

Happiness and Health

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TO THE READER

Naturally you want to be happy. Also, you want to be healthy. But did you realize that HAPPINESS and HEALTH come in the same package and are closely related?

Happiness is a by-product of successful living. It is the reward that follows the making of adequate adjustments to life's various challenges. It is a state of mind that indicates that all is well. Happiness implies satisfaction in the present and assurance for the future.

Health, also, is a by-product of successful living. It is a state of physical well-being that involves the normal functioning of all parts of the body—stomach, heart, nerves, muscles, and brain.

It has long been recognized that there is a definite relationship between one's thoughts and feelings and his state of general health. Only in recent years, however, has there developed an understanding of the scientific reasons for this relationship. This new insight has had the effect of revolutionizing certain branches of the practice of medicine. It has produced new concepts of the fundamental causes of many forms of disease. It has laid the foundation for a more adequate plan for healthful living and for the prevention of illness.

The present volume is an attempt to accomplish four things: (1) to bring you up to date in your understanding of the fundamental causes of disease; (2) to call your attention to certain unfortunate ways of thinking and feeling which tend to undermine your health; (3) to describe some of the common illnesses which result when one's thoughts and feelings are unfavorable; and (4) to present a plan for successful living which promotes both happiness and health.

The mechanisms by which the body normally re-enforces itself against disease are explained. Then, too, unfavorable circumstances are set forth under which these vital, disease-resisting mechanisms may be hindered in their work. The means by which smoldering emotional tensions and unsolved personal problems may render the entire organism susceptible to disease is emphasized. Actual cases are cited to assure you that the observations have practical as well as theoretical value.

Worries and fears and anxieties are considered. The reader is led behind the scenes of his personality, as it were, so that he can see how his mind sometimes plays tricks on him. Having seen for himself, he will be in a position to face life more frankly thereafter and avoid those

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habits of thinking and feeling that would consume much of his vital force and make him an easy victim of illness.

Next comes a parade of the common functional diseases we face. Each is presented in the garb of actual case stories which enable the reader to say, "It could happen to me!" True, he may not be in danger of developing all these diseases, but the insight one develops from understanding how they originate will make him even more interested in the final section of the book which tells how to live above the tendencies to functional illness.

The climax of the book places the responsibility for maintaining good health squarely upon you. The various parts of this section point up the factors that contribute to successful living. If you live successfully, you will be happy; when you are happy, you will be healthy. Thus successful living brings you into possession of *Happiness and Health*.

My professional career has been spent largely in teaching, not in the actual practice of medicine. My former students, who are now my professional colleagues, have remembered my interest in the study of the relationship between thoughts and feelings, and the state of health. They have responded most generously to my requests for actual case studies which emphasize this relationship. It is these case studies that have been used largely for illustrations in the book. I am most grateful for the kind co-operation that has made this possible.

With a sincere wish that the result of your reading of this book will be increased *Happiness and Health* for you, I am, cordially,

Harold Shryock, M.D.
June 18, 1950,
Loma Linda, California.

Chapter 1

DOCTORS NOW REALIZE

We are living in an age characterized by progress in many lines. Modern methods of communication bring us within speaking range of the other side of the world. Transportation has been speeded up until crossing the Atlantic is a mere day's flight. Educational methods have been improved until specialized training is available in practically every line, either cultural or technical. Manufactured goods are now mass-produced so rapidly and with such precision that the tradesmen's methods of yesterday are completely outmoded.

And along with progress in other fields, the science of medicine is making tremendous strides. Medical progress includes not only the discovery of insulin, of sulfa drugs, and of penicillin, but also significant changes in certain of the basic concepts relating to the causes of disease. For instance, that there is an influence exerted by the emotions on the health of the individual is no longer an assumption, but a recognized fact.

Dr. Edward Weiss, professor of clinical medicine at the Temple University Medical School in Philadelphia, tells a personal experience which illustrates the importance of emotional factors as causes of illness. As a medical student, Dr. Weiss was thoroughly imbued with the then prevalent idea that all illness resulted from diseased organs of the body. In harmony with the medical teaching of twenty-five and thirty years ago, he assumed that the causes of disease lay within the cells that made up the organs.

One of the first patients who came to Dr. Weiss after he had entered the practice of medicine was a young woman who complained of headaches. He made a thorough physical examination, and carried on an extensive series of laboratory tests. In spite of his best efforts he could find no evidence in the tissues of her body of the cause of her headaches. Meanwhile, the patient became worse and her symptoms increased to include a backache and certain intestinal disorders. Her illness progressed until she finally became bedridden.

Continual examinations, such as the thoroughly trained young physician was capable of making, revealed no tangible cause for her complaints.

After nine months of illness in bed, the patient discharged Dr. Weiss and called in the old family doctor who had looked after her, on occasion, since she was a child. The old doctor had not received all of the up-to-date scientific training that young Dr. Weiss had received, but he did have a personal acquaintance with the patient's family. He inquired into the welfare of her parents and brother. He talked about various items of mutual interest. In the course of the conversation he discovered a pertinent situation, to which the young doctor had paid no attention.

The patient's brother, of whom she was very fond, had fallen in love, and was planning to get married. The patient had become so upset over this rivalry for her brother's affection that she had actually become ill.

The old doctor explained to the patient that her illness was simply her way of expressing her disapproval of her brother's prospective marriage. When she became convinced of this relationship, her symptoms disappeared and she was able to go ahead in a healthy fashion. Dr. Weiss tells of how this experience, humiliating though it was for him, directed his attention to the relationship between the emotional life and the state of health. Be it said to his credit, Dr. Weiss learned his lesson so thoroughly that he is now recognized in the medical profession as a leader whose influence and teaching has done a great deal to call attention to the important relationship between personality problems and physical health.

Going back into the history of medicine, we note with great interest that prior to the nineteenth century, a great deal of superstition surrounded the cause of disease. It was generally assumed then, as some primitive peoples still assume, that sickness was a form of demon possession. Others, not so superstitious, reasoned that illness simply overtook its victim without warning or without provocation.

During this prescientific era, physicians naturally indulged in a great deal of mysticism. Not knowing the scientific basis for disease, they used many purely empirical remedies. Inasmuch as there were practically no specific cures in these times, most of the recoveries from disease were the result of patients' natural resistance to disease. The practice of medicine involved more art than science.

With the coming of the scientific era, physicians began to delve into the detailed effects of a given disease upon the various parts of the body. In 1761 Giovanni Morgagni, a scientific leader of that time, announced his conviction that such organs as the liver, the heart, and

the kidneys served as the focal points for disease. The newly invented microscope was pressed into service in investigating the specific manifestations of disease in the tissues of the body.

Rudolph Virchow, the father of pathology, hesitated at first to agree that disease is limited to the specific parts of the body, preferring rather to cling to the older concept that disease involves the entire organism. Finally, however, the microscopic evidences of damage wrought by disease in the specific organs and cells, convinced even Virchow that diseases are localized in the organs and their cells.

Then came the discovery and identification of the various germs. Scientific observations soon revealed that a specific disease is characterized by the presence of a given kind of germ in those tissues of the body which are most vulnerable to the particular disease.

Progress in medical science then took on a very technical aspect. Thus, in the manner of a skilled mechanic, the physician examined the various parts of his patient's body until he found the offending member. The various diagnostic devices were intended to aid the physician in localizing the disease to a single organ or system of organs.

The advent of the scientific era in medicine has been the means of removing a great deal of the mysticism surrounding disease and its cure. Along with the knowledge of what actually happens in the organs and cells when they are attacked by disease, has come the development of a great many specific remedies. Truly, this scientific approach to the problems of disease has been the means of saving millions upon millions of lives. The infectious and contagious diseases have been largely brought under control. Progress has even been made in handling many of the degenerative diseases—those that result from the wear and tear of life. Humanity has profited by the scientific approach, and the period of life expectancy has been greatly increased.

With the development of this scientific approach to medicine, physicians became so enthusiastic in their search for tangible evidences of disease in the tissues and cells that they tended to neglect those elements of disease which pertained more specifically to the patient as an individual. The scientific method tended to focus the physician's interest on the patient's colon or the patient's heart or the patient's stomach rather than on the patient's personality. In a sense, then, the patient became a complex machine, rather than a living human being. This neglect of personality was not deliberate or intentional. It was the natural consequence of increased attention to the recognition and treatment of the tangible effects of disease within the tissues of the

body. This neglect of the patient as a person was the price, as it were, that had to be paid for the notable advances in the science of medicine.

The old family doctor who inquired into the young woman's personal problems to the extent that he found out why she was ill, had developed, through his long years of experience, an insight into the relationship between mental health and physical health. His professional skill depended upon his accomplishments in the art of medicine, as well as on his understanding of the science of medicine. He was therefore able to treat the patient's illness more effectively than was the young physician who lacked insight into the mysteries of the effect of mind on body.

Take the case of the twenty-one-year-old mother of an eighteen-month-old child. The woman consulted her doctor because of weariness and of pain in the left chest. She indicated that these symptoms had been present since her child was born. Thorough examinations revealed that the patient's heart was perfectly normal. Even laboratory procedures did not give any clue as to the basis for her weariness. Had the doctor in charge of her case been content to base his diagnosis entirely upon the results of the physical examination and the laboratory tests, he would have had to tell the patient that he found nothing wrong with her. This, however, would have been interpreted by the patient to mean that he was lacking in skill as a physician.

Fortunately, the doctor was fully aware of the new trend in the practice of medicine—the recognition of a definite relationship between mental and physical health. He therefore inquired tactfully into the patient's family background. He asked her what made her think that she might have heart trouble.

The result of this inquiry indicated that the patient's mother had died of heart trouble about two years previously. The mother had experienced severe pain in the left side of her chest prior to her death. This bereavement made such an impression upon the patient that she became fearful that she, too, might develop heart trouble.

With this insight, the doctor reassured the patient, on the basis of his thorough examination, that there was actually nothing wrong with her heart. He pointed out to her the relationship which may exist between anxieties and the symptoms of disease. Following this frank discussion her symptoms cleared up and she became well.

Another pertinent case history is that of a fifty-two-year-old auditor who had become so successful in his work that he was trusted with considerable responsibility. He was a person who worked under high

pressure and disciplined himself rigidly. His symptoms consisted of distress in the abdomen, bloating, belching, and abnormal bowel action.

In the course of several interviews with his physician, during which a thorough examination was carried on, it developed that he harbored a definite pride in his ability to keep his emotions to himself. Externally he appeared cool and poised, but within the framework of his personality there was a tenseness which deprived him of the peace of mind which is necessary to good mental health.

The examination indicated nothing organically wrong with this patient. But by the time the examination was completed, the several talks he had had with the doctor regarding his approach to life's problems had brought him to the place where his new insight caused him to remark, "My trouble is that I keep it all inside. I never let my emotions show."

Medicines which the doctor might prescribe would not remove the cause of this patient's symptoms. The understanding he gained, however, by talking to his doctor about his rigid approach to life's situations, was worth much more to him than any remedy that the druggist might have prepared. His health improved very satisfactorily in response to a change in his mental attitude.

It is cases such as these—cases in which personality problems are the basis of physical symptoms—that have forced present-day physicians to recognize that even though diseases have specific effects upon organs of the body, the backgrounds of many illnesses can be traced to unfortunate situations in the realm of personality.

Doctors now realize that the purely mechanistic approach to disease is entirely inadequate. The older mechanistic approach considered the patient as a group of organs, any one of which might be the focus of some mischievous disease. The present-day approach to the problems of disease takes full advantage of all the scientific data and, in addition, recognizes that each organ is a part of a highly integrated human being. It recognizes that anything which disturbs the individual in his adjustment to his environment may cause the organs to function abnormally and thus be involved in a disease process.

One of the most dramatic evidences of this recent shift in the emphasis of medical thinking is the change in the organization of Osier's *Principles and Practice of Medicine*, now in its fifteenth edition. This textbook has been recognized as a classic for more than fifty years. The first edition was written in 1892 by Sir William Osier, physician-in-chief

of the Johns Hopkins Hospital in Baltimore. Following Osier's death in 1919, the editing of the book has been accomplished, first, by Dr. Thomas McCrae and, more recently, by Dr. Henry A. Christian. For the first thirteen editions of the book, the opening Chapter dealt with the subject of typhoid fever. Beginning with the fourteenth edition, published in 1944, the introductory Chapter has been entitled "Psychosomatic Medicine," which deals specifically with the influence of the mind on the physical health.

This new emphasis which the medical profession is placing upon emotional factors as they relate to the cause of disease does not discount the importance of making a thorough scientific study of each patient. Rather, it adds a new consideration to the scientific methods already in vogue. In harmony with the new concept, the physician, in dealing with a patient, concerns himself not only with the patient's physical symptoms but also with his personality problems. Often he finds the explanation of the physical symptoms in the emotional realm.

By means of this dual approach to the problems of disease, a much more satisfactory plan of treatment can be worked out. In those cases in which the cause of a patient's symptoms depends upon some problem within his personality, complete relief of the symptoms cannot be expected until this problem is removed. So the new approach is in reality much more scientific than the method used when attention was given only to the purely physical factors.

For many years there was a tendency among physicians to classify their cases of illness under one of two headings: functional diseases, and organic diseases. By definition, functional diseases were those which resulted from perversions of the imagination. Organic diseases were those in which there was a demonstrable alteration in the structure of one or more organs.

The recent shift in the attitude of physicians by which more attention is given to the emotional factors in disease, has brought about a recognition that functional disease and organic disease are not separate and distinct. Even in the case of a broken leg, there are certain emotional responses to what would ordinarily be considered an organic problem. A patient with a broken leg responds emotionally, just as anybody else does to the limitations imposed by illness. The patient with advanced disease of the heart also suffers from the anxiety incident to his knowledge of the seriousness of his condition. This anxiety may, in itself, bring about other symptoms which are superimposed upon those resulting directly from his heart disease.

Furthermore, there are diseases which appear to have their origin in the nervous imbalance resulting from emotional tension but which lead, eventually, to such changes in the tissues of the body as justify the classification of organic disease.

Thus, the new approach has just about eliminated the former distinction between functional disease and organic disease. It is now recognized that no disease is purely functional or purely organic—all diseases involve a combination of mental and physical factors. Human beings have both minds and bodies. The problems of the personality cannot be logically eliminated from the consideration of disease any more than can the normal body function without its being controlled and regulated by the nervous system.

This new emphasis on the intimate relationship between mind and body not only offers assurance of better medical care, but clarifies our thinking in this sphere of preventive medicine. Recognizing that a great deal of human suffering is the result of emotional tensions and conflicting elements within the personality, we may readily see that one of the proper ways to avoid physical disease is to give primary attention to mental health and how it is promoted.