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Howard K. Harper

Steven C. Harper

David P. Harper

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Author(s) Howard K. Harper, Steven C. Harper, and David P. Harper

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Abstract Review of *Sidney Rigdon: A Portrait of Religious Excess* (1994), by Richard S. Van Wagoner.

VAN WAGONER'S *SIDNEY RIGDON*: A PORTRAIT OF BIOGRAPHICAL EXCESS

Howard K. Harper, Steven C. Harper, and David P. Harper

Richard Van Wagoner's award-winning biography, *Sidney Rigdon: A Portrait of Religious Excess*, is undoubtedly the best to date. It argues accurately that Rigdon played a crucial role in the development of early Mormonism and that his contribution was diminished in the wake of his unsuccessful bid to shoulder Mormon leadership after the martyrdom of Joseph Smith. Alas, though, this much-needed treatment of Rigdon is also fundamentally, not simply tangentially, defective. The book paints an inaccurate portrait of Sidney Rigdon, based largely on a mistaken clinical diagnosis. This Rigdon becomes a tool for criticizing modern Mormonism. One need not read all the way to his epilogue to recognize Van Wagoner's agenda, but it is most clearly stated there. He intends to expose the "warts and double chins of religious leaders" and "warns all of us that we must ultimately think for ourselves rather than surrender decision-making to others, especially to those who dictate what God would have us do" (pp. x, 457–58). In this way Van Wagoner casts Sidney Rigdon as an object lesson calculated to censure modern Mormons for what his related *Journal of Mormon History* essay calls "group gullibility."¹ To that end, Van Wagoner's biography of Rigdon employs

1. Richard S. Van Wagoner, "Sidney and Me," *Journal of Mormon History* 22/2 (1996): 151.

Review of Richard S. Van Wagoner. *Sidney Rigdon: A Portrait of Religious Excess*. Salt Lake City: Signature Books, 1994. x + 493 pp., with appendixes and index. \$28.95.

a reductionist psychological approach akin to what Gary Bergera describes as a “dogmatic use of theories of personality,”² achieving something similar to what historian Robert Brugger calls “clinical profiles promenading as biography” and psychologist Alan Elms terms “pathography.”³

Van Wagoner thinks of Sidney Rigdon as “a biographer’s dream” (p. x), presumably because of Rigdon’s rich, unusual life and his significant contributions to a remarkable religious movement. But Rigdon is also a biographer’s nightmare. Rigdon biographers must deal with a shortage of evidence. Van Wagoner addresses that problem by diagnosing Rigdon with the bipolar disorder commonly called manic-depression. Based on bits of evidence described as “ample,” Van Wagoner fleshes out Rigdon’s personality using an “inventory of symptoms taken from the *Diagnosical and Statistical Manual of Mental Disorders*,” essentially concluding that because Rigdon had the disorder, he must have had its symptoms (p. 117). Complicating the matter, he conflates manic-depressive disorder with “madness,” which he uses synonymously with “religious excess.” This abuses biography in two ways. First, available evidence does not allow a clinical diagnosis of manic-depressive disorder. Second, persons with bipolar disorders like manic-depression should not be passed off as mad. Persons who suffer manic-depression are afflicted by a disorder of internal etiology that can be debilitating but also remarkably creative. Manic-depression does not necessarily make one’s religiosity pathological, though Van Wagoner uses it to portray Rigdon so. Rather than appreciating the complexity of a life, this portrait of religious excess is shallow, caricaturing Rigdon’s long, varied life in a clinical profile. That profile is inaccurate, a misdiagnosis of a man long since dead.⁴

2. Gary James Bergera, “Toward ‘Psychologically Informed’ Mormon History and Biography,” *Sunstone*, December 1991, 29.

3. Robert J. Brugger, review of *Shrinking History: On Freud and the Failure of Psychohistory*, by David E. Stannard, *William and Mary Quarterly*, 3rd ser., 38/1 (1981): 131. Alan C. Elms, *Uncovering Lives: The Uneasy Alliance of Biography and Psychology* (New York: Oxford University Press, 1994), 9.

4. Joseph Smith pathographer Fawn Brodie paused momentarily to note the “difficulties of clinical diagnosis of a man long since dead.” Fawn M. Brodie, *No Man Knows*

Sidney Rigdon: A Portrait of Religious Excess is a compounding of errors calculated to reprove perceived anti-intellectualism in “modern Mormons.”⁵ It may, however, be more misleading than imperfect religious leaders with unexposed warts and double chins.

This volume misled a highly regarded historian. John Brooke’s review in the *Journal of American History* lauds Van Wagoner’s “signal contributions” and accepts the reading of Rigdon’s “mood swings, suggesting that they were a manic-depressive disorder caused by head injuries, first as a child and second when he and Joseph Smith were tarred and feathered by a mob in Ohio in 1832. Van Wagoner sees this disorder as the key to Rigdon’s erratic performance.”⁶ As Brooke naively notes, Van Wagoner makes his case for a manic-depressive Rigdon based on a childhood head injury (the incredible evidence of which will be treated hereafter). But manic-depression, by definition, cannot be caused by injuries. Mood disorders are only diagnosed when “it cannot be established that an organic factor [like injury or illness] initiated and maintained the disturbance.”⁷ Rigdon suffered brain trauma on 24 March 1832. Manic-depression was not the cause of any mania or depression he experienced as a result of that.

Rigdon was dragged from his bed and across cold earth “by his heels . . . so high from the ground that he could not raise his head

My History (New York: Knopf, 1978), 419. Ronald W. Walker, “The Challenge and Craft of Mormon Biography,” *BYU Studies* 22/2 (1982): 189, emphasizes this point: “It is difficult enough to pronounce a diagnosis with the patient emitting a stream of consciousness on the couch without being a biographer separated from a subject by time and distance.”

5. Van Wagoner, “Sidney and Me,” 151.

6. John Brooke, review of *Sidney Rigdon: A Portrait of Religious Excess*, by Richard S. Van Wagoner, *Journal of American History* 82/3 (1995): 1208. David Whittaker’s review expressed concern at Van Wagoner’s “description of religious faith as . . . mental illness.” *Journal of Mormon History* 23/1 (1997): 192–93.

7. *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed., rev. (DSM III-R) (Washington, D.C.: American Psychiatric Association, 1987), 217, 228. Organic factors—meaning factors that are not part of a person’s normal physiology—could include tumors, infectious agents, drugs, or head trauma. Since the publication of *Sidney Rigdon*, the *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed. (DSM IV) (Washington, D.C.: American Psychiatric Association, 1994), has been published; see 350–66 for relevant information.

from the rough, frozen surface.” The abuse left Rigdon unconscious and his “head highly inflamed” and led directly to a delirious state in which he threatened to kill both his wife and Joseph Smith.⁸ Rigdon’s *delirium typifies the actions neurologists and neuropsychologists expect to follow the trauma described. Indeed, people who experience such trauma generally respond aggressively as Rigdon did or fall into a passive, sluggish state. The recovery of aggressive ones is often more successful.*⁹ Rigdon’s “derangement, as documented by several witnesses, lasted much longer than after the mobbing in Hiram” (p. 127). Effects of the beating, including mood swings, may have lasted a lifetime. However, the mood swings that follow a traumatic brain injury are qualitatively different from manic-depressive illness and are not symptoms of that condition. There is scant evidence of dementia later in Rigdon’s life, but a sufferer of manic-depressive illness endures repeated manic episodes, which cannot be caused by head trauma.

To account for a manic-depressive Rigdon prior to 1832, Van Wagoner suggests that Rigdon’s presumed clinical illness or “debilitation”—said to have “*often* plunged him into the blackest despair or spiraled him into unrealistic ecstasy”—was “possibly precipitated by a childhood head injury” (pp. viii–ix, emphasis added). As a result, Rigdon’s “existence was overshadowed by melancholia, a metaphysical sadness best known today as Bipolar Affective Disorder or Manic-Depressive Illness” (p. viii).¹⁰ “When Sidney was seven years old,” Van

8. *History of the Church*, 1:265.

9. “Severely injured patients may display a pattern of acute confusional behavior shortly after return to consciousness that can last for days but rarely for more than several weeks. The confusional state is typically characterized by motor restlessness, agitation, incomprehension and incoherence, and uncooperativeness, including restive and even assaultive behavior.” Muriel D. Lezak, *Neuropsychological Assessment*, 3rd ed. (New York: Oxford University Press, 1995), 189. “Aggressive behaviors, temper outbursts, and agitation are well-known consequences of cerebral injuries. These behaviors are the most difficult consequences of brain injury for caregivers to evaluate or manage and one of the most stressful for families to experience.” Thomas Galski et al., “Predicting Physical and Verbal Aggression on a Brain Trauma Unit,” *Archives of Physical Medicine and Rehabilitation* 75/4 (1994): 380.

10. One cannot accurately diagnose manic-depressive illness unless it “cannot be established that an organic factor initiated and maintained the disturbance” (DSM III-R, 217).

Wagoner writes, “he had been thrown from a horse. His foot got caught in a stirrup and he was dragged some distance before being rescued” (p. 116). Loammi Rigdon, Sidney’s younger brother who became a doctor, purportedly made the following statement—the only known one—about this incident and its effects on Sidney:

He received such a contusion of the brain as ever afterward seriously affected his character, and in some respects his conduct. His mental powers did not seem to be impaired, but the equilibrium of his intellectual exertions seems thereby to have been sadly affected. He still manifested great mental activity and power, but was to an equal degree inclined to run into wild and visionary views on almost every question. (pp. 116–17)

This is problematic evidence. Judging from the genealogical data provided by Van Wagoner, Loammi Rigdon must have been four years old at the time of Sidney’s accident, making his memory of the event questionable. Moreover, Sidney and Loammi had minimal contact throughout their adult lives, so his statement is suspicious; perhaps it is an effort by Loammi or others to explain Sidney’s embarrassing involvement in Mormonism or to discredit Mormonism via Sidney. This seems likely when it becomes clear that the source of the statement is an 1875 newspaper unsympathetic to Sidney Rigdon and Mormonism. By that time the four-year-old observer had lived nearly sixty-nine years and been dead for a decade.¹¹ Nevertheless, this is the “medical opinion” (p. 117) that bears the heavy burden of supporting

11. Loammi Rigdon died in 1865 (see pp. 11 n. 1, 13 n. 13). Loammi’s purported statement appeared in the *Baptist Witness*, 1 March 1875, as noted in J. H. Kennedy, *Early Days of Mormonism* (New York: Scribner’s Sons, 1888), 63. There is no evidence that Van Wagoner or any other Rigdon biographers ever saw the *Baptist Witness* citation themselves, and we too have been unable to locate it. It is likely that all biographers who mention Loammi’s statement have relied on Kennedy’s report of it. Kennedy’s *Early Days of Mormonism* was published in London and New York simultaneously and quotes a part missing from Van Wagoner in which Loammi expresses what could be seen as an explanation for his brother’s embarrassing involvement in Mormonism. Sidney’s head injury, Loammi reportedly concluded, made him “a fit subject for any new movement in the religious world” (p. 63).

Rigdon's presumed manic-depressive illness. If true, the statement is evidence of an injury that may cause depression but cannot cause the clinical condition known as manic-depression. If fabricated, the statement was designed to mislead and lacks credibility. In either scenario its value as medical opinion is wildly overstated.

Van Wagoner cites Alexander Campbell's analysis of Rigdon's "fits" but fails to adequately assess Campbell's motives. Campbell was no disinterested observer. He was apparently "first to make public [or private] mention of Rigdon's 'peculiar mental and corporeal malady'" (p. 117).¹² Campbell and Rigdon were close associates in the Reformed Baptist movement of the 1820s. Their relationship changed when Rigdon fell "into the snare of the Devil in joining the Mormons" and "led away a number of disciples with him" (p. 81).¹³ Rigdon underwent a rapid transformation from trusted aide and "prominent" preacher in Campbell's movement to Joseph Smith's spokesman,¹⁴ where revelations equated him with John the Baptist and the priesthood empowered him, as it did the ancient apostles, to authoritatively lay on hands. Campbell was "always disrespectful to Rigdon" after that (p. 60).¹⁵ While smarting over the loss of his lieutenant to Joseph Smith (whom Campbell considered a charlatan prophet, successfully but wrongly usurping the role of primitive Christianity's restorer), Campbell "forewarned that he intended to expose the claims of Mormonism 'by examining the character of its author and his accomplices.'" In that context Campbell "disparaged his former lieutenant by referring to his eccentricity—the first public assessment," Van Wagoner wrote, "of Rigdon's possible manic-depressive illness" (pp. 80–81). With motivation to disrepute, Campbell felt "induced to ascribe" Rigdon's "apostasy" to a "peculiar mental and corporeal mal-

12. *Millennial Harbinger* 2 (1831): 100–101.

13. *Ibid.* Rigdon's influence on those who had been followers of him and Campbell turned very many into followers of Joseph Smith and himself. In the Kirtland, Mentor, Hiram area of northern Ohio, Campbell lost a significant following to the Mormons.

14. See Henry K. Shaw, *Buckeye Disciples: A History of the Disciples of Christ in Ohio* (St. Louis, Mo.: Christian Board of Publication, 1952), 41–44.

15. See Doctrine and Covenants 35:3–5; 36:2.

ady, to which he has been subject for *some years*. Fits of melancholy succeeded by fits of enthusiasm accompanied by some kind of nervous spasms and swoonings” (p. 81, emphasis added) now seemed noteworthy. Campbell was describing behavior said to have been ongoing while Rigdon was his associate, during which time Campbell praised Rigdon in print for his success in gaining converts.¹⁶ Campbell’s comments could be seen as self-interested—praise for Rigdon when he brought converts and defamation when he took them back.

Early in the book Van Wagoner describes Sidney Rigdon as “well suited for preaching.” “Rigdon was blessed,” he states, “with a powerful and mellifluous voice, enthusiasm, and a prodigious memory for scripture.” Continuing with some hyperbole, Van Wagoner says that “his listeners gulped his words in like a gush of cool water. An avatar of eloquence who carried the flame of the visionary tradition, he could sway by the sheer force of his faith, passion, and ideological fervor” (p. viii). Rigdon’s gift for clear, powerful preaching is attested by his friends and foes in sources both within and outside the Church of Jesus Christ. As a Reformed Baptist, Rigdon was noted for his prowess at the pulpit.¹⁷ In 1821 Rigdon was considered “the great orator of the Mahoning [Baptist] Association.”¹⁸ An associate found him “fluent in utterance, with articulation clear and musical.”¹⁹ Upon joining Mormonism, Rigdon was assigned to preach to nearby Shakers, lift up his voice in the eastern United States, and proclaim the gospel in Cincinnati and elsewhere. In 1833 he was ordained to speak for Joseph Smith because he was “mighty in testimony” and in “expounding

16. In June 1828 Campbell noted how effective Rigdon had lately been: “Bishops Scott, Rigdon, and Bentley, in Ohio, within the last six months have immersed about eight hundred persons.” “Extracts of Letters,” *Christian Baptist*, 2 June 1828, 263. Between early 1828 and 1830 Rigdon was “one of the leading preachers of the Disciple faith upon the Western Reserve, prominent in all the councils of the church, listened to with love and respect, and in close personal fellowship with the great men of that denomination.” Kennedy, *Early Days of Mormonism*, 67.

17. Shaw, *Buckeye Disciples*, 44.

18. Kennedy, *Early Days of Mormonism*, 65.

19. Amos S. Hayden, *Early History of the Disciples in the Western Reserve, Ohio* (Cincinnati: Chase & Hall, 1875), 191–92.

all scriptures.”²⁰ At the dedication of the Kirtland Temple in March 1836, Rigdon “spoke two hours and a half in his usual logical manner. His prayer and address were very forcible and sublime, and well adapted to the occasion.”²¹ A listener noted Rigdon’s “mild and persuasive eloquence of speech” (p. 171).²² “Even Jedediah Grant,” Van Wagoner noted, “a caustic Rigdon critic in later years, admitted that he [Rigdon] ‘was truly a man of talents, possessing a gift for speaking seldom surpassed by men of this age’” (p. 111).²³ Rival David Whitmer remembered that Rigdon was a “powerful orator” (p. 73).²⁴

This evidence contrasts starkly with manic speech, as defined by the standard diagnostic reference:

Manic speech is typically loud, rapid, and difficult to interrupt. Often it is full of jokes, puns, plays on words, and amusing irrelevancies. It may become theatrical, with dramatic mannerisms and singing. Sounds rather than meaningful conceptual relationships may govern word choice (clanging). . . . Frequently there is a flight of ideas, i.e., a nearly continuous flow of accelerated speech, with abrupt changes from topic to topic, usually based on understandable associations, distracting stimuli, or plays on words. When flight of ideas is severe, speech may be disorganized and incoherent.²⁵

It is difficult to listen to manic speech. Yet every known account of Rigdon’s public speaking describes him as eloquent if sometimes

20. See Doctrine and Covenants 49:1, 3; 61:30–31; 93:51; and 100:9–11.

21. *History of the Church*, 2:414. See *Messenger and Advocate* 2/6 (March 1836): 274–81.

22. Quoting Edmund Flagg, *The Far West* (New York: Harper and Brothers, 1838), 113.

23. Jedediah M. Grant, *Collection of Facts Relative to the Course Taken by Elder Sidney Rigdon in the States of Ohio, Missouri, Illinois, and Pennsylvania* (Philadelphia: Brown, Bicking & Guilbert, 1844), 6.

24. David Whitmer, *An Address to All Believers in Christ* (Richmond, Mo.: David Whitmer, 1887), 35.

25. DSM III-R, 215. Rigdon opposed the use of dramatic mannerisms in preaching. John Welch and Jan Shipps, eds., *The Journals of William E. McLellin, 1831–1836* (Urbana: University of Illinois Press and BYU Studies, 1994), 148.

overstated. He clearly maintained his faculties for speaking clearly and convincingly during the most expansive and the most depressing periods of his life. The same could not be said of one who suffered manic-depressive disorder.²⁶

Van Wagoner considers Rigdon's Nauvoo illness a classic bout of manic-depressive illness, but a specific form of recurrent malaria accommodates the evidence much better (see pp. 117, 267–70, 279, 281). He notes that Rigdon suffered aguelike symptoms beginning in 1839, and that “ague again brought him low during the season of 1840” (p. 279). He recognizes these symptoms as indicative of the widespread malaria of that time and place, and remarks that the parasitic disease often manifested itself “by months or even years of anemia and periodic fevers” (pp. 266–67). Van Wagoner nonetheless dismisses malaria, citing McKiernan's 1971 Rigdon biography as evidence that he “contracted an unspecified disease (not malaria) which disabled him for months at a time” (p. 117).²⁷ McKiernan had reasoned that “if Rigdon had suffered from chronic malaria he would have been bedfast for a few days each month as the disease completed its cycle, but Rigdon was confined to his sickbed for months at a time.”²⁸ But this is wrong. Rigdon was not incapacitated for months at a time. Rigdon's son John wrote that his father suffered from “bilious temperament” and was “sick most of the time in Nauvoo. . . . For *weeks* at a time he would not be able to leave his bed.”²⁹ Otherwise, as Van

26. Representing himself before a Clay County, Missouri, magistrate in 1839, Rigdon answered charges of treason by appealing to the sufferings he had endured as a servant of the Lord. “He spoke of tar and feathers, homeless children, mobbings, hunger, cold, and of destitution,” Van Wagoner wrote, recognizing that Rigdon's “unique rhetorical skills served him well” (p. 254). Alexander Doniphan, a witness to Rigdon's performance, noted, “Such a burst of eloquence it was never my fortune to listen to. At its close there was not a dry eye in the room.” *Saints Herald* 31/31 (1884): 490.

27. F. Mark McKiernan, *The Voice of One Crying in the Wilderness: Sidney Rigdon, Religious Reformer, 1793–1876* (Lawrence, Kans.: Coronado, 1971), 108.

28. *Ibid.*, 165 n. 36.

29. J. Wycliffe Rigdon, “Life Story of Sidney Rigdon,” 161, emphasis added, in Family and Church History Department Archives, The Church of Jesus Christ of Latter-day Saints, Salt Lake City. See also Karl Keller, ed., “‘I Never Knew a Time When I Did Not Know Joseph Smith’: A Son's Record of the Life and Testimony of Sidney Rigdon,” *Dialogue* 1/4 (1966): 15–42, quoted by Van Wagoner on p. 117.

Wagoner recognized, “the public record shows him to be engaged in numerous activities” (p. 282). John Rigdon confirmed that sometimes Sidney “would be able to be around and at such times he would on Sundays preach to the people.”³⁰

Rigdon is thought to have suffered from malaria in Nauvoo in 1839 and again in 1840, and clearly some sort of illness nagged him until 1844. Considering the length of Rigdon’s periods of incapacitation—weeks, not months—and the five-year duration of the illness, it seems likely that a specific type of recurrent malaria caused the “poorest health of his life.”³¹ Strains of the recurrent malaria type prevalent in nineteenth-century North America typically cause cyclical fevers approximately eight days after infection. This initial attack is followed by a relatively long latency period of between four and fourteen months. Following the second attack, newly released parasites attack the body at regular intervals of three weeks to three months, with each attack lasting a few days to a few weeks.³² One could hardly find a better example of typical symptoms of this type of malaria than Rigdon’s Nauvoo illness. It exactly explains the timing of his first two

30. J. W. Rigdon, “Life Story of Sidney Rigdon,” 161.

31. McKiernan, *Voice of One Crying*, 108.

32. There are four types of malaria, all caused by parasites of the genus *Plasmodium*. One of the types frequently kills its host and the other three are said to make the host wish for such relief. Once injected into the bloodstream through the bite of an infected mosquito, parasites are carried to and infect the liver. They rapidly reproduce there and are released back into the bloodstream to prey upon the host’s red blood cells. Two of the four types of malaria recur in cycles because a portion of the parasites remain in the liver in a latent state, later to reproduce again and reinfect the blood. Francisco J. López-Antuñano and Gabriel A. Schmunis, “Plasmodia of Humans,” in *Parasitic Protozoa*, ed. Julius P. Kreier, 2nd ed. (San Diego: Academic Press, 1993), 5:135–266. The malaria species *P. vivax* was the one form of latent malaria present in North America in the 1830s and 40s. Common in temperate areas, its latent quality allows it to survive in human hosts over winter months when the *Anopheles* mosquito, the nonhuman host that serves as the site for the parasite’s sexual reproduction and the vector by which the disease is transferred to humans, cannot survive the cold. The parasite probably survived in its initial latent period in Rigdon over the winter of 1839 and 1840 (a more likely scenario than Rigdon contracting nonrecurrent malaria two years in a row). Malaria of this type was common in New York, Pittsburgh, and Nauvoo as well as other American areas during Rigdon’s lifetime.

attacks of malaria, as well as the periods of incapacitation he endured for days to weeks at a time, but also why he could be regularly engaged in normal activities.³³ Typically the immune system eradicates this type of malaria approximately five years after infection, which coincides with the duration of Rigdon's illness suffered while he lived in "sickly," malaria-infested Nauvoo from 1839–44 (see p. 267).³⁴

Van Wagoner dismisses malaria and opts instead to equate what John Rigdon called his father's "bilious temperament" with melancholia, which Van Wagoner—basing his verdict on a textbook classified by the Library of Congress as juvenile literature (p. 117)—concludes was synonymous with manic-depression.³⁵ Bilious temperament is not a specific illness but an umbrella for symptoms similar to those of "people infected with the benign [recurrent] form" of malaria who "show diminished vitality, indolence, soon become continuously tired and occasionally have fever."³⁶ Professor James Jensen, a world-renowned malariologist, has examined all available evidence and concluded that Rigdon probably suffered from malaria and that his symptoms could well have been caused by the recurrent type noted

33. Both Van Wagoner and McKiernan concede that Rigdon contracted malaria in 1839, the beginning of his five-year illness (pp. 267–68).

34. Dickson D. Despommier, Robert W. Gwadz, and Peter J. Hotez, *Parasitic Diseases*, 3rd ed. (New York: Springer-Verlag, 1995), 184; J. W. Rigdon, "Life Story of Sidney Rigdon," 161; and McKiernan, *Voice of One Crying*, 108. On sickly Nauvoo, see H. Dean Garrett, "Disease and Sickness in Nauvoo," in *Regional Studies in Latter-day Saint Church History: Illinois*, ed. H. Dean Garrett (Provo, Utah: BYU Department of Church History and Doctrine, 1995), 169–82.

35. He cites Dianne Hales, *Depression* (New York: Chelsea House, 1989), 26, as saying that the ancient Greek physician Galen first connected melancholia and mania. This is mistaken. Hales cites Aretaeus as "proposing for the first time that melancholia and mania . . . were symptoms of a single disorder." Van Wagoner relied on the findings of a second-century A.D. physician, cited in a book for juveniles that is "not intended to take the place of the professional advice of a physician," (as noted on the copyright page of Hales's book), and inaccurately cited what it said.

36. Karlhanns Salfelder, M.D., *Protozoan Infections in Man: Colour Atlas* (Stuttgart: Schwab, 1988), 109. These symptoms could be mistaken for those of melancholia, which a 1942 medical dictionary define as "apathy and indifference to one's surroundings, mental sluggishness and depression." Thomas L. Stedman, *Stedman's Shorter Medical Dictionary* (Chicago: American Publishers, 1942), 359.

above. Recognizing the impossibility of conclusively diagnosing malaria in the long-since dead—given the impossibility of discovering the parasite in the patient’s blood—Professor Jensen wisely qualifies his assessment. But it is imprudent for Rigdon biographers to preclude malaria as a cause of Rigdon’s illness for the same reason. Based on circumstantial evidence, the case for malaria outweighs that for manic-depressive illness.³⁷

Evidence of Rigdon’s moodiness comes from accounts, as Van Wagoner notes, that “attempted to disparage Rigdon.” To say, as one witness did, that Rigdon sank into despondency “when dark clouds overspread the horizon,” is merely to declare that depressing circumstances cause depressing feelings (p. 117). Rigdon’s life was marked by depressing and edifying events. His frequent persecutions escalated to beating and imprisonment and were complicated by nearly constant financial strains, by malaria, and by ecclesiastical responsibilities he believed came from God. Such environmental factors could account for whatever mental instabilities Rigdon manifested without labeling his religiosity excessive.

In his classic study *The Varieties of Religious Experience*, William James notes that “nothing is more common in the pages of religious biography than the way in which seasons of lively and of difficult faith are described as alternating. Probably every religious person has the recollection of particular crisis in which a directer version of the truth, a direct perception, perhaps, of a living God’s existence, swept in and overwhelmed the languor of the more ordinary belief.”³⁸ Such

37. From statements made in interviews with Professor James Jensen at Provo, Utah, 9–23 January 1997. Professor Jensen is Trager Professor of Parasitology at Brigham Young University. A modest assessment of his contributions to the field of malaria research shows him to be among the world’s leading experts. Jensen’s professorship is named for his mentor during a postdoctoral program at the Rockefeller Institute, after which he taught and researched at Cornell University and Michigan State University School of Medicine before joining the faculty at Brigham Young University. His distinguished research includes malaria field studies in Brazil, Columbia, Peru, Indonesia, and the Sudan, where his work spanned seventeen years. We appreciate Professor Jensen’s willingness to lend his expertise to this paper, but he is in no respect accountable for the results.

38. William James, *The Varieties of Religious Experience* (New York: Penguin, 1985), 65.

a common religious phenomenon could account for Rigdon's spiritual exuberance while tar and feathers, brain bruises, poverty, imprisonment, and disease depressed him. In context, Rigdon's experiences might well be judged normal by a pragmatist like James.³⁹ Anyway, James argues that pathological behavior is not an appropriate criterion for determining the usefulness of religious experience. This approach to determining the value of religiosity is markedly different than Van Wagoner's. James asks whether religious experience was useful, and if so considers it positive without regard to categories of mental health. Van Wagoner asks whether his subject was mad, and if so considers the religious experience excessive. Van Wagoner's portrait of religious excess is the sum of various "eccentricities." Repeated allusions mark Rigdon as "mad," an "addict," a "fool" who experienced "frequent bouts of mania" (though none clearly documented), suffered from "dementia" (after the 1832 head trauma), and therefore "walked perilously close to the abyss of madness" (p. 457) or "the edge of religious madness" (p. 17). Therefore Rigdon "manifested a pathological kind of religiosity" (p. 457).

Van Wagoner considers evidence that appears to support his preferred diagnosis and overlooks evidence to the contrary. He does not consider "implications carefully while evaluating the available biographical and historical evidence." He does not weigh "all of the relevant evidence" nor consider alternative possibilities.⁴⁰ In his introduction, Van Wagoner proclaims himself "a rock-ribbed skeptic" (p. x). But the book and the related essay reveal a remarkable willingness to credit the incredible and to scrutinize Brigham Young but not Alexander Campbell. The labels *gullible* and *skeptical* are applied self-servingly, without appreciating how nuances of those characteristics can describe each of us. His Rigdon is best described by the word *zealot*. Yet perhaps the most interesting feature that emerges from this

39. *Ibid.*, 189–258.

40. Bergera, "Toward 'Psychologically Informed' Mormon History," 29; James Clifford, *From Portraits to Puzzles: Problems of a Literary Biographer*, John W. Harrelson Lectures (Chapel Hill: University of North Carolina Press, 1970), 131.

biography is how Van Wagoner becomes his subject. He is “an avatar of eloquence who . . . could sway by the sheer force of his faith, passion, and ideological fervor” (p. viii). Regarding this issue, Ronald W. Walker has written: “Fervid passions not only distort personality but often refocus a book into something which is no longer biography.”⁴¹ Also, “Since a biographer often interprets his subject in his own image or at least as a reflection of his own concerns, ‘the first method of modern biography . . . is self analysis.’ By seeking to understand his personal motivation in subject, thesis, and fact selection, in short, by psychoanalyzing self, the author may avoid distortions in interpretation.”⁴² It is his own “thirst for wholeness” that inspires Van Wagoner’s remarkable zeal to expose Rigdon’s warts and double chins (see p. x). He has probably added appendages that the important and still elusive Rigdon never had.

41. Walker, “Mormon Biography,” 182.

42. *Ibid.*, 189–90.