold!' In the same year she wrote also: "I heard an angel say, 'Speed the swift messengers, speed the swift messengers.'"¹³⁸ One year later she quoted an angel's question: "Can such enter heaven?" Another angel answered, "No, never, never, never."¹³⁹

In Ellen's report of her March 14, 1852, vision at Ballston, the following is given:

If the sins do not go beforehand to judgment they will never go. *Thy people, thy people, thy people, thy people not ready, not ready, not ready.* In that time one sin uncovered will crush the soul. Heaven will give no answer. That time will try men's souls. Confusion will take place and their desire will not be accomplished. Can ye not see? . . . *Get ready! Get ready! Get ready!* almost finished . . . *I behold, I behold* those that have that excellent reward sacrifice to obtain it . . . Help the children *get ready*, something must be done. *Self! self!* O Jesus, pity and forgive thine erring children.¹⁴⁰

In 1852 at Vergennes, Ellen said of James White: "The power of God was upon him . . . said he, *'I hope it will go out!* In the name of the Lord, *I hope it will go out!*"^{141,142,143,144}

In the Sutton vision of Ellen White in 1850, we have the following example:

Then *I saw* we must drink *deep, deep*, from the water of the fountain . . . *I saw* that Brother Bates must be open, ready to yield up a dear point when the clear light shines. *I saw* that we must be more like Jesus . . . Then *I saw* James and Brother Bates; said the angel, *press together, press together* ye shepherds lest the sheep be scattered. Love one another as I have loved you. *Swim, swim, swim, plunge deep, deep, deep*, in the ocean of God's love. *I saw* that we must overcome . . .¹⁴⁵

On January 3, 1875, in Battle Creek, Ellen had a vision reported by W. C. White that demonstrated some of the typical features of a temporal lobe seizure, including repetitiveness. She had been ill with influenza and was seated in a large arm chair, warmly wrapped in blankets.

Then mother undertook to pray, and in a hoarse, labored voice, she uttered two or three sentences of petition. Suddenly her voice broke clean and musical, and we heard the ringing shout, "Glory to God!" We all looked up, and saw that she was in vision. Her hands were folded across her breast. Her eyes were directed intently upward, and her lips were closed. There was no breathing, although the heart continued its action. As she looked intently upward, an expression of anxiety came into her face. She threw aside her blankets, and stepping forward, walked back and forth in the room. Wringing her hands, she moaned, "Dark! Dark! All dark! So dark!" Then after a few moments silence, she exclaimed with emphasis, and a brightening of her countenance, "A light! A little light! More light! Much light!! . . . Following her exclamatory remarks regarding the lights, she sat down in her chair."^{146,147,148}

In 1868 she wrote: "He will not accept half a sacrifice. *All, all, all* is God's."¹⁴⁹ In *Early Writings* (2nd ed., 1882) she wrote: "Said the angel, *'Get ready, get ready, get ready,* Ye will have to die a greater death to the world than ye have ever yet died!"¹⁵⁰

It seems clear that in many instances the words attributed to the angels and Christ are phrased with Ellen's characteristic repetitiveness — the "stickiness" of the temporal lobe epileptic. In books such as the later editions of *Great Controversy* and subsequent books like the *Desire of Ages* and *Acts of the Apostles*, in which there is so much material paraphrased from other authors and which were well edited, one would expect to see little of her characteristic tendency to repeat; but some evidence remains.

Towards the end of her stay in Australia, Ellen had a vision, as reported by her to G. B. Starr:

"I was as wide awake as I am now, and there appeared a chariot of gold and horses of silver above me, and Jesus, in royal majesty, was seated in the chariot . . . Then there came the words rolling down over the clouds from the chariot from the lips of Jesus, 'Fannie Bolton is your adversary! Fannie Bolton is your adversary!' repeated three times. Now," said Sister White, "I had this same vision about seven years ago, when my niece Mary Clough was on my writings."

She also repeated "drudge, drudge, drudge, drudge" in a letter in 1892 from Australia.¹⁵¹ Still later she wrote: "I have received a letter from Elder Daniells regarding the addition of another building to the Review

and Herald office. The answer I make to this is: *No, no, no.*"^{152,153} It was early in December 1914 that she testified to hearing voices in the night season, crying out: "Advance! Advance! Advance! Press the battle to the gate!"¹⁵⁴

In 1901 Ellen said, "God forbid! God forbid, brethren." In a letter in 1904 she wrote, "Cut loose, cut loose, is my message."¹⁵⁵ "The first chapter of Daniel . . . read it, read it, and as you read, become wise not in your own conceit but wise like Daniel."¹⁵⁶ "The great difficulties which have existed in Battle Creek would not have been. The great dearth of means would not have been."¹⁵⁷ In a letter she wrote to A. G. Daniells and W. W. Prescott on May 20, 1904, she reports Christ as saying: "Unite, unite, unite in perfect harmony."^{158,159}

Horace Shaw, in his doctoral dissertation in 1959, included the results of a questionnaire which he had mailed out to those who might have known Ellen White personally. One correspondent reported on a meeting she had attended at which Ellen spoke. "After what seemed to be her parting admonition she hesitated for a moment and then said, 'Be sensible, be sensible, be sensible.'¹⁶⁰

Hypermoralism

Another trait in the writings of Ellen G. White is one that includes hypermoralism, sobriety, humorlessness, and multiple exhortations. This is particularly evident in writings which were intended for her fellow church members. A typical example of this is seen in a letter written to Dear Sister E in 1873:

I have been shown that you need a thorough conversion. You are not now on the right track to obtain that peace and happiness which the true, humble, cross-bearing believer is sure to receive . . . You have a selfish disposition . . . Your principal thoughts are for yourself, to please yourself. . . . You neglect to cheerfully engage in the work which God has left you to do. You overlook the common, simple duties lying directly in your pathway . . . You do not study to make others happy . . . You indulge in a dreamy habit, which must be broken up . . . You are not improving as fast as you might, and as you must . . . You have been a cloud and a shadow in the family . . . You have not had the grace of God in your heart . . . You love to think and talk about young men. You interpret their civilities as a special regard for yourself. You flatter yourself . . . A reformation must commence in your father's family. You bear the stamp of your father's character. You should endeavor to shun his errors and his extremes . . . You do not love children. In fact you do not love anything which requires steady, earnest, persevering effort.¹⁶¹

In this seven-page letter, *seventy-five* sentences begin with *you*, and an additional 115 times *you* is used in the middle of sentences and is an example of the judgmentalness and hypermoralism seen in the temporal lobe epileptic, so often encountered in Ellen's writings.¹⁶²

Hypermoralism and hyperethicalness of temporal lobe epileptics is closely related to their humorlessness, viscosity, attention to detail, and self-scrutiny. Waxman and Geschwind in 1975 wrote:

There is often a striking preoccupation with detail, especially as concerns moral or ethical issues or both. There are no trifles for these patients . . . Preoccupation with detail and clarity and a profound sense of righteousness are evident in the speech of many of our patients.¹⁶³

Other researchers have described this phenomenon:

All events are serious to these patients . . . They may become excessively concerned with moral issues and involve themselves with rights and wrongs of rather trivial affairs. . . . the right or wrong of every item needs to be considered along with all ramifications; no issue can be easily dropped; these patients become long winded in speech and often feel the need to put down their thoughts in lengthy writings; they tend to be remarkably without humor.¹⁶⁴

Temporal lobe epileptics tend to be not only hyperethical, but often hyper-religious. To them, their own ministers may lack deep religious conviction . . . These basic traits account for a deepening of emotional response with over emphasis on the qualities of good and evil, right and wrong.¹⁶⁵

* To feel strongly about moral and ethical issues is probably a desirable trait; how this trait is executed and expressed is significant, however, in relation to temporal lobe epilepsy. It is the excessive concern with trivial questions, the obsession with moral issues, the lack of understanding and tolerance for divergent opinions, and the resulting judgment and condemnation of those who differ that set these patients apart. This is often accompanied by a sense of divine mission and authority. They have been called "inflexible" and are not likely to change their point of view.

As Beard has pointed out, there is a ponderousness, long-windedness, and a dullness in these patients, together with egocentricity, unctuous utterances, and stickiness.¹⁶⁶

Ellen's hypermoralism is illustrated by her discussion on dress.

I was shown that some of the people of God imitate the fashions of the world, and are fast losing their peculiar, holy character, which should distinguish them as God's people. I was pointed back to God's ancient people, and then was led to compare their apparel with the mode of dress in these last days. What a difference! What a change! Then the women were not as bold as now. When they went in public they covered their face with a veil (sic). In these last days fashions are shameful and immodest The small bonnets, exposing the face and head, show a lack of modesty Young and old, God is now testing you. You are deciding your own eternal destiny. Your pride, your love to follow the fashions of the world, are all put in the scale, and the weight of evil is fearfully against you Many, I saw, were flattering themselves that they were good Christians, who have not a single ray of light from Jesus And I saw that the Lord was whetting his sword in heaven to cut them down.¹⁶⁷⁻¹⁷¹ About children playing on the Sabbath she had this advice:

Parents, above every thing, take care of your children upon the Sabbath. Do not suffer them to violate God's holy day by playing in the house or out of doors. You may just as well break the Sabbath yourselves as to let your children do it, and when you suffer your children to wander about, and suffer them to play upon the Sabbath, God looks upon you as Sabbath-breakers.¹⁷²

I have long been designing to speak to my sisters and tell them that, from what the Lord has been pleased to show me from time to time, there is a great fault among them Their words are not as select and well chosen as those of women who have received the grace of God should be. They are too familiar with their brethren. They linger around them, incline toward them, and seem to choose their society. They are highly gratified with their attention. From the light which the Lord has given me, our sisters should pursue a very different course. They should be more reserved, manifest less boldness, and encourage in themselves "shamefacedness and sobriety." Both brethren and sisters indulge in too much jovial talk when in each other's society. Women professing godliness indulge in much jesting, joking and laughing.^{173,174} No trifling, common conversation is to be indulged. God looks into every secret thing of life.¹⁷⁵ I have been shown that the true followers of Jesus will discard picnics, donations, shows, and other gatherings for pleasure.¹⁷⁶

With many young ladies the boys are the theme of conversations, with the young men, it is the girls They talk of those subjects upon which their minds mostly run. The recording angel is writing the words of these professed Christian boys and girls.¹⁷⁷

Jesting, joking, and worldly conversation belong to the world The communication opened between God and his soul . . . will not cause levity or the semblance of a smile, but will solemnize the mind.¹⁷⁸

Do not, my sister, trifle longer with your own souls and with God. I have been shown that the main cause of your backsliding is your love of dress . . . and you find yourselves with scarcely a spark of the love of God in your hearts I have been shown that our church rules are very deficient. All exhibitions of pride in dress, which is forbidden in the word of God, should be sufficient reason for church discipline.¹⁷⁹ Unless we do this, our churches will become demoralized.¹⁸⁰

Perhaps related to Ellen's opposition to "worldly conversation" was

her warning against story books and the reading of fiction:

"Dear Brother E: . . . I was much surprised to read your recommendation of *Uncle Tom's Cabin*, *Robinson Crusoe*, and SUCH BOOKS. You are in danger of becoming somewhat careless in your writing I have repeatedly seen the evil of reading such books.¹⁸¹

Ellen also felt constrained to speak out against bicycles, tennis, and cricket.

I was shown things among our people that were not in accordance with their faith. There seemed to be a bicycle craze. Money was spent to gratify an enthusiasm in this direction that might better, far better, have been invested in building houses of worship There was a spirit of strife and contention among them as to which should be the greatest. The spirit was similar to that manifested in the baseball games in the college ground. Said my Guide: These things are an offense to God.¹⁸²

She also wrote:

A view of things was presented before me in which the students were playing games of tennis and cricket. Then I was given instruction regarding the character of these amusements. They were presented to me as a species of idolatry, like the idols of the nations Angels of God . . . were ashamed that such an exhibition should be given by the professed children of God.¹⁸³ In addition to the terrible consequences which Ellen ascribed to masturbation, she threatened those who wore hair pieces with equally frightening results.

Fashion loads the heads of women with artificial braids and pads . . . which heat and excite the spinal nerve centers in the brain The action of the blood upon the lower or animal organs of the brain, causes unnatural activity, tends to recklessness in morals, and the mind and heart is in danger of being corrupted. As the animal organs are excited and strengthened, the morals are enfeebled. The moral and intellectual powers of the mind become servants of the animal Many have lost their reason, and become hopelessly insane, by following this deforming fashion.¹⁸⁴

Hyposexuality

Hyposexuality has been shown to be a frequent symptom in temporal lobe epilepsy. Walker and Blumer¹⁸⁵ state that such altered sexuality "is a . . . depression of all sexual experience, not just the impairment of genital expression. In an individual who develops epilepsy before puberty, he or she may never know psychosexual experiences." Blumer has pointed out that both hyposexuality and "viscosity" are stable manifestations in temporal lobe epilepsy, and become manifest about two years after the onset of the epilepsy.

Such hyposexuality has been eliminated in temporal lobe epileptics by the surgical removal of the involved area of the temporal lobe. Frigidity or low sexual drive are symptoms of the hyposexuality. Shukla¹⁸⁶ et al reported that "hyposexuality appears to be uniquely associated with temporal lobe epilepsy" (as compared with generalized epilepsy), and that these patients "showed no concern over it." In Shukla's study, twenty-eight of forty-four patients were hyposexual. Sixty four percent of female patients were hyposexual and "took part in sexual relations only on repeated requests from their husbands." Shukla also reports that of Gastaut and Colomb's patients, two-thirds were hyposexual.

In studying Ellen G. White in regard to the trait of hyposexuality, we must remember that her original accident occurred when she was nine years old, probably before puberty. She was married at age eighteen, had four sons, and was widowed when she was fifty-three years old. Ellen did not remarry and died at the age of eighty-seven.

Ellen wrote considerably about relations between the sexes and on sexuality. Her advice about the very young suggests the danger of permitting association between small children of the opposite sex. This counsel seems to be motivated by her fear that these small children might become sexually aroused and fall prey to the devastating practice of masturbation.

This is a fast age. Little boys and girls commence paying attention to one another when they should both be in the nursery,

taking lessons in modesty and deportment. What is the effect of this common mixing up? Does it increase chastity in the youth who thus gather together? No, indeed! It increases the first lustful passions; after such meetings the youth are crazed by the devil and give themselves up to their vile practices.¹⁸⁷

To an adult Ellen gave the following advice:

You have fallen into the sad error which is so prevalent in this degenerate age, especially with women. You are too fond of the other sex . . . You seem to know considerable about anticipated marriages, and write and talk about these things. This only causes dearth to your soul . . . You have done great injustice to yourself in permitting your mind and conversation to dwell upon love and marriage.¹⁸⁸

Many parents do not obtain the knowledge that they should in the married life . . . They have united themselves in marriage to the object of their choice, and therefore reason that marriage sanctified the indulgence of the baser passions. Even men and women professing godliness give loose rein to their lustful passions, and have no thought that God holds them accountable for the expenditure of vital energy, which weakens their hold on life and enervates the entire system.¹⁸⁹

Ellen continued her advice:

Let the Christian wife refrain, both in word and act, from exciting the animal passions of her husband. Many have no strength at all to waste in this direction. From their youth up they have weakened the brain and sapped the constitution by the gratification of animal passions.¹⁹⁰

Ellen's fearful description of the results of masturbation was inspired perhaps by her own hyposexuality and contemporary literature on the topic.

Females possess less vital force than the other sex . . . The results of self-abuse in them is seen in various diseases, such as . . . loss of memory and sight, great weakness in the back and loins, affections of the spine, the head often decays inwardly. Cancerous humor, which would lay dormant in the system their life-time, is inflamed, and commences its eating, destructive work. The mind is often utterly ruined, and insanity takes place.¹⁹¹ Ellen states that her early accident kept her from knowing about these secret vices.¹⁹²

Elsewhere Ellen adds to this: "Solitary vice is killing thousands and tens of thousands."¹⁹³

"The objectivity with which patients with complex partial seizures can describe their hallucinations is an extremely important diagnostic point." Dreifuss (Advances in Neurology 11:197-198 . . . 1975)

Ellen also felt free to counsel missionaries not to have children while in the mission field.

I was shown that Brother and Sister V — had departed from God's counsel in bringing into the world children. God required all there was of them in His work for the Master, but the enemy came in, and his counsel was followed . . . When I learned that you were soon to have an increase in your family, I knew that you were not doing the will of God, but following your own inclination to please yourselves . . . The time has come when, in one sense, they that have wives be as though they had none . . . I am thoroughly disgusted with the course of our preachers and workers. They seem to think one of the important branches of the work is first to get as many children into the world as possible.¹⁹⁴

Ellen White was clearly a very religious woman. What is not so often recognized is the fragility of her religious experience and her periods of depression, doubt, and despair — each of which was followed sooner or later by a renewal of faith and courage. Ellen openly shared these episodes that appeared periodically during most of her life. Hurst and

Beard in 1970 called attention to the frequency of religious crises and conversions in temporal lobe epileptics.¹⁹⁵⁻²⁰⁴

Pseudoseizures

Conditions classified as *pseudoepilepsy* and *pseudoseizures* may be confused with partial complex seizures. These include hysteria, conversion reactions, narcolepsy, syncope, hyperventilation, and others. If the individual is conscious during these experiences, it is not epilepsy. Psychogenic reactions, such as seen in intense religious excitement, favor the development of hysteria. The revival meetings that were popular during the earlier years of Ellen's visionary experiences often saw men and women fall from their seats, cry for mercy, writhe in agony, and faint. Hysterical attacks occur only when there is an audience to witness them. Recent investigations also indicate that at least some individuals who claim that they are subject to extrasensory or paranormal experiences may actually suffer from a temporal lobe dysfunction which is apparently hereditary. Patients with temporal lobe epileptic seizures may also have attacks of hysteria.²⁰⁵

It has been suggested that if Ellen's visions are credited to a malfunction of her temporal lobes, that such an explanation neglects to take into account the emotional, cultural, and psychic factors that could have been responsible for her trances as has occurred in other individuals in the past. Such questions overlook the fact that the temporal lobe epileptic participates in the visionary experience that is imposed upon him with his total physical, intellectual, emotional, religious, and cultural being — in which all past and present influences have a part. The visionary experience is not something *outside* the real person; it is produced by and in the total person — including the effects of any organic malfunction that may be present.

Summary and Conclusion

The visionary experiences of Ellen G. White and her behavioral characteristics have been examined from the perspective of current clinical knowledge. From this overview may be drawn the following conclusions:

1. Ellen was a healthy normal girl, both physically and emotionally, until at the age of nine, she was hit by a stone on the nasal area of her face. She was unconscious for 3 weeks, indicating a severe brain injury; and was not able to remember anything about the accident or its aftermath. The type and location of her head injury, and the resulting period of unconsciousness and amnesia, made it likely that she would ultimately develop epileptic seizures.
2. Her dreams and visions began at age fifteen, some six years after her accident; and they continued throughout her life. When Ellen's vision experiences are compared with the seizures of temporal lobe epilepsy, they are found to be typical of partial complex seizures.
3. Following this, her behavioral traits were compared with those of temporal lobe epileptics and found to be similar. Also discussed was the self-confessed compulsive drive of Ellen to write, culminating in a total quantity of writing that few have ever equaled. Ellen's habit of borrowing freely from other authors without giving them the deserved credit is perhaps also partially explainable by this intense drive to write (hypergraphia) and by her own limited formal education that ended with the third grade. The borrowing enabled her to include that which she was unable to produce herself. To say, however, that she did not know that literary sources should be acknowledged seems difficult to sustain, since some from whom she borrowed even in her earlier writings were meticulous in indicating their sources with each quotation. This was clearly seen in the works of J. N. Andrews, from whom she borrowed early.
4. Ellen had another epileptic trait that is very visible even today in her writings, and was also present in her speech — namely the tendency to hang on to a word, phrase, or thought, and repeat these in succession — a viscosity. This is most striking

where single words are repeated, such as the sentence ascribed to Christ: "my blood, father, my blood, my blood" or when the angel is made to say "never, never, never"; or where she says "write, write, write, write." Or "dark! dark! All dark! So dark!" Or "All, all, all, is God's." This repetitiveness shows up in nearly all of Ellen's writings in one way or another as it does in the writings of other temporal lobe epileptics. As we have shown, the editing of Ellen's later writings removed many of these repetitions, but not all. Most striking was her use of the words "I saw," where at times every sentence began with this repetitious introduction.

Ellen White autopsy?

This titillating exchange took place during a recently videotaped interview with Ellen White's grandchildren, siblings Arthur White and Grace Jacques, taken by James Nix, assistant secretary of the White Estate and director of the White Estate branch in the Loma Linda University Library Heritage Room:

Nix: Do you know, why wasn't Ellen White buried immediately back there [in 1915]?

White: This is a question I know very little about. I did not know until a few years ago that the dirt was not put over the casket immediately. She was held for some time, and Edson spoke of seeing her in the casket at a later time. Why, I don't know. There was some talk of fears of Dr. Kellogg having the body exhumed to have her brain examined. There was some talk about it.

Jacques: I remember that.

White: And it could be; and if there was any reason, I would suppose that that was the reason. I have heard talk, but I have nothing — the kind of evidence that I like to have — Jim, to back [it] up. And in the absence of evidence, I don't like to talk much about it. But there is correspondence which would indicate that the final burial was at a time a little later than the funeral itself.

Her writings and speech had other characteristics that are common in this form of epilepsy, such as humorlessness, soberness, suspicion of the motives of others, ponderousness, hypermorality, and hyperethicalness. Her writings include long accounts of the faults and failures of others, and overinterpretations of the actions and words of fellow church members, accompanied by condemnation. With this went a sense of the great importance of her own work and messages and of the dire consequences of ignoring her counsel. Her hyperethical demands included such requirements as children not playing on the Sabbath, wearing certain types of clothing, and injunctions against tennis, baseball, cricket, and bicycles. Such characteristics of Ellen's thinking and judgment, probably ascribable to the aftereffects of her head injury, have been incomprehensible and alienating to many members of her church. A recent expression of this concern repeats what many have said before:

... how much of the cynicism and loss of faith we see in the church today might have been avoided, if throughout the denomination's history, there had been a little more confidence in the member's ability to handle the truth about the nature of Ellen White's inspiration and work?

Revealing more of the truth earlier on would no doubt have caused some pain, but might not that have been preferable to the disruption of having it forced out in an atmosphere of acrimonious dissent? And might many today who are disillusioned instead have a strong faith in Ellen White's gift and a receptiveness to her counsels, if there had been greater openness? Of course, hand-writing about the past isn't the point. Nor is it to cast scorn on conscientious church leaders who did what they thought best. The question is, will the church of today see a lesson in all of this?²⁰⁶

In 1977, Paul B. Ricchiuti wrote the following:

But as the 1800s developed, a strange sort of unreality

surrounded her, lifting her up and placing her beyond the reach of fellow believers. The name "Ellen White" became a mystery, for people could not identify with her as a living person. Ellen White had become an institution to them, and was fast becoming a legend. Aware of this herself, she could not stop it, try as she might. Thus well-meaning but confused people drew an obscuring veil across the real Ellen White. And when they pulled it aside from time to time, "Sister White" sat as a sainted statue, book in her hand, fire of God's condemnation in her eyes.

Today that legend can be described in three words. And those three words have become the "woodshed rod" in the hands of unnumbered parents and teachers in the Adventist Church.

Thus, the phrase, "Sister White said," has kindled fires of resentment in the hearts of thousands of Adventists, especially among the young. This disaster is actually a very effective tool, invented by Satan himself, to destroy the church from within.

Ellen White's work and words, her writing and actions have all been used as whips and clubs over the heads of old and young alike.²⁰⁷

There have been periodic discussions and crises about the significance, position, and authority of Ellen in her church; and this has continued to the present. In all her writings Ellen probably tried to present what she believed to be true and elevating, but she was still writing as a temporal lobe epileptic with a very limited education and as a child of her time. There were things that Ellen wrote that clearly reflect this, such as her contentions that eating pork causes leprosy, that earthquakes are caused by burning subterranean coal and oil, that wearing wigs causes insanity, or that the amalgamation of man and beast can be seen in certain races of man.²⁰⁸

As we look at the life and work of Ellen White, the problem is not so much with what she has said or written, but with the authority that she claimed and implied, as well as the authority assigned to her by others. Ellen believed that God had given her a special work to do on earth that He had not given to anyone else; she was a special messenger. This, no doubt, was the basis for her belief in her special authority. If Ellen suffered from temporal lobe epilepsy, with its seizures and altered behavior, this does not mean that all she said or wrote is therefore invalid. It does imply, however, that what she said is not true because *she* said it, but that it *might be true*, based on other evidence than simply her assertions. It also implies that some of what Ellen wrote *might be wrong*. Such an intellectual integrity then would require that Ellen's writings be critically judged by the available evidence. Much of what Ellen or her secretaries wrote or borrowed was beautiful and spiritually elevating, no matter who wrote it. It is also clear that some of what came from Ellen's pen was questionable or erroneous, as might be true of any author. To grant Ellen the intrinsic authority that was rejected by the early leaders of her church is unwarranted and dangerous to the study and progressive understanding by Seventh-day Adventists of Christian doctrine and knowledge in general.

The 1919 Bible Conference seemed to promise a more realistic and honest attitude towards Ellen G. White and her work.²⁰⁹ If this openness and study had been allowed to continue, it is likely that a major criticism by other Christian churches that the Seventh-day Adventist church has a special addition to Scripture — namely the writings of Ellen G. White — would have been avoided.

Who then was Ellen White? Certainly she was a remarkable woman and a devout Christian. Dudley Canright, one of her most severe critics, is reported to have said at the time of her funeral that she was "a most godly woman."²¹⁰

Even though Ellen's trances probably were not the kind of visions she believed them to be, she clearly was a person of vision. She envisioned medical institutions, schools, and publishing houses in various locations around the world; suggested far-reaching changes in denominational organization; and demonstrated at times great insight into the mission of her church. She advocated improved health care and advanced education for her people. Yet it will be difficult to rightly understand Ellen and what she wrote unless one recognizes the presence of the temporal lobe epilepsy from which she apparently suffered her entire adult life, and that so markedly influenced her thinking, writing, and behavior.