

ELLEN G. WHITE ESTATE

# VISIONS OR SEIZURES

DONALD I. PETERSON



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# **Visions Or Seizures**

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**Ellen G. White**

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### **About the Author**

Ellen G. White (1827-1915) is considered the most widely translated American author, her works having been published in more than 160 languages. She wrote more than 100,000 pages on a wide variety of spiritual and practical topics. Guided by the Holy Spirit, she exalted Jesus and pointed to the Scriptures as the basis of one's faith.

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By Donald I. Peterson, MD

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## **About The Author**

Donald I. Peterson is a Professor of Neurology at Loma Linda University School of Medicine and Chief of Neurology at Riverside General Hospital, California. He has served on the Medical Advisory Board of the California Epilepsy Society and has authored over sixty articles in the field of neurology in scientific magazines.

## **About The Book**

Ellen G. White received her first vision in 1844, when she was only seventeen years old. Her prophetic role was central in guiding the developing Adventist church through many perils.

In recent years a number of critics have revived the old allegation that Ellen White's visions were due to temporal lobe epilepsy resulting from an injury she received when she was nine years old. In this book Dr. Peterson thoroughly explodes this theory.

## Chapter 1—Allegations Not New

### Ellen White’s Head Injury

Seventh-day Adventists believe that Ellen G. White (born 1827, died 1915) possessed what they “have accepted as the prophetic gift described in the Bible.”<sup>1</sup> When she was nine years old, an angry schoolmate threw a stone, which struck her on the nose and caused significant injury. Some have alleged that this blow so severely damaged the temporal lobe of her brain as to cause her to have a type of epilepsy known as partial complex seizures (also called complex partial seizures). Thus, it is argued, her visions were not divine revelations from God, but due to temporal lobe epilepsy.

### The Allegation

In 1981, for instance, Delbert H. Hodder, a pediatrician with a special interest in pediatric neurology, wrote in *Evangelica* (a magazine now defunct) that Ellen White’s visions were “consistent with what is now known as partial-complex or psychomotor seizures.”<sup>2</sup> Four years later Molleurus Couperus, a retired dermatologist, made a similar allegation in an article in *Adventist Currents* when he said that Ellen White’s visions were due to “temporal lobe epilepsy.”<sup>3</sup>

[6] Since Hodder’s and Couperus’s claims are so similar, they will, with some exceptions, be treated as one in this study.

### Epilepsy Allegation Not New

There is nothing new to the allegation that a prophet’s visions were due to some form of epilepsy. Critics of the nineteenth

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<sup>1</sup>Endnotes Seventh-day Adventist Yearbook, 1988 (Hagerstown, Md.: Review and Herald Publishing Association), p. 7.

<sup>2</sup>Delbert H. Hodder, M.D., “Visions or Partial-Complex Seizures?” *Evangelica*, vol. 2, no. 5 (November 1981), p. 35.

<sup>3</sup>Molleurus Couperus, “The Significance of Ellen White’s Head Injury,” *Adventist Currents*, vol. 1, no. 6 (June 1985), p. 31.

and twentieth centuries have claimed that the visions of the Bible prophets were epileptic seizures. As recently as 1970 Kenneth Dewhurst and A. W. Beard claimed that Paul's vision on the road to Damascus was due to "temporal lobe epilepsy..."<sup>4</sup>

With respect to the latter allegation, those who accept the evidence in the biblical accounts reject this suggestion for the simple reason that Paul was not the only one who experienced what happened that day. Those who were with him saw a light, they all fell to the ground, they all heard a voice (see [Acts 9:3-7](#); [22:6-9](#); [26:13, 14](#)). This much is clear. If Paul had a seizure, then the entire group had seizures simultaneously. That this could have been the case is bizarre beyond belief—especially since to Paul the voice was an intelligible message to him, while to the others it was merely an unintelligible sound!

If the vision of a Bible prophet can be attributed to temporal lobe epilepsy, it is not surprising that the same allegation should be made concerning Ellen White's visions. During her lifetime, for instance, Dudley M. Canright, a Seventh-day Adventist minister who left the church, claimed that she had a "complication of hysteria, epilepsy, catalepsy, and ecstasy" and stated that her "visions were merely the result of her early misfortune."<sup>5</sup>

Although Canright was a contemporary of Ellen White, he was not a physician; hence his claim will not be dealt with in this study. Hodder and Couperus, however, are physicians, so their claims will be considered. [7]

The purpose of this study is to determine if the allegations of these critics have any validity.

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<sup>4</sup>Kenneth Dewhurst and A. W. Beard, "Sudden Religious Conversions in Temporal Lobe Epilepsy," *Journal of Psychiatry*, vol.117 (1970), p. 497-507.

<sup>5</sup>D. M. Canright, *Life of Mrs. E. G. White* (Cincinnati: The Standard Publishing Company, 1919), p. 171 (emphasis supplied).

[8]

## Chapter 2—Ellen White’s Sickness

[9]

### Sources of Information

Since Ellen White has been dead for many years, it is obviously impossible to make a diagnosis of her case on the basis of direct clinical evidence. Both critics and defenders must reach their conclusions on the basis of available records.

The oldest and most reliable description of Ellen White’s childhood injury and its long-term effects comes from Mrs. White herself. It reads as follows:

I turned to see how far she [the angry schoolmate] was behind me, and as I turned, the stone hit me on my nose. I fell senseless. When I revived, I found myself in a merchant’s store, the blood streaming from my nose, my garments covered with blood, and a large stream of blood on the floor.

[10]

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 blood, and that I could walk home. Those present were not aware that I was so seriously injured. 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 the cause of my sickness. <sup>1</sup>

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<sup>1</sup>Ellen G. White, [Spiritual Gifts 2:7, 8](#), (Washington, D. C.: Review and Herald Publishing Association, 1860, 1944). For other accounts by Ellen White, see [Testimonies for the Church 1:9, 10](#) (Boise, Id.: Pacific Press Publishing Association, 1948), and [Life Sketches of Ellen G. White, 17, 18](#) (Mountain View, Calif.: Pacific Press Publishing

## **Allegation of Major Brain Insult**

On the basis of this information Hodder states that Ellen White “suffered a severe head injury” and that her “immediate loss of consciousness followed by a lucid interval and a subsequent prolonged loss of consciousness is typical of the presence of a cerebral hemorrhage, specifically an epidural hematoma, but not diagnostic of such.”<sup>2</sup> Couperus says that “after a brief interval of consciousness she became unconscious again,” then adds: “For a head injury to produce a coma or unconsciousness lasting three weeks is not common and usually suggests severe brain insult.”<sup>3</sup>

## **Coma or Stupor, Which?**

Couperus alleges that Ellen was in a coma or unconscious state for three weeks due to the direct effects of her head injury. This interpretation is not correct. The record shows that Ellen was unconscious for only a brief time as a direct result of the head injury and that after recovering consciousness briefly, she was in a “stupid state”<sup>4</sup> or “stupor,”<sup>5</sup> (not a coma) for three weeks.

Neurologists generally agree that the duration of amnesia for events preceding head trauma usually closely parallels the severity of the brain damage caused by the injury. By this criterion Ellen suffered minor rather than a severe brain injury.

It is clear from the record that there was no amnesia for events prior to the injury because Ellen later remembered turning to see if the attacking girl was catching up with her and that as she turned, the stone struck her nose. Her memory of events between the time she regained consciousness and lapsed into a stupor was no more than slightly impaired, because she later clearly remembered being in a merchant's store with blood pouring from her nose and declining the kind stranger's offer to take her home in his carriage because she might soil it.

[11]

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Association, 1915, 1943). These accounts vary slightly in wording and minor details but are in substantial agreement.

<sup>2</sup>Hodder, p. 32.

<sup>3</sup>Couperus, p. 17.

<sup>4</sup>Gifts, vol. 2, p. 8.

<sup>5</sup>[Testimonies for the Church 1:10.](#)

Although any injury causing a person to lose consciousness *may* be serious, there is nothing in the records that *demand*s that Ellen sustained severe brain damage. This is a conclusion Hodder and Couperous arrive at by their interpretation of the data. The facts, as will be shown, can better be interpreted to mean that the injury was serious *because it caused trauma to her nose* resulting in a hemorrhage so severe that she nearly died from loss of blood.<sup>6</sup>

### The Difference Between Stupor and Coma

The terms “stupid state” and “stupor,” which Ellen White uses to describe her condition during the period following her accident, have not changed significantly during the past century and a half.<sup>7</sup> These terms describe a mental condition marked by greatly diminished responsiveness to stimuli, but from which a person can be aroused by vigorous stimulation to make some appropriate or semi-appropriate responses. However, when the stimulus is discontinued, the person again lapses into a state of unresponsiveness. When the person recovers from this state, he is usually amnesic regarding the stimulated awakenings.

[12] Coma, on the other hand, is a state of unconsciousness, from which it is not possible to arouse a person to make any appropriate or semi-appropriate responses. When this condition is caused by an intracranial hemorrhage, such as an epidural hematoma or a subdural hematoma, as Hodder<sup>8</sup> and Couperus<sup>9</sup> suggest happened to Ellen, it is rapidly fatal *unless the patient is treated neurosurgically to remove the blood clot*. So, the suggestion that Ellen White had either of these hemorrhages is not consistent with available records and known facts.

<sup>6</sup>Testimonies for the Church 1:11.

<sup>7</sup>Robley Dunglison, M.D., LL.D., Dictionary of Medical Science (Philadelphia: Henry C. Lea, 1868), p. 923, “STUPOR... Diminished activity of the intellectual faculties, often amounting to lethargy.”

<sup>8</sup>Hodder, p. 32.

<sup>9</sup>Couperus, p. 18.



## Ellen White's "Sickness"

Hodder and Couperus interpret Ellen's "sickness"<sup>10</sup> or "illness"<sup>11</sup> as referring to the three-week period during which, according to them, she was unconscious or in a coma. However, another explanation is possible, indeed, is more probable. According to this latter explanation Ellen's sickness refers to her physical condition due to complications that resulted from her injury. These complications, as will be shown, could easily have led to disease of her throat and lungs, which was later diagnosed as tuberculosis. This seems to be the more natural interpretation of her expression, "my sickness," rather than the interpretation Couperous seems to suggest, that her sickness refers, at least in part, to the mental symptoms of temporal lobe epilepsy.

### Bleeding Into the Throat While Unconscious

Ellen White states that her recovery from her accident was considered to be "very doubtful" due to loss of "so much blood."<sup>12</sup> That this loss of blood must have been considerable is borne out by the fact that when she regained consciousness her "garments were covered with blood, which was pouring from [her] nose and streaming over the floor" and the fact that when she tried to walk, she "grew faint and dizzy" and had to be carried home by her sister and her schoolmate.<sup>13</sup>

Physicians generally recognize that profuse bleeding into the throat, during even a brief period of unconsciousness, can result in pneumonia. For this reason one of the first concerns in the treatment of a patient with a head injury such as Ellen sustained is not the immediate effect of the head injury, but the maintaining of adequate respiration and preventing the aspiration of blood and secretions from the nose and throat into the bronchi and lungs. If these precautions are not taken, serious complications may occur. This was especially true in Ellen's day before the discovery of antibiotics.

[13]

<sup>10</sup>Gifts, vol. 2, p. 8.

<sup>11</sup>Testimonies for the Church 1:10.

<sup>12</sup>Testimonies for the Church 1:11.

<sup>13</sup>Testimonies for the Church 1:10.

If, while she was unconscious, Ellen aspirated blood and secretions from her nose and throat (not an unlikely possibility, given the lack of adequate first aid knowledge in those days), she probably contracted pneumonia. Thus blood loss and pneumonia, *not severe brain injury*, is the more reasonable explanation of what she referred to as “my sickness.”

Tuberculosis was common in Ellen White’s day, and many people had an inactive form of this disease, which would flare up and become active pulmonary tuberculosis if some other illness or even some unusual stress occurred.

If Ellen had inactive tuberculosis at the time of her injury, blood loss and pneumonia could easily have developed into pulmonary tuberculosis. This would explain why she says that as a young woman her lungs were diseased <sup>14</sup> and why one physician diagnosed her as having “dropsical consumption” <sup>15</sup> —a nineteenth century term for tuberculosis.

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<sup>14</sup>Life Sketches of Ellen G. White, 72.

<sup>15</sup>Gifts, vol. 2, p. 30. Cf. James White in Life incidents, in Connection With the Great Advent Movement, as Illustrated by the Three Angels of Revelation XVI (Battle Creek, Mich.: Seventh-day Adventist Publishing Association, 1868), p. 273, says that “when she had her first vision she was an emaciated invalid given up by her friends and physicians to die of consumption.”

## **Chapter 3—Ellen White And Partial Complex Seizures** [14]

### **What Are Seizures?** [15]

A seizure or epileptic attack has been defined as an intermittent derangement of the nervous system, presumably due to a sudden and excessive disorderly electrical discharge by brain cells. <sup>1</sup> For practical purposes it can be said that epilepsy and seizure disorder are essentially synonymous, even though some prefer to give them slightly different definitions. But regardless of the cause, epilepsy or seizure disorder is an abnormality of brain function. On this all authorities agree.

### **Kinds of Epilepsy**

One kind of seizure disorder is called a convulsion. This term usually refers to the type of attack that causes abnormal contractions and stiffness of voluntary muscles usually associated with loss of consciousness. This condition may also be called generalized tonic-clonic seizures, major motor seizures, or grand mal epilepsy.

Another kind of seizure consists of a sudden cessation of activity for a brief period with the individual being completely unaware of his surroundings. Unlike major motor seizures, this form of epilepsy is rarely associated with falling or abnormal movements. It usually lasts less than half a minute and has been called absence seizures, petit mal epilepsy, or generalized, nonconvulsive seizure disorder. This type of epilepsy rarely occurs in adults. [16]

### **Partial Complex Seizures**

In the older medical literature the term *complex*, when used in reference to seizures, sometimes denoted complex symptomatology.

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<sup>1</sup>See Maurice Victor and Raymond D. Adams, *Principles of Neurology* (New York: McGraw-Hill Pub. Co., 3rd. ed. 1985), p. 233.

This usage is no longer accurate. In its modern usage partial seizures that do not impair consciousness are called partial simple seizures. If consciousness is impaired, they are called partial complex seizures.

Partial complex seizure disorder is one of the more common types of epilepsy, and this is the type Hodder and Couperus allege Ellen White had. Temporal lobe epilepsy, or psychomotor seizures are older terms for this kind of attack. It should be pointed out, however, that these seizure types are not necessarily identical.

Partial complex seizure disorder consists of a temporary impairment of brain function. During the attack a person may exhibit automatic movements. These movements may seem to be purposeful, but they are usually inappropriate. This kind of epilepsy may also involve a trancelike state and various abnormalities of sensation and autonomic function. It is accompanied by impairment of consciousness, which is usually of brief duration.

### **Intellectual Brilliance in Spite of, Not Because of Epilepsy**

[17] Seizure disorders of whatever kind never enhance a victim's mental abilities. No one has ever accomplished anything worthwhile during a seizure or as the direct result of a seizure. If a person with seizures is successful in life, it is not because he has epilepsy, but in spite of it. Many successful people are reported to have had seizure disorders, among them Alexander the Great, Julius Caesar, Buddha, Mohammed, Napoleon, van Gogh, Pascal, Socrates, Dante, Tchaikovsky, Lord Byron, Alfred Nobel, and Dostoevsky; but this disorder was not responsible for their success. So, even if Ellen White suffered from partial complex seizures, which we do not concede, any success she may have achieved was not *because* she had partial complex seizures, but *in spite of them*.

Some have claimed that the great Russian author Fyodor Dostoevsky profited from having seizures. If he did, it was only because he was able to portray some of the characters in his novels as having seizures, and not because of anything he was able to accomplish as a direct result of his epileptic seizures.

## Ellen White's Visions Versus Partial Complex Seizures

In describing Ellen White's mental state while in vision, Hodder and Couperus state respectively that she "lost consciousness"<sup>2</sup> or "was unaware of her surroundings"<sup>3</sup> The record also shows that although she was usually amnesic concerning some of the content of her visions immediately upon regaining consciousness, she was later able to recall what she had seen in great detail.<sup>4</sup> This is not true of partial complex seizures. In the latter case amnesia for most of the attack is a classic feature.

Ellen White's critics state that the ability of patients later to recall what they hallucinated during a seizure is "typical"<sup>5</sup> or "characteristic"<sup>6</sup> of partial complex seizures. This is incorrect. Victims of this type of seizure may be at least partially aware of their environment during portions of their spell, yet *rarely* remember any formed, organized, or meaningful hallucination, if such occurred. It is common, however, for them to recall such things as strange, usually disagreeable odors or distortions of their environment or have the impression that they had a very unpleasant or frightening experience, the details of which are rarely, if ever, recalled.

[18]

Had Ellen White's critics had a better understanding of this kind of seizure disorder, they would have realized that their own statements virtually eliminate partial complex seizures as an explanation for her visions.

## Stereotyped Symptoms Versus Varied Content

The symptoms experienced during seizures tend to vary greatly from person to person, but each individual tends to experience only a few symptoms, and these usually occur in a stereotyped manner with each attack. It is true that persons with partial complex seizure disorder often have a *deja vu* feeling (a sense of familiarity with unfamiliar surroundings) associated with their seizures. However,

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<sup>2</sup>Hodder, p. 33.

<sup>3</sup>Couperus, p. 22.

<sup>4</sup>Gifts, vol. 2, pp. 292, 293.

<sup>5</sup>Couperus, p. 22.

<sup>6</sup>Hodder, p. 33.

this feeling usually consists of a vague awareness that the *same sensations* have occurred during previous attacks.

Unlike partial complex seizures, the content of Ellen White's visions *varied* on each occasion and often included many complex subjects. These visions, which she usually could recall subsequently with great vividness, provided material for her to write about for many days, in some cases many weeks. This alone rules out partial complex seizures as the cause of her visions.

### Automatisms and Response to Environment

In the *Cecil Textbook of Medicine*, Jerome Engel, Jr., M.D., describes the physical activity of victims of partial complex seizures as follows:

[19]

The complex partial seizure that typifies the temporal lobe or psychomotor attack begins with a motionless stare at the time consciousness is impaired, followed by purposeless movements called automatisms. Alimentary automatisms, such as chewing, swallowing, sucking, and lip smacking are the most common and presumably reflect amygdala involvement. Other examples of automatisms include verbal utterances of sounds or words; gestural movements such as fumbling, posturing, and picking at the clothing; expressions of emotion; and ambulation. On-going activities such as washing dishes or even driving a car may continue automatically. Patients may undress, run, respond to commands, and demonstrate a variety of complicated automatisms despite the ictal state.<sup>7</sup>

Total unawareness and unresponsiveness to the environment, as was the case of Ellen White while in vision, are not characteristic of partial complex seizure disorder.

Hodder and an associate in an abstract of an oral presentation to the American Academy of Neurology, and Hodder and Couperus in

<sup>7</sup>Jerome Engel, Jr., *Cecil Textbook of Medicine*, James B. Wyngaarden and Lloyd H. Cecil, eds. (Philadelphia: W. B. Saunders Co., 17th ed. 1985), p. 2152.

their articles under consideration, claim that Ellen White exhibited “automatisms” while in vision and that these activities bear the “characteristics” of partial complex seizure disorder.<sup>8</sup>

Here is Hodder’s description from his article in *Currents*:

“These automatisms frequently involve the alimentary tract and include chewing movements, lip smacking, tongue movements, or swallowing movements. The other characteristics of automatism involve the motor system and are called ‘gestural automatisms.’ The most typical of these are wringing of the hands, fumbling with a button or other object, closing the hands, scratching the head, rubbing the nose, or other purposeless and graceful movements.”<sup>9</sup>

[20]

The superscript “10” at the end of the foregoing citation refers to an article by David D. Daly, which appeared in *Advances in Neurology*, entitled “Ictal Clinical Manifestations of Complex Partial Seizures.” By using this superscript, Hodder implies that all the symptoms he lists were derived from Daly’s article. This is misleading to say the least. Daly does not mention “wringing of the hands” or “graceful movements.”<sup>10</sup> These are gratuitous attributions.

Couperus goes further. Building on Hodder’s list, he states that these are “*common* symptoms in temporal lobe epilepsy.”<sup>11</sup> The truth of the matter is that they are not common. But this isn’t all. Not only does Daly’s list not include anything that could be interpreted as being “graceful movements,” but even if “wringing of the hands” were a characteristic symptom of partial complex seizures, the records mention only one instance when Ellen White

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<sup>8</sup>An oral presentation by Delbert H. Hodder and Gregory L. Holmes, entitled “Ellen G. White and the Seventh-day Adventist Church: Visions or Partial Complex Seizures?” an abstract of which appears in *Neurology*, 1981, vol. 31, pp. 160, 161; Hodder, *Evangelica*, p. 34; Couperus, p. 22.

<sup>9</sup>Hodder, *Evangelica*, p. 34.

<sup>10</sup>See David D. Daly, “Ictal Clinical Manifestations of Complex Partial Seizures,” *Advances in Neurology* (New York: Raven Press, 1975), vol. 11, pp. 57-84.

<sup>11</sup>Couperus, p. 22 (emphasis supplied).

wrung her hands while in vision, and on that occasion her action was *appropriate to the content of the vision*.<sup>12</sup>

As previously mentioned, automatisms due to partial complex seizures tend to be repetitive and similar with each attack, and therefore are unlike Ellen White's activity while in vision.

Lastly, no evidence is offered that Ellen White ever exhibited any of the alimentary automatisms characteristic of partial complex seizures.

### Odors During Partial Complex Seizures

[21] After quoting Daly, Couperus goes on to say that the "seizure experience is usually initiated by a so-called signal symptom," such as "the hallucination of smelling something." He then states that "apparently" "the smell of roses," "violets," or "simply 'flowers'" was "a frequent part of Ellen's visions"<sup>13</sup> and implies that this is evidence she suffered from partial complex seizure disorder.

It is true that in his description of this kind of seizure disorder Daly does include hallucinations of "recognizable odors," but he states that such occurrences are "*rare*."<sup>14</sup> By claiming that such occurrences were "a frequent part of Ellen's visions" and evidence of seizure disorder, Couperus contradicts the very authority he cites in support of his contention. In addition, it should be noted, the sensation of a *pleasant* odor is very rare.

### Ellen White and Hypergraphia

Some persons with partial complex seizure disorder manifest "hypergraphia" (excessive writing) between their attacks. Both Hodder and Couperus suggest that Ellen White's prolific writing is an example of "hypergraphia,"<sup>15</sup> and therefore evidence of seizure disorder. Ellen White was indeed a prolific writer. It is estimated that she wrote some 100,000 pages of typewritten material during

<sup>12</sup>See W. C. White, "A Comprehensive Vision—I: Sketches and Memories of James and Ellen White" *The Advent Review and Sabbath Herald*, vol. 135 (February 10, 1938), p. 6.

<sup>13</sup>Couperus, p. 23.

<sup>14</sup>Daly, p. 61 (emphasis supplied).

<sup>15</sup>Hodder, pp. 35, 36; Couperus, p. 26.



her lifetime, much of which continues to be published. But prolific writing that is publishable is not evidence of hypergraphia *as the term is used in connection with seizure disorder*.

Those few investigators who have studied hypergraphia in persons with partial complex seizure state that this is typical of *some* of these individuals. Stephen G. Waxman and Norman Geschwind, both neurologists, give examples of this phenomenon in an article published in *Neurology*.<sup>16</sup> These examples included the case of a girl who wrote a song several hundred times. She also wrote such things as repetitive lists of the furniture in her apartment, copied printed labels, and listed her likes and dislikes. None of these writings had literary value.

Another patient, a man, kept detailed lists of his symptoms as well as repetitive notes concerning when his seizures occurred and when they did not occur. Here is a brief example: "I do thank dear God above, no seizures." This individual also kept extensive notes about everyday happenings, such as, "I had a seizure while sitting on the toilet." [22]

Hypergraphia is so devoid of literary merit that no authority has ever thus characterized the published works of a recognized author, nor has any competent neurologist ever attempted to diagnose seizure disorder by an analysis of an author's style of writing or the quantity of his writing. Indeed, the concept of hypergraphia being characteristic of patients with seizure disorder is not widely known, and some neurologists have never even heard of this association.

It takes considerable stretching of the imagination to consider Ellen White's writings as an example of hypergraphia associated with seizure disorder. In the first place, it is not the *quantity* of a person's writings that determines whether or not he or she has seizure disorder hypergraphia, but the *quality and content* of these writings. Agatha Christie, Zane Grey, and Edgar Rice Burroughs, for instance, were prolific writers, yet no one has ever attributed their writings to hypergraphia or associated seizure disorder with these individuals.

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<sup>16</sup>Stephen G. Waxman and Norman Geschwind, "Hypergraphia in temporal lobe epilepsy," *Neurology*, vol. 24, no. 7 (July 1974), pp. 629-636.

As for Ellen White's writings, they bear no resemblance to hypergraphia associated with seizure disorder. Many who have read her writings, yet who did not necessarily believe she was inspired of God or who did not wish to follow her counsel, have concluded that her writings had literary merit and that they were spiritually uplifting.

### Perseveration

[23] Hodder and Couperus suggest that Ellen White had partial complex seizure disorder because she exhibited "perseveration" of speech while in vision as well as in her writings.<sup>17</sup> These reviewers apparently do not understand the nature of speech perseveration.

In his book *The Neurological Examination*, Russell N. De Jong, M.D., defines perseveration of speech as "the persistence of one reply or one idea in response to various, questions."<sup>18</sup> For example, an examining physician asks a patient a question such as, "What color is my shirt?" The patient may respond, "Blue." Whether or not this answer is correct or incorrect is not the issue. But now notice, if the physician then asks other questions, such as, "What time is it?" or, "What is the name of the President of the United States?" and the patient continues to answer, "Blue," *this* is perseveration. Thus Hodder and Couperus use the term incorrectly when they apply it to the *repetitive, but appropriate*, use of a word or phrase.

Perseveration of speech is rare in partial complex seizure disorder, yet Hodder and Couperus allege that because Ellen White repeated certain words and phrases while going into vision, while in vision, or following a vision in her writings, she exhibited perseveration. For example, these critics quote Ellen White as saying, "Glory, glory, glory,"<sup>19</sup> while going into vision. This is repetition, but these expressions were appropriate to the context in which they were spoken, and hence are not perseveration as the term is used in a neurological context. In another example of "perseveration," Couperus refers to an article in which Ellen White repeated the

<sup>17</sup>Hodder, p. 34; Couperus, p. 27.

<sup>18</sup>Russell N. De Jong, *The Neurological Examination* (New York: Harper & Row, Publishers, 4th ed. 1979), p. 274.

<sup>19</sup>Couperus, p. 27.

words “I saw” thirty-five times.<sup>20</sup> Even though her reiterated use of this expression is more repetitive than it might be for well-edited writing, there is nothing illogical or inappropriate in the way she used the phrase. This, therefore, is not perseveration of speech, nor is it evidence of seizure disorder.

### Ellen White’s Eyes While in Vision

Hodder and Couperus claim that Ellen White’s visions were characterized by “staring or eye-rolling.”<sup>21</sup> This is an interesting allegation, but what are the facts as reported by eyewitnesses? [24]

John Loughborough, an eyewitness, records that:

Her eyes are always open, but she does not wink; her head is raised, and she is looking upward, not with a vacant stare, but with a pleasant expression, only differing from the normal in that she appears to be looking at some distant object.<sup>22</sup>

George Butler, another eyewitness, agrees with Loughborough. He says:

[Her] eyes are always open, and seem to be gazing at some far-distant object, and are never fixed on any person or thing in the room. They are always directed upward. *They exhibit a pleasant expression. There is no ghastly look or any resemblance of fainting.*<sup>23</sup>

So far as this researcher has been able to determine, not a single witness ever stated that Ellen White’s eyes rolled or that she stared while in vision.

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<sup>20</sup>*Ibid.*

<sup>21</sup>Hodder and Holmes, pp. 160, 161; Couperus, p. 21.

<sup>22</sup>J. N. Loughborough, *The Great Second Advent Movement* (Fort Worth, Tex.: Southern Publishing Association, 1905), p. 204.

<sup>23</sup>*Ibid.* (emphasis supplied).

### Did Ellen White Breathe While in Vision?

One of the phenomena connected with Ellen White's visions with which Hodder and Couperus seem to have special difficulty, is the testimony of many eyewitnesses to the effect that she did not breathe while in vision.<sup>24</sup>

[25] Loughborough, who says he saw Ellen White in vision "about fifty times,"<sup>25</sup> simply states that while in vision "she does not breathe, yet her pulse beats regularly."<sup>26</sup> But of all the witnesses, perhaps the most convincing testimony is that of Daniel T. Bourdeau, who was skeptical of the visions at the time he performed his own test. He states that:

[On] June 28, 1857, I saw Sister Ellen G. White in vision for the first time. I was an unbeliever in the visions; but one circumstance among others that I might mention convinced me that her visions were of God. To satisfy my mind as to whether she breathed or not, I first put my hand on her chest sufficiently long to know that there was no more heaving of the lungs than there would have been had she been a corpse. *I then took my hand and placed it over her mouth, pinching her nostrils between my thumb and forefinger, so that it was impossible for her to exhale or inhale air, even if she had desired to do so. I held her thus with my hand about ten minutes, long enough for her to suffocate under ordinary circumstances she was not in the least affected by the ordeal.*<sup>27</sup>

According to Butler and others, the length of time Ellen White was in vision "varied from fifteen minutes to one hundred and eighty"<sup>28</sup> and possibly more.<sup>29</sup> This, to say the least, is a remarkable length of time to suspend breathing.

<sup>24</sup>*Ibid.*, pp. 207-210.

<sup>25</sup>*Ibid.*, p. 204.

<sup>26</sup>*Ibid.*, p. 205.

<sup>27</sup>*Ibid.*, p. 210, (emphasis supplied).

<sup>28</sup>George I. Butler, "Visions and Prophecy," *The Advent Review and the Herald of the Sabbath*, vol. 43 (June 9, 1874), p. 201.

<sup>29</sup>*Gifts*, vol. 2, pp. 77-79.

As stated earlier, the common basis on which both Ellen White's critics and her defenders reach their conclusions is on the basis of the historical record. Depositions left by eyewitnesses stating that Ellen White did not breathe while in vision are so consistent, clear, and unequivocal that Hodder is constrained to admit that "it is possible that something 'supernatural' was happening."<sup>30</sup> Yet he goes right on and impugns the veracity of these witnesses by claiming that her breathing was "imperceptible."<sup>31</sup> Couperus claims it was "almost imperceptible".<sup>32</sup>

It should be noted that neither critic offers evidence to support this allegation. [26]

### **Long Periods of Apnea Inconsistent With Partial Complex Seizures**

Granting for argument's sake that Ellen White did breathe "imperceptibly" or "almost imperceptibly" while in vision, this hardly favors a diagnosis of epilepsy. The simple fact is that apnea (suspension of breathing) is inconsistent with partial complex seizure disorder. Rather than imperceptible, or almost imperceptible, if there is any change in breathing at all, it usually consists of an increase in rate and depth of respiration during the attack. If there is an absence of breathing during partial complex seizures, it is for periods of only a few seconds, not minutes or hours as in the case of Ellen White.

### **Summary and Conclusions**

A careful examination of Hodder's and Couperus's theories in the light of the historical record shows that they have failed to establish that Ellen White's "sickness" consisted of serious temporal lobe injury or that the phenomena associated with her visions were consistent with partial complex seizure disorder.

On September 1, 1983, the trustees of the Ellen G. White Estate appointed a committee to examine all pertinent information available concerning the nature of Ellen White's visions and render an opinion.

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<sup>30</sup>Hodder, p. 33.

<sup>31</sup>*Ibid.*

<sup>32</sup>Couperus, p. 22.

After a thorough examination, this committee, consisting of eight professors in the Loma Linda University School of Medicine and Nursing, including three neurologists, and a well-known psychiatrist from northern California, concluded:

[27]

The recent articles and presentation that suggest that Ellen White's visions and writings were the result of a complex partial seizure disorder contain many inaccuracies. Ambiguous reasoning and misapplication of facts have resulted in misleading conclusions...

After a careful review of the autobiographical and biographical material available, considered in the light of the present knowledge of this type of seizure, it is our opinion that (1) there is no convincing evidence that Ellen G. White suffered from any type of epilepsy, and (2) there is no possibility that complex partial seizures could account for Mrs. White's visions or for her role in the development of the Seventh-day Adventist Church.

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In this researcher's opinion, Ellen White was given divine guidance through her visions, which were of value in pointing out the way of salvation through Jesus Christ to those who were searching for truth. Her visions were also beneficial in providing direction to the early Seventh-day Adventist Church in matters of church organization, fundamentals of education, and principles of healthful living. Abundant evidence supports the belief that "something supernatural" *was indeed* happening when Ellen White experienced her visions. It is the conviction of this researcher that it was a manifestation of the true prophetic gift—not some form of epilepsy.

Concerning prophets, the Bible says, "Ye shall know them by their fruits" ([Matthew 7:16](#)). This is an appropriate standard by which to judge the visions and works of Ellen White.

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<sup>33</sup> A committee report, "Did Ellen White have complex partial seizures?" Ministry, vol. 57 (August 1984), p. 25.

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