

# **MENTAL, EMOTIONAL AND PSYCHOLOGICAL ASPECTS OF THYROID DISORDERS**

**Your mind can heal your thyroid!**

**Svetla Bankova**

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**Your Mind Can Heal  
Your Thyroid!**

**SVETLA BANKOVA**

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Mental, Emotional and Psychological Aspects of Thyroid Disorders

ISBN-13: 978-1500632434

ISBN-10: 1500632430

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Svetla Bankova

Dedicated to all people suffering from thyroid  
disorders

**PSYCHOLOGICAL ANATOMY OF THYROID  
DISORDERS**

**YOUR THYROID CAN READ YOUR MIND!**



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**THINK! It's not illegal yet.**

**(Anonymous)**

## Introduction

In 1930's, Antonio Egas Moniz, a Portuguese neurologist claimed that he discovered the best treatment for mental illness, specifically for patients diagnosed with anxiety, depression, and schizophrenia. He proposed a surgical procedure, called prefrontal lobotomy, which actually consisted of cutting an individual's head with surgical instrument and separating the prefrontal cortex from the rest of the brain. That psychosurgery made patients docile, but they were considered cured from some of their symptoms like delusions and hallucinations. By the end of 1940's, almost a decade after its discovery, the prefrontal lobotomy was implemented in most mental clinics around the world. The United States lobotomized more than 40,000 people, Great Britain, Finland, Norway, and Sweden approximately 26,000. Majority of the lobotomies were performed on young women, mentally retarded children, or children with behavioral problems.

Walter Rudolf Hess, the biggest supporter of the lobotomy in United States, stated that lobotomies "made good American citizens out of society's misfits: schizophrenics, homosexuals, and radicals".

In 1949, Walter Rudolf Hess and Antonio Egas Moniz were rewarded with a shared Nobel Prize in Physiology and Medicine: Walter Rudolf Hess "for his discovery of the functional organization of the interbrain as a coordinator of the activities of the internal organs" and Antonio Caetano de Abreu Freire Egas Moniz "for his

discovery of the therapeutic value of leucotomy in certain psychoses".

Even though some doctors from the ex-Soviet Union and other countries back then argued that the procedure was "contrary to the principles of humanity" and "through lobotomy' an insane person is changed into an idiot" the procedure remained popular in many countries for another almost twenty years, to be completely abandoned in the 70's worldwide on moral grounds.

Sadly, for more than forty years, people's heads and brains were split in half to treat mental disorders and symptoms, which today are considered almost "normal" part of life.

**Why I am telling you this story in a book about thyroid disorders?**

Mainly, to make a point and parallel with the only available treatments today for thyroid disorders: thyroid surgery (total thyroidectomy), RAI (Radioactive Iodine treatment), and aggressive thyroid medication. Today's thyroid doctors, very much like their above colleagues from eighty years ago, claim that these procedures are the only "scientifically proven" methods of treatment of thyroid disorders and vigorously push patients into them every day. Specifically, the twenty million people only in the USA that are and will be diagnosed with thyroid disorder at some point of their lives. On a majority of them a vital organ like the thyroid will be taken out or destroyed, and they'll be left out with a set of other symptoms, for life.

**I am asking the million dollar question: What if this is not right?**

Is it possible that this is not the truth, or not the whole truth? Is it possible that there are other options and methods that should be taken into consideration when treating thyroid disorders? Is it possible that your body can heal itself? Is it possible that your mind can set the grounds for your disease and accordingly to be able to help its healing? Is it possible that...? What if...?

The book you are holding is a very controversial one. This book, I hope, will answer these questions. Even if it doesn't, I dearly wish to make you think differently.

Even if one sentence in this book moves you and makes you ask yourself the question "What if she is right?" I have done my job.

Svetla

“What I've tried to do is combine both my personal experiences with scientific research. I like to cross the divide between the personal world and the scientific world.”

Temple Grandin

## What should you expect from this book?

When I first wrote “*Life Manual for Graves’ disease and Hyperthyroidism*”, I knew that I carried an important message of hope. I had no idea though that it would change the lives of so many people who suffer from thyroid disorders. I wrote about my own journey of recovering from Graves’ disease and what I have found helpful in this recovery process. But my first book, and the others four that followed, did not cover in details one very important aspect: the mental, psychological and emotional and how this aspect relates to your thyroid disorder. The reason: I wasn’t fully prepared to include this information yet. I had the parts of the puzzle, but I didn’t know how to put them together. I knew that my thyroid disorder was not only about what I eat, drink or hormone imbalance. It appeared in my life on purpose, which I was about to discover. But I did not have the complete theoretical explanation behind my findings. Then, I started to receive numerous emails from clients and their personal stories. Some of these stories are included here, unedited, names and locations changed of course. These stories confirmed my own findings that thyroid disorders are, to a large extend, mind-body

## **Mental, Emotional and Psychological Aspects of Thyroid Disorders**

disorders, meaning that your mind (conscious and subconscious) plays a big role in the onset of your disorder.

So, what you are about to read now will fill in this missing part. It's my moral duty to share with you what I think may help you heal your thyroid disease. This book is written for you. Take it to heart; I really hope it will change your life, for good.

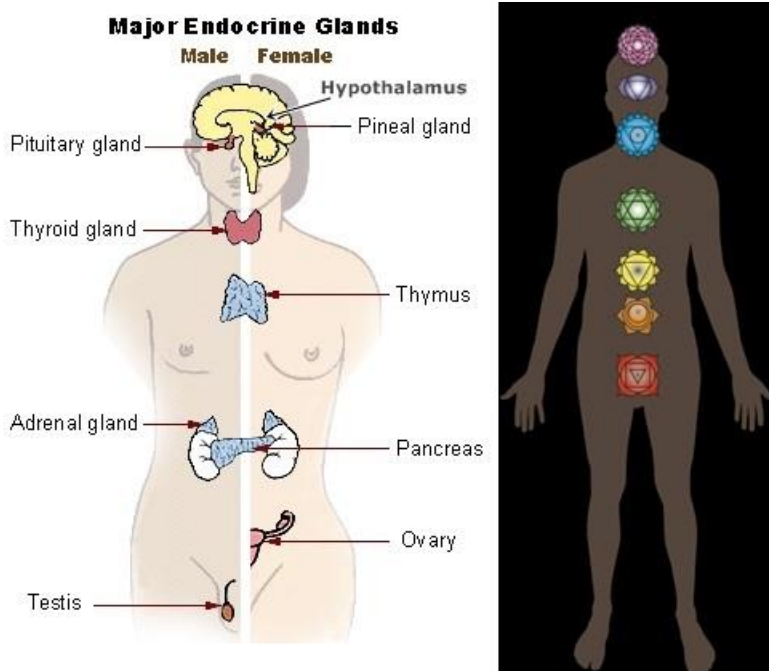
The book you are about to read will not focus on different treatments of thyroid disorders: hyperthyroidism, Graves' disease, Hashimoto's disease, hypothyroidism, thyroid cancer, goiters, thyrotoxicosis, thyroid nodules, or any other thyroid imbalance. You'll also not find any information about the traditional methods of treatment for thyroid disorders, dealing with symptoms and thyroid test results; this is not the topic in this book, and this is not the purpose either.

I am pretty sure that you are a very smart and intelligent person who already knows his/her diagnosis, who has read all information available on Internet, who has contacted doctors and hopefully is under some kind of medical supervision and treatment. Even if you are not sure about your diagnosis, that's still ok. If you need more information on these topics, please refer to my other five books about diet, herbs, holistic, and traditional treatments of hyperthyroidism, Graves' disease, and Thyroid eye disease. You can find all of them on <http://gravesdiseasecure.com/books>.

This book is also not for everyone suffering with thyroid disorder. I can't help people, unfortunately, who believe that all their sufferings will disappear if they remove or destroy the small butterfly-shaped gland, called thyroid, or if they believe that their disease is a matter of just some kind of chemical imbalance.

The intention of this book is to deal with the aspects of thyroid disorders that practically nobody talks about: the mental, the emotional, and psychological aspects from all different points of views you can imagine. I strongly believe that thyroid disorders are mainly psychosomatic, to begin with, meaning that your mind has equal participation in the onset of your thyroid disorder, together with many other external factors.

If you look at the diagram below, you'll notice that all the endocrine glands are connected and affect each other; they create your precious endocrine system.



If you look even closer, you'll see that the position of endocrine organs corresponds to the six chakras, as per Eastern medicine. I don't think it is a coincidence. Removing, destroying, or simply medicating one of these



organs, to my opinion, will not lead to health; it will lead only to further health complications. Believe it or not, you are not sick because you have an extra organ that needs to be medicated, destroyed, or removed in some way. I believe the thyroid itself is not the cause for all our troubles and symptoms. All organs are connected in our bodies and should be treated together as system, and you'll see why. Western medicine, however, likes to treat our organs independently, which, to my opinion, leads to even greater sickness. Many doctors today grossly disregard and ignore scientific findings of their colleagues decades ago about the connection between thyroid, mind, and emotions. Instead, expensive and destructive medical treatments are prescribed on a daily basis, without taking any other factors whatsoever into consideration. You'll see why.

This book is also dedicated to the 136 000 people who are diagnosed with hyperthyroidism every year, only in USA. 11,333 every month. 372 people every day only in the USA will hear this diagnose. One in 89 people worldwide will get sick with Graves' disease. More than twelve percent of the U.S. population will develop a thyroid condition during their lifetime, which are roughly 20 million Americans that will have some form of thyroid disease during their life time. And the worst of all- 60 % of these people are presently unaware of their thyroid disorder. I am not mentioning the worldwide statistics, but I believe the above numbers are enough. This book is for all of you, worldwide, who will face a thyroid disorder in one form or another.

I dearly wish for this book to help you on your path to recovery. And remember, as Stanley Keleman said: "Our body speaks our mind".

## **We are spirit, we have souls, and we live in bodies.**

Before I proceed with the different psychological observations and theories of mine, I would like you to consider this statement: You *do not* inhabit your body, you *are* your body. You also have public body and private body, rational and non-rational. This private body of yours is mobile, re-organizable, and alive. It is capable of regenerating, reshaping, and recovery. Your body also reads your mind. And my purpose here, with this book, is not necessarily to change your mind, but to change the way you use yourself, how you think of yourself and mostly, become aware, if you can, of your emotions and feelings that may be causing your disorder. Once you've change that, your mind will change too and so will your body. It will be on your path to healing.

As we speak, I have to mention that we live in a culture that had made our bodies inferior, feelings and emotions less than thinking and rationality. The last had vandalized our emotional lives, suppressed and repressed our emotions and feelings. That did not bring anything good to anybody. As Thomas Flanagan in *The Year of the French* said "We possess ideas, but we are possessed by feelings. They lie too deep for understanding, astir with their own secret life and carrying us with them".

## Your body map and how you should read it

Your thyroid is located in your neck. This place is a symbolic gate: the gate between your thoughts, your voice (communication), and emotions. It doesn't matter what happened to that gate, but it is broken now. Psychologically and spiritually speaking, your thoughts, emotions and beliefs, one or another way, are not expressed and communicated properly. You may be thinking one thing, saying another, and experiencing a completely different emotion or feeling. You may not even realize that fact, and you are probably deeply unaware of what's causing this confusion. Where do you think all this confusion will manifest on a physical level? That's right...It will manifest in the connection between all these three, i.e. in your neck or your thyroid gland. The throat chakra (as per the Eastern culture) covers and rules the thyroid gland and is connected with communication and expression of emotions, feelings, and will. But the thyroid disease may also have another purpose- to distract you from experiencing emotions and feelings, deeply hidden in your unconscious, dangerous to be experienced or socially unacceptable to be displayed. It's one thing to be aware of your emotions and feelings and chose to suppress them, but it is a completely different thing to unconsciously repress them because they are so painful that you cannot even admit them to yourself.

I know that my theory about the psychology of thyroid disorders can be attacked on the grounds of "a lack of scientific support" by the guardians of so called "science". This is true to some extent because I don't have laboratory findings to support that "five pounds of negative emotions"

like rage, resentment, sadness, or shame will produce the release of 3 mg of thyroid hormone for example, which in turn, will cause hypo or hyperthyroidism. I can't measure in inches high or low self-esteem, personality traits, or stress quality and quantity in terms of what is measurable and acceptable by medical science today. These components of human nature are not really measurable in terms the popular nowadays methods of medical research, mostly laboratory oriented. But the human body and mind are not entirely mechanical either. If they were, then it would be very easy to fix a broken part, right?

Don't get me wrong, I am a big supporter of science, and I respect valid and applicable research. Scientific medicine has produced some remarkable findings and results in terms of treating infectious diseases, viruses, and physical traumas. But unfortunately, it hasn't advanced a lot in terms of treating thyroid disorders. For the last 80 years, the only known methods for treating Graves' disease, for example, are surgery, radioactive iodine treatment (RAI) and medication. These are considered, worldwide, as "recommended treatments" with strong emphasis and preference for RAI and thyroidectomy, especially in the USA. Medical research has grossly failed in these areas.

Let's see what exactly these treatments are. There is no scientific proof that destroying the thyroid gland will lead to a cure of autoimmune disorders like Graves' disease, which is one of the leading causes for hyperthyroidism. Surely, thyroid surgery and RAI will stop the production of thyroid hormones because there will be no thyroid gland, but they will not cure your autoimmune disease (which is a result of your confused immune system, not your thyroid). Furthermore, your present debilitating hyperthyroidism symptoms will be simply replaced with

even more devastating hypothyroidism symptoms for the rest of your life. Not to mention that some of your current symptoms will stay with you or even may get worse (anxiety, depression, Thyroid eye disease, weight problems) and that the medical procedures mentioned above may have numerous additional negative side effects. What kind of cure is that? As Ivan Illich said in *Deschooling Society* “Modern medicine is a negation of health. It isn't organized to serve human health, but only itself, as an institution. It makes more people sick than it heals.”

Doctors don't know what causes your immune system to attack your thyroid gland (Graves's or Hashimoto's), yet, they are very sure what the treatments should be. They keep pushing patients to perform these expensive, hard to endure, medical procedures that will make patients even more sick or simply will replace one disorder with another. In other words, medical professionals violate rule number one in their medical profession: *Primum non nocere* (*First, do not harm*).

I am not saying that there aren't many open-minded physicians, who treat their patients with respect and look for the best possible solutions for them. I admire those who are, and I wish more medical professionals fell into this group. But that's not the reality.

Regardless of research that connects emotions and psychological factors with the onset of thyroid disorders, they are grossly ignored by medical society today. Even when patients experience anxiety, depression, irritability, and emotional lability as symptoms of their thyroid disorder, they are rarely referred psychological treatment of any kind. In 1993, in an article published in *The New*

*England Journal of Medicine*, titled “*Neuroendocrine-Immune Interactions*” Seymour Reichlin M.D. Ph.D. writes: “Findings that link immune and neuroendocrine functions provide explanations for the response of pituitary and adrenal glands to infection and inflammation and the alterations in pituitary- thyroid and pituitary- gonadal function that occur in patients with nonendocrine diseases. These findings may also explain how emotional state or response to stress can modify a person’s capacity to cope with infection or cancer and influence the course of autoimmune disease”. The report concludes: “Central nervous system influences on the immune system are well documented and provide a mechanism by which emotional states could influence the course of diseases involving immune function. Whether emotional factors can influence the course of autoimmune disease, cancer and infections in humans is a subject of intense research that has not been satisfactorily resolved at this time”.

Furthermore, depending on your character and personality traits, you’ll experience either Hypo or Hyper symptoms, or the body-emotion-mind misalignment may manifest in the form of thyroid cancer, goiter, and nodules. In all cases, this body of yours will try to remind you of its existence, that it has reached its physical limits, and it’s time for you to take better care of it and change some things around. It is no longer beneficial for you and your body to disregard your soul, needs, and what makes you happy.

My belief in the above statements does not only come from the fact that I have a Master’s degree in Psychology, or from having been a body psychotherapist for more than

15 years, or because I have coached people with autoimmune and other thyroid disorders for a very long time. My beliefs come from my own personal experience and from the experience of hundreds of people who wrote to me through the years about how they managed their thyroid disorders, the insights they gained, and how they got their health back. I am supporting my research and opinion with the stories of many people, which you'll find in these pages. All of the people whom I have mentioned in this book are owed a deep debt of gratitude for their inspiration and their efforts. I have kept their names private, unless they gave me their permission to use their real names, but their stories are unedited, they are included in the form I received them.

Last, but not least, my belief about the importance of psychology in managing thyroid disorders comes from numerous scientific research on this subject that will be quoted and mentioned throughout this book, and all of the studies mentioned have been cited so that you can look them up at your convenience. I know that thyroid disorders are, in fact, body-mind disorders; the roots of your thyroid symptoms (physical or mental) lie on the shoulders of psychology. Mentality and emotions need to be “fixed” first and foremost, so you can achieve permanent health.

Finally, as I am convinced that if the mind and body work together to create a physical disorder, they also can work together to create its healing and reverse that health condition. Your body speaks the language of change and will learn to restructure for pleasure and survival.

**Svetla Bankova**

I'll finish this introduction with a quote from the Father of Medicine, Hippocrates, which practically represents the whole purpose of this book:

**“It's far more important to know what person the disease has than what disease the person has.” Hippocrates**

**So, let me know you!**



**“A wise man should consider that health is the greatest of human blessings, and learn how by his own thought to derive benefit from his illnesses.”- Hippocrates**

## **Biology of Thyroid Axis. Thyroid function revealed.**

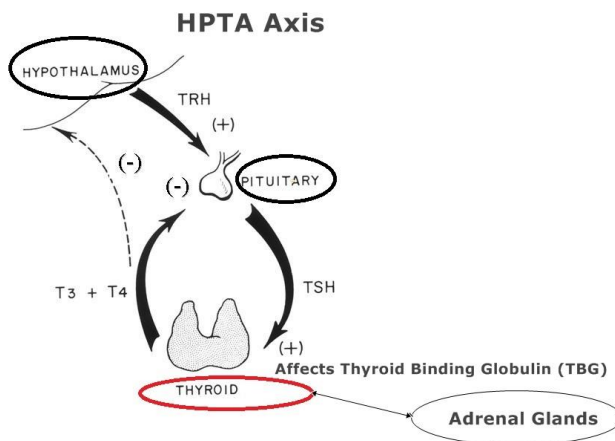
The thyroid gland is a small butterfly-shaped organ, located in the neck, close to the Adam's apple in men and the same place for women, very close to the larynx and trachea. The name “thyroid” comes from the Greek word “thureoeidés”, meaning “shaped like a shield”. The thyroid gland specializes in hormone secretion, particularly two hormones: thyroxin and triiodothyronine (respectively T4 and T3). The only difference between these two hormones is the number of iodine molecules they contain (respectively 3 molecules and 4 molecules of iodine), but both are extremely significant for managing the body metabolism. The production of these two hormones is practically managed by the production of TSH (Thyroid Stimulating Hormone), produced in the pituitary gland and the Thyrotropin-Releasing Hormone (TRH), which is released by the hypothalamus. Both organs (hypothalamus and pituitary gland) serve as check points to detect whether or not the organism is getting enough thyroid hormone.

Hypothalamus is a small part of the brain that has numerous functions, and one such function is the control of hormones released by the pituitary gland. It also has some other non-endocrine functions like controlling hunger and thirst, body temperature, sexual behavior, circadian rhythm, and mediating some emotional reactions. This is

where the disturbance of the endocrine system generally starts, and that's why the role of the hypothalamus is critical. Pituitary gland is known to release the following hormones: GH (growth hormone), TSH (thyroid stimulating hormone), FSH (follicle stimulating hormone), LH (luteinizing hormone), Prolactin, ACTH (adrenocorticotropic hormone), ADH (antidiuretic hormone), and oxytocin. Some of these are released in response to the messages from the hypothalamus. The pituitary gland is located just behind the optic nerve of the eyes, so when it is enlarged or when pituitary adenomas and tumors are found, it may press the optic nerves, causing eye protrusion, double vision, and other eye complications. This may also be one of the reasons for development of Thyroid Eye disease (TED) or Graves' eye disease, besides the thyroid antibodies, known to affect the eyes.

The thyroid is also a part of the neuroendocrine system and hypothalamic-pituitary-thyroid- adrenal cortex (HPTA) axis; therefore, thyroid hormones will influence many organs in the body related to this system.

## Mental, Emotional and Psychological Aspects of Thyroid Disorders



The thyroid gland is estimated to secrete about 80% of the thyroxin (T4) and 20% of the triiodothyronine (T3), as it is told by the pituitary gland. However, the larger quantity of T4 (thyroxin) doesn't mean that it is the more important hormone. In fact, the active hormone is T3, and some of the thyroxin (T4) is converted to T3 through complex chemical processes. The T3 and T4 thyroid hormones are manufactured from iodine (that comes from our food) and tyrosine through a complicated process of synthesis. They are responsible for the proper growth of the body and different organs, as well as the regulation of many other body systems. The conversion of T4 into T3 actually does not happen in the thyroid gland, but in other organs and is connected with the hypothalamus. Thus, when discussing thyroid hormones and their optimal level, it should be noted that the hypothalamus and pituitary gland play equally important roles in the whole endocrine process.

The quantity of T3, T4 and TSH are measured in blood tests to ensure the proper functioning of the thyroid gland and are indicator of the presence or absence of

thyroid disorder. Once these hormones are released in the blood they further help the conversion of oxygen and calories into energy. Patients with too much thyroid hormone in the blood (elevated T3 and T4 in blood tests, low TSH) will experience higher conversion of calories into energy. Accordingly, they may eat large quantities of food, but because of the increased energy conversion they will lose weight. Quite the opposite, low levels of T3 may indicate low conversion of calories into energy, and these people will feel fatigue and gain weight, regardless how little they eat. If the levels of T4 are within the normal ranges, the person is considered “euthyroid”. However, if a person has elevated or suppressed TSH levels with normal T4 levels, they may be described as having a subclinical thyroid disorder. Increased or decreased production of thyroid hormones has important consequences on all cells of the body, including the brain, and as a result, can affect mental health as well.

Adrenal glands are small glands located on the top of both kidneys. They are responsible for the production of some sex hormones and cortisol, which is considered the “stress hormone”. Activation of the hypothalamus induces the anterior pituitary gland to produce adrenocorticotrophic hormone (ACTH), which stimulates the adrenal cortex to produce cortisol, which, in turn, increases the metabolism and the blood levels of sugar and other nutrients. Cortisol is not necessarily a bad hormone; it helps the body to fight difficult and stressful situations, boosts the activity of the immune system, improves memory, and deals with illnesses. However, if it is released constantly in the body in large quantities (which usually happens during chronic stress situations or when repeatedly under stressful

events), it has the opposite effect: it impairs the memory and weakens the immune system dramatically. This condition is well known as adrenal exhaustion or adrenal fatigue. The result is that the immune system is so obviously compromised and confused so it becomes unselective. Due to the constant large quantities of cortisol in the blood, it becomes overactive or underactive, but instead of attacking only the invaders (viruses and bacteria), it starts attacking its own cells causing the so-called autoimmune disorders (Thyroid disorders: Graves' disease/Hashimoto's, or Rheumatoid arthritis, Lupus, Diabetes Type 1, Addison's disease, etc.). In cases where the immune system is too weak, then cancer type ailments could be generated. Adrenal distress not only affects the immune system, making the body sensitive to serious disorders, but it also interferes with the conversion of thyroid hormones T4 to T3; then the inflammatory cytokines (white blood cells/leukocytes produce cytokines to fight bacteria) also suppress thyroid receptor site sensitivity. On top of that, the large cortisol quantities reduce the liver's ability to remove excess estrogens from the blood. Excess estrogen raises levels of a protein called thyroid binding globulin (TBG), which is the vehicle through which the thyroid hormones travel through the body.

Why am I getting into so many biological details about the endocrine system, and specifically the thyroid? I can assure you that I tried to simplify it to the best I could.

First, I wanted to explain how all the systems and organs in the body are connected and how they affect each other. I want to stress how removing or destroying one organ in this chain will not solve your health problems at

all, and I hope you now understand why. The thyroid gland is in the middle of this chain, it's not even at the beginning, or the end, but it's the most affected, hated, and blamed for all the symptoms we are experiencing when diagnosed with thyroid disorder. This, as you see, is very wrong.

Furthermore, I want to point out that from all endocrine hormones Western medicine chooses to measure, base their assumptions or diagnosis mainly on 3 thyroid hormones: TSH, T3, and T4. As you can see, many other hormones participate in the whole endocrine process and should not be overlooked. When this happens, people will experience symptoms with normal thyroid test results, or have symptoms that are out of the typical clinical picture.

Finally, your thyroid gland produces the hormones that it was told to produce by the hypothalamus and pituitary gland, with the mediation and participation of your adrenal glands. It does not make the decision by itself. That's why removing it or simply medicating it will not fix the problem.

In addition, the above explanation and analysis also shows that stress, and the cortisol produced by adrenal glands in response to that stress, play a tremendous role in the whole endocrine problem of yours. However, doctors rarely address this problem. In fact, they often say stress and diet has nothing to do with it. So, my purpose with this book will be to show you how stress, psychology, and other mental processes may positively influence your lifestyle and your health, ultimately leading to your healing, with all your organs intact.

“Your body hears everything your mind says”

Naomi Judd

## Crazy world of Thyroid Disorders

The following are the most “common” thyroid disorders, per the American Thyroid Association. It may not be the most comprehensive list, but to my observation these are the disorders people mostly suffer today. If I missed something, blame it on me. I am mentioning them strictly for educational purposes.

**Autoimmune thyroid diseases (AITD):** a group of disorders, caused by confused antibodies that attack the thyroid gland. These antibodies can either increase the production of thyroid hormones (Graves’ disease, hyperthyroidism) or decrease it (Hashimoto’s thyroiditis, hypothyroidism).

**Hyperthyroidism:** a condition where the thyroid gland is overactive and produces too much thyroid hormone. Hyperthyroidism can be caused by a number of different reasons, including Graves’ disease, thyroid nodules, or even certain foods.

**Graves’ disease:** the most common cause of hyperthyroidism and it represents about 80% of the cases with hyperthyroidism. It is caused by antibodies that attack the thyroid gland and can cause inflammation.

**Hypothyroidism:** a condition where the thyroid gland is underactive and does not produce enough thyroid hormone. Treatment requires taking thyroid hormone pills,

usually thyroid desiccated hormone or synthetic hormones like Synthroid.

**Hashimoto's Thyroiditis:** the most common cause of hypothyroidism worldwide. It is caused by thyroid antibodies that attack the thyroid and affect the production of thyroid hormone.

**Goiter:** a thyroid gland that is enlarged for any reason. A goiter can be seen when the thyroid is overactive, under active, or functioning normally. If there are nodules in the goiter, it is called a nodular goiter; if there is more than one nodule, it is called a multi-nodular goiter.

**Thyroid nodule:** it represents an abnormal growth of thyroid cells that forms a lump within the thyroid. While most thyroid nodules are non-cancerous (benign), about 5% are cancerous. Most thyroid nodules do not cause any symptoms and are discovered unintentionally. The most typical treatment for cancerous nodules is surgery. A nuclear thyroid scan is no longer necessary to determine if a thyroid nodule is cancerous; usually, doctors use biopsies and thyroid scan, which is typically enough to provide a diagnoses.

**Papillary thyroid cancer.** Papillary thyroid cancer is the most common type, making up about 70% to 80% of all thyroid cancers. Papillary thyroid cancer can occur at any age. The most typical symptoms are feeling of lump in the throat, neck pain, problems with swallowing, coughing, swollen lymph nodes and voice changes. Papillary cancer tends to grow slowly and often spreads to lymph nodes in the neck. However, unlike many other cancers, papillary cancer has a generally excellent outlook even if there is spread to the lymph nodes.



**Follicular thyroid cancer.** Follicular thyroid cancer constitutes about 10% to 15% of all thyroid cancers in the United States. Due to unknown reasons, it prefers somewhat older patients. As with papillary cancer, follicular cancer can spread to lymph nodes in the neck. Follicular cancer is also more likely than papillary cancer to grow into blood vessels, and from there, spread to further areas, particularly the lungs and bones.

**Medullary thyroid cancer.** Medullary thyroid cancer, which accounts for 5% to 10% of all thyroid cancers, typically runs in families and is associated with other endocrine problems. Tests for a genetic mutation in the RET proto-oncogene can lead to an early diagnosis of medullary thyroid cancer, and subsequently, curative surgery to remove it.

**Anaplastic thyroid cancer.** Anaplastic thyroid cancer is the most advanced and aggressive thyroid cancer and is the least likely to respond to treatment. Fortunately, anaplastic thyroid cancer is rare and found in less than 2% of patients with thyroid cancer.

**Postpartum thyroiditis:** an inflammation of the thyroid gland in women after delivery. The inflammation may first cause mild hyperthyroidism for 1-3 months after delivery. This could be followed by hypothyroidism starting 4-6 months after that. The hypothyroidism may resolve by itself, and normal thyroid function resumes 12-18 months after delivery in most women. While many women have both the hyperthyroid and the hypothyroid phase, some women may only have one or the other.

*Reference: American Thyroid Association*

“The wish for healing has always been half of health”

Lucius Annaeus Seneca

## My story about Graves’ disease and Hyperthyroidism

*As one Cree storyteller said: “Stories are Beings. You invite them to live with you. They will teach you what they know in return for being a good host. When they are ready to move on, they’ll let you know. Then, you pass them to someone else”.* Stories will also sustain you in times of challenge, frustration, and failure, and will comfort you in times of confusion, pain, and loss, as they do with me. So, let’s hear some stories, starting with my own.

The spring of 2003 wasn’t the best time in my life. I felt exhausted and tired all the time. I lost sleep, and I was having horrible palpitations. Those were the moments I thought I was dying and felt my heart would come out of my mouth. I lost a lot of weight and became like a skeleton, but I thought it was because I was too energetic. I would also wake up ten times per night with severe muscle cramps. My monthly period suddenly disappeared, and my left eye started swelling; later, I learned that this is called “protruded eyes” or Thyroid eye disease (TED). I am not saying that I was very beautiful before, but I definitely never looked like Quasimodo. My friends and family members were really scared of my appearance, and I constantly received odd questions like “What’s wrong with

your eyes?”, “Did you drink too much last night?” etc., which, needless to say, did not make me happy at all.

Grave’s disease came to me unexpected, unwanted, and turned my world upside down. I was diagnosed in December 2003, finally, after I had the symptoms for more than six months, and after I suffered from all debilitating symptoms: insomnia, muscle cramps, oligomenorrhea, bulging and protruded eyes, palpitations and tachycardia, symptoms that are very typical for this disease. These are also symptoms everyone who calls himself a doctor and who graduated medical school should know. However, my doctors could not figure out what was wrong with me for more than six months, and none of them bothered to send me for thyroid check and thyroid blood tests. Through the years, I’ve listened to many stories of misdiagnosis and failure to be diagnosed similar to mine. That’s why I don’t rely on traditional medicine any more, and I don’t take the credibility and professionalism of any doctor for granted.

Looking back, I know today that I personally created the background for my disease. I lived for many years as a “good girl” cut off from my creative self, living out a death sentence. Unable to acknowledge my losses, my pain, and what I really wanted, I was in the process of working myself to death instead. I was defensive, workaholic and perfectionistic, to name a few of my “precious” qualities at that time of my life. I would also often do favors for other people, above my physical and mental abilities, so I could feel loved, important, and validated. I was afraid people wouldn’t like me if I didn’t do things for them like leaving an important project to go to listen to my girlfriends’ dramas, or running chores for them when I had plenty of work on my own, or just engaging myself in a lot of

volunteer activities when I literally had no time to breathe. I didn't recognize that foolish, unreasonable, and absurd behavior of mine; it took me years to analyze myself and find that this was very, very wrong. My irrational attitude pertained also to my job, where I was doing things I did not get paid for, or I was taking on projects that nobody else wanted--often cleaning the mess my colleagues left behind them, literally and metaphorically speaking. Other people's needs were somehow always ahead of mine, but I was "convenient" for everybody. Time, apparently, was never enough for me, leaving me (1) overwhelmed, (2) exhausted, (3) distressed and depressed, (4) burned out, (5) upset (6), in times, really desperate (7) and in most cases, all of the above.

I was an overcommitted overachiever who never believed that she was good enough, so she kept doing more and more to constantly prove herself.

On a side note, I also wasn't taking good care of myself, and I had no idea how and what exactly that meant. I had no time for hobbies, or favorite things to do that would eventually and metaphorically "recharge" my life batteries and my energy. I didn't remember the last time I did something for myself. But I was the center of attention in all social settings, and believe it or not, it all takes a lot of energy as well (remember, I needed the approval of other people, because I didn't have that on my own).

On a pure emotional level I was irritable, anxious about the future, angry and resentful, and how could I not be? You get the picture, right?

Writing in *The Thyroid Solution*, Dr. Ridha Arem explains that the most common effect of an overactive thyroid is anxiety, and I agree with him 100%. Anxiety in Graves' disease takes on an exaggerated form in which the increased worrying and overall feeling of insecurity and instability are worsened by mood swings, anger, and an inability to focus. I had all of that. I am also sure that regardless of what thyroid disorder you have manifested in your body, you also carry some these characteristics, attitudes, behaviors, and personal traits. (In fact, there is psychological self-test profile in the Appendix of this book. Feel free to fill this out for your personal information. )

In one instance, I didn't love myself enough; I didn't know how to love myself and did not respect my needs. I had all the necessary ingredients to create a "wonderful" background for Graves' disease to appear in my life and stay there, until I learned my life lesson.

As in almost any American movie though, the "bad story" ends at some point. By the end of the summer, August 2004, I had no more symptoms, and my thyroid test results were in the normal range. For less than eight months, I practically did not have Graves' disease any more. But this wasn't some miraculous healing.

If you wonder how this healing may have happened to me, I can tell you right now: the healing involved much more than just taking the prescription pills, or considering RAI treatment or thyroid surgery. It's more than the diet, the herbs, and the supplements I was taking. It involved a lot of spiritual, emotional, mental, and psychological work. Only then, was my healing possible and this is what this book is about.

How did I accomplish all that? Let me tell you: I achieved that healing by not only taking better care of myself physically, but by changing my life style, my attitude, and my behavior. I had to dig very deep for the roots of my disease (mentally, psychologically, and emotionally), face many unpleasant truths (ones you are reading about now), release people no longer helping my life, forgive others, let go and move on. I had to make my life choices differently and more wisely. I had to deal with my suppressed emotions and let them “live” in my conscious mind. But believe me, the whole process becomes relatively effortless when you realize what is wrong, what is driving you crazy, and what is no longer beneficial for you. Then, it comes to be a matter of will, of speaking your truth, voicing your opinion, and being courageous.

As of this writing, over 10 years past my diagnosis, I still don't have Graves' disease and I consider myself cured. I want to believe that I am not only in remission, but I actually cured my disease. I know that I may sound arrogant as this disease is considered incurable by traditional medicine. My story is a challenge to all people who cannot go beyond the symptoms, the drugs, and sometimes, unfortunately, can't see even further than that. By the medical doctors I am considered “euthyroid”, a very safe word used by the medical society to characterize a good outcome of an unpredictable disease like Graves' disease, a “diagnosis” which all of us want to hear. Regardless of the term, it's a fact, I'm no longer a thyroid patient.

Today, I am not free of tensions, problems, or daily cares. I have my good and bad days. I'm seen by many people as somewhat famous and successful, but measured by the ambitions of my youth, I am a failure. My

aspirations have not been realized, the dreams of my youth have not materialized. I am still an imperfect creature. I sit on no Olympian heights. Pain, emotional and physical, is not absent either. But I have now recovered my spirit, I am once again alive. I am awake. I am alert. I take pleasure in my life and my work. I sacrificed and suffered a lot, but I gained even more. I gained my health back. I try not to be defensive, workaholic, or perfectionistic. I try to see and admit the truth about myself and how to be authentic, if possible, at all the times. To the people who are reading this book, this is my personal message for you: Listen to your body, home to your soul. It is talking to you; it is your most truthful messenger. It is not your enemy. Then, I believe, you will be healed.

**“What we call the beginning is often the end.  
And to make an end is to make a beginning.  
The end is where we start from.”**

**T.S. Eliot**

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## Simona's story

*“...10 years ago, I was diagnosed with Graves’ disease. I went to see my doctor after I’ve put on 10 kilos (~22 pounds) in the space of 2 months. I knew something was wrong, since I’ve always been very, very active, athletic, toned, and never overweight. I was my doctor’s first case of someone gaining weight with an overactive thyroid. He thought the lab had made an error and re-tested. The 10 kilos “stayed” with me for over 5 years and to all your readers – I don’t think there is much you can do until you sort out your life and your priorities one way or another. I believe it was my body’s self-preservation instincts at work. I was doing more things in a day that most “normal” people would do in a week. I was running a business, looking after a family and a household, I was studying, I was managing a few investments properties, I was looking after a big garden, I was entertaining, I was renovating and extending the house – all this at the same time, and it had to be done perfectly... Since there weren’t enough hours in a day, I stretched my waking hours to the max and slept for only 4 or 5 hours a day. I think it was my body’s way to make me stop and say – I am not doing this anymore – you go on without me – if you can that is. It was depressing, and I refused to accept it. It took a long, long while to accept myself as the “new” me. My hormone levels were 2.5 times the maximum. I was so exhausted that I couldn’t take a shower at the age of 35 – I couldn’t keep my hand up long enough to wash my hair and had to put a*



*chair in the shower – only then did I realize – the weight gain was the least of my problems.*

*I had to accept that I am not well, that I have no energy to keep on doing all the things I used to do, take it easy and be kind to myself. I cut back my workload, I learned to ask for help if things were getting too much, I've learned to say “no” (this one is still a work in progress) and I've decided I loved myself more than ever before – after all there was 10 kilos more of me to love. Only then did things go back to normal including my weight. I got rid of everything that was too much – including a chronically unhappy, bully of a husband – that did have a lot to do with things being a lot more normal and peaceful.*

*I am now the biggest procrastinator there is. I know tomorrow is another day, and the sun will come up again. I don't have to finish everything today. There can't be anything that urgent to warrant a sleepless night (except a sick child).*

*I have put myself back in the center of my Universe and a day when I can wake up, have a shower, and function is a very happy day. I am very grateful for everything I have and don't need to push myself for anything else – just wake up, have a shower, and be able to function. I will never allow myself to forget how nothing mattered when I was so unwell.*

*In Bulgaria there is a saying: “If someone says this job is urgent – sit back and wait – if it is that urgent – someone else will do it – if it hasn't been done – it means it wasn't that urgent to start with”. A psychologist told me*

**Svetla Bankova**

*that procrastination is your body's natural instinct to avoid unpleasant tasks. It is not that bad when you think about it. Listen to your body!*

*Simona”*

## Valerie's Story

*Valerie H. was 32 years old (at the time of writing her story), a single mother of two children residing in Phoenix AZ. She was an intuitive consultant and taught classes on a wide variety of topics, as she put it, to inspire personal success, inner clarity, and emotional peace. This is her story:*

*“...My thyroid became over active after giving birth to my first child at age 25. Early symptoms of hyperthyroidism were revealing themselves two years prior my diagnosis. It wasn't diagnosed until I was 26.*

*I was always struggling to maintain emotional equilibrium in a variety of areas of my life especially in romantic relationships. At the time when the hormonal imbalance began to surface, I had reached an emotional saturation point of feeling overwhelmed, isolated and disappointed in both my marriage and my life. I felt disconnected from my heart and suppressed whatever feelings I could just to try to cope with everyday life. My mind was overactive with thoughts of stress, worry and sadness. I couldn't seem to communicate my feelings in an articulate enough way to make the pain and loneliness be heard in order to make it go away. I felt my efforts to be a good person and to do the right thing went unnoticed and instead I was taken advantage of in many ways in romantic partnerships.*

*I see now that I had an unconscious belief that I wasn't going to be loved unless I was ultra-responsible and could make people happy. I focused on everyone else's needs except for my own. At the time, I was around very toxic people who were unsupportive and negative. Needless to say, I didn't know how to take care of my own needs. I was exhausted but continually persisted to accomplish more and more in attempt to overcompensate for the deep underlying feeling that I was not enough.*

*My boundaries and actions conveyed I didn't need help. Asking for what I needed and wanted was what I feared most. Speaking up for myself resulted in being shut down, invalidated and ridiculed or being completely ignored to the point that I didn't exist. Communication became challenging for me and I chose not to speak and internalized the belief that nothing I say or do matters.*

*During the first year before I actually had Graves' disease, I experienced holding in several feelings on a daily basis. I felt lonely, unloved and really angry. I could feel the sadness well up and I would want to cry but the tears felt pointless. I would rub my throat because there would be this tight feeling as it feels when tears well up but you hold them in. My throat hurt, I was so tired and there was no reprieve from all the responsibility and burdens to rest or heal.*

*A year after my first child was born was when I developed a substantial sized goiter and my eyes bulged. In three months, my eyes went from looking normal to full blown eyes bursting out of their sockets. I didn't deal with it because I thought it would just go away. My entire life I had been an incredible athlete and in extreme shape. I had*

*always pushed my body to be stronger, yet it came very natural to me. Being in such great physical health, I never would've thought my health would diminish, especially at such a young age.*

*All illnesses have an emotional root as well as many other factors. Poor nutrition, insufficient sleep, burning the candle at both ends, and suppressing my true feelings led to a road to recovery and a journey that has lasted almost a decade. This disease has made me more aware of my limitations, my need for love, self-respect, and how if you give everything you have to others and leave nothing for yourself, you eventually run out.*

*My energy reserves can be depleted quickly when I over give of my time, energy, and resources. This awareness has led me to asking for more of what I need and to evaluate the value of exchange in my relationships with friends, relatives, and partnerships. As I grew more aware of imbalance of give and take, I became angry, but I didn't do anything about it. I was trying to seek approval from people who would never give it no matter how much I gave.*

*Asking for what I need and want still brings up fear of rejection, but I no longer choose to maintain connections with people who don't value me for who I am. I carried the belief for a long time that to ask for what I need meant I was weak or would ensure I would never get it. Replacing old beliefs have allowed me to rest, renew, and heal.*

*I don't feel it is a coincidence that my body produces antibodies against my thyroid. I feel it only makes sense. I am very critical of myself. I hold myself back in so many ways, and in my mind, I feel I never communicate good enough. The negative self-talk is enough to make me feel*

*bad. The more I improve my relationship with myself, the more I find I am healing.*

*My thyroid has become my greatest ally in life. It improves when I listen and trust myself. When my hormone levels increase, I know I need to clear the air of feelings and built up emotions. When my thyroid production decreases in activity, I know my feelings aren't backing up, and I am using my energy in an efficient and creative ways that bring me joy.*

*I use my environment to help me maintain good health. When my house gets cluttered I know I am not dealing with something and use it as an indicator to tune in and address what I am avoiding in my life.*

*I also choose to only be around people who are healthy emotionally as much as possible. Having thyroid sensitivity has made me aware of how I intuitively pick up on the energy of those around me. If I am around toxic people or a lot of emotional energy of others, my thyroid will be activated and produce more hormones.*

*I have been able to improve the autoimmune aspects by feeling less anxious and less threatened in life. As I have built up better boundaries, I notice my immune system isn't so hyper vigilant and fearful, which not only feels better, but I notice my thyroid hormone levels decrease too.*

*I can't help but think by learning to feel safe with all that I feel, that one day, it will all go away, I'll no longer need medication and that all will be restored to a state of balance. Healing my thyroid is an intention I work with daily. I am in the best stage of my healing. Svetla*

*Bankova's books have been an inspiration and have helped a lot.*

*I embrace everything that helps me maintain inner balance from expression, learning to deal with emotions rather than allowing them to fester, meditation, trusting myself, taking care of my needs, and using Western medicine. I am firmly grounded in Eastern medicine, however, Western medicine works better for me with this than herbs or any gentle approach. Eastern medicine helps support what Western medicine maintains.*

*I can get discouraged when I get a new doctor or have medical procedures done because they are so fear based. Even when I am doing better, they are still gloom and doom because they don't believe the thyroid can and will heal. I am convinced this disease thrives on fear. The safer I can feel, the better my body does.*

*I've chosen a different route with my health. I cannot bring myself to ablate this wonderful gland that is only trying to help me. Somehow, my wires got crossed and my body reacts as though this is the enemy, but when I look at how it parallels my feelings towards myself, it only makes sense. As I evaluate how thoughts and emotions trigger neuropeptide responses from the brain to the organs and glands in the body, I can see how interconnected they all are to the symptoms of this disease.*

*Healing limited beliefs and misperceptions have been what have led to me the level of healing I have already experienced. I am in the best place ever in my healing, even though I feel that there is more work to do. Just because medication helps me maintain thyroid hormonal balance doesn't mean I'm done, and I don't have to think about it*

**Svetla Bankova**

*anymore. As much as I wish I didn't have hyperthyroidism, I appreciate the challenge of aligning to my body's wisdom. Every improvement made with my health is interconnected to the healing and improvement of outer aspects of my life."*

*Valerie*



## Hazel's story

*"Hi Svetla,*

*Thanks so much for all your emails. I see you have a visualization CD. I'm quite sure, that this is the most valuable item on your list. I've come to understand that we can change anything and everything in our lives with our thoughts and visualization. We get illnesses, in the first place, through negative thoughts and feelings, and these illnesses can disappear as they came, if we are in the right frame of mind and can visualize a healthy state. If one can imagine good health and focus on the healthy state and not the unhealthy reality, then one will get well again. You, as a psychologist, will understand this better than anyone else. You, yourself, realized that the mind plays a big role concerning Graves' disease. You got me on to this in the first place, and I am VERY thankful for that. You were the only person on the internet that was offering thoughts in this direction concerning this disease. With this insight of yours and what you said about the psychological aspect, and things I learned regarding the Law Of Attraction and healing, I was able to get well again. Even my eyes are getting better from day to day. I am so happy and thankful, that I have discovered the secret to healing and a permanent state of well-being - and this all due to your thoughts at the outset. I hope all Graves' disease sufferers stumble upon your website and get your visualization CD, so that they can get well too. This would make me really happy. The very best wishes, from Hazel in Germany.*

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## Myra's story

*"Hi Svetla~*

*I just want to share with you my success story, and to thank you for your support and inspiration. In 2006, I was in school part-time, to be a massage therapist and worked full-time in the healthcare industry. A lot was happening at once... my uncle and a dear friend died suddenly, a significant relationship ended and a new one began. I got promoted at work and two other close friends got gravely ill. Needless to say, I fell apart. I finally went to a physician and she had my thyroid checked. Ultimately, I was diagnosed with Grave's disease by January 2007. I had difficulty catching my breath, severe tremors/heart palpitations, severe anxiety/mood swings, confusion, lethargy, sensitivity to heat, and sudden shifts of vision in my left eye. I went to an endocrinologist, and he put me on Methimazole for a year and a half. Then, he advised me to go off, and see if my thyroid levels would stay normal on their own... this was protocol. I went off cold turkey, under his direction. Of course, I got worse, and my left eye swelled up as well as everything else. I wasn't happy. He advised the next step would be radioactive iodine and to take Synthroid for the rest of my life. I was scared and confused. I went online and started doing research. I found your site and read your story. I purchased your book and all the bonuses that came with it. As I read through everything, I began to question my lifestyle, stress level and habits of*

*thinking. I decided to take a break from school and reduce my work hours. I brought this to my endocrinologist and asked him to write a medical release, for my employer. He said there was no proof that stress had anything to do with my symptoms, and he couldn't support my decision. I asked about diet and if he knew anything about how it may affect my condition. He said I didn't need to be concerned with that either. I told him I didn't want any procedures and wanted to find another way. He said it was too dangerous to stay on medication, as it was toxic. I was scared and didn't know where to turn. All I knew was the medication was helping me buy some time.*

*Anyway, I went back online and continued to research some sites you include in your book, one of them in particular was by Elaine Moore. I asked her questions and received new insight into how to best approach recovery and avoid permanent, irreversible damage. I found out that it wasn't dangerous to stay on low doses of Methimazole for long periods and that many people had done it. This was the best way to allow the body to adjust, over a long period of time. I gained confidence in my decision to go another way and shopped around for a new endocrinologist. Everyone had the same opinion that I would have to either get radioactive iodine or my thyroid would simply "burn out" on its own and become hypo. Either way, it was bleak. I finally found a physician that was open-minded. She let me direct my care, the way I thought best. With her support I decided to continue taking Methimazole at low doses and continued this for three years.*

*I continued to try different healing modalities, but my mind was attached to being sick. Some part of me didn't accept that healing was possible. It was almost like I didn't*

*want to be healed completely. It was strange to realize that. Also, my addiction to caffeine was keeping me down. I knew I had to quit that for good. It was simply going to hinder my ability to move into remission and stay there. It made me feel terrible! Finally, about four months ago, I got serious about healing, all the way. My friend, who is a Qigong instructor did a healing session with me and this removed some of the remaining symptoms, I was still experiencing. I was ready to quit caffeine for good now, so another friend hooked me up with a very gifted Chinese acupuncturist/herbalist. Gradually, things started to shift dramatically, and I actually started forgetting to take my medication! My mind completely moved away from being ill. I was not identified with being sick; it was not part of my identity anymore!*

*To this day, I haven't had to take any medication and experience very minor symptoms. Occasionally, I have slight tremors, but that's it. Otherwise, I feel great! I've managed to stay off caffeine, and I'm finally finished with massage school and I am getting my license soon. I can finally cut-back at my current job and do what I love!*

*Again, I want to thank you for giving me hope, along with other resources that allowed me to think outside the box and pursue my own path to recovery... with organs intact!*

*~Myra B.”*

## Mental, Emotional and Psychological Aspects of Thyroid Disorders

Stories like these made me consider writing this book, dedicated to the mental, emotional, and psychological aspects of thyroid disorders. I know that many people are looking for diets, supplements, and vitamins to help their recovery and healing. They believe that what you put in your mouth only matters. This isn't wrong, but it is NOT ENOUGH.

I understand that it is relatively easy and socially acceptable to have a physical disorder, socially and psychologically speaking. Many of us are simply scared to lift the veil of their emotions, to look deeper, and be honest with themselves, their lives, and what they really need. They may not want to, or they don't know how. This process also requires a great deal of courage, I am aware of that fact. But that courage pays off, sooner or later, as you can see from the above stories. By the way, I have many stories like these, collected through the years. That's how I was convinced that thyroid disorders also have a psychological aspect that should not be overlooked, if by your doctors, surely not by you.

**“A merry heart doeth good like a medicine: but a broken spirit drieth the bones.”**

**Proverb 17:22**

## Rethinking thyroid disorders

Science today is still silent regarding the root cause of Graves' disease and similar autoimmune diseases like Hashimoto's disease, Lupus, Diabetes type I, Rheumatoid Arthritis, and many others. We, the public and the affected, may speculate at large what caused our autoimmune thyroid disorders, and we'll probably never know for sure, neither will our doctors. Especially when the disorder is suspected to be a possible combination of numerous factors: chemicals like fluoride (even though some decades ago it was used for treating hyperthyroidism), pollution, the genetically modified foods (GMO) we consume every day, heredity, exhausted adrenal glands due to massive and chronic stress, single traumatic events, or mycoplasma bacterium (as noted by some clinicians). In fact, many people may experience one or two autoimmune disorders at the same time, or, if they achieve some relieve through the methods of traditional medicine without finding the cause for their disorder, they'll often end up with another disease, even one that's totally unrelated. I've seen that phenomenon in many of my clients. The symptom will simply change its appearance, because it hasn't exhausted its function yet. Dr. Sarno, in his book *The Divided Mind* calls that process "*symptom imperative*". Chronic autoimmune diseases are, in fact, systematic malfunctions caused by collapses in the body chemistry balance. How is that happening? How do our otherwise perfect body structures allow this to happen?

There is a close to 150-year history of hypothesizing, for example, that hyperthyroidism is a condition in which

adaptive-defensive style and personal or environmental stressors are significant predisposing and precipitating factors for the development of this disease. And that's no surprise, because hyperthyroidism presents itself in a wide variety of behavioral symptoms such as active expression of emotional distress and instability in behavior, all possibly suggesting some kind of mental illness. Graves' disease and hyperthyroidism patients also seem to have significantly higher anxiety as a constant personality characteristic. Hyperthyroidism, in fact, is often confused with attention deficit hyperactivity disorder (ADHD), menopause, generalized anxiety, panic attacks, and bipolar disorder. Depression and fatigue, general intellectual deterioration, poor memory, and progressive loss of interest, on the other hand, are often accompanying symptoms of Hashimoto's disease and hypothyroidism. I am not very familiar with the mental symptoms of the other thyroid disorders, but I am pretty sure that there are such, which suggests that mind and body worked hard together to create the complicated clinical picture of that particular thyroid disorder. Why would we think then, that just by feeding the body with pharmaceuticals we could solve entirely our medical problems? Do you think that our bodies are sick because they lack medications or invasive procedures like RAI and thyroidectomy?

In the case with the autoimmune disorders, our immune system is severely affected; it is not acting properly, and it is grossly disorganized. It cannot recognize the invaders anymore and starts attacking its own cells and different organs, as it is the case with Graves' disease, Hashimoto's disease, or thyroid cancer. I do believe we can take measures to improve our biochemistry through proper

nutrition, different naturopathic methods, or traditional measures like medications, but this, I found, is not enough.

Sickness in any form, I believe, is always a reflection of inner, spiritual problems that interrupt the body's naturally powerful immune system. Autoimmune diseases begin in the spirit and end up in the body, manifesting themselves in different chronic disorders. Unresolved psychological issues, energy blockages, and suppressed emotions play an equal role in the initial setting of any disorder, and they may interrupt the natural bio-repair process in the body. The healing process may stop or not work at all, unless we also pay attention to our emotional detoxification and spiritual development. The mind and the spirit play a significant role in that healing process and should not be disregarded. They may boost the natural defense mechanisms to reverse the underlying cause of the disease in such a way that no medication can accomplish. Nurturing the body chemically (with proper food, not pharmaceuticals), structurally (meaning exercise), energetically, emotionally, and spiritually is the best strategy for approaching thyroid disorders.

The etiology of thyroid disorders can be discussed further from a few different psychological angles. I have already explained the physiology and biology behind thyroid hormones, thyroid gland, and PTHA axes, their meanings, and I proved that all organs are connected.

I have to admit, though, that I have a few different hypotheses, not only one, regarding the origin and development of thyroid disorders. They are not excluding each other, but complementing. Many people have all the causes to develop a thyroid disorder; others have just one or two factors in their lives which may lead to such disorder. For example:



## Mental, Emotional and Psychological Aspects of Thyroid Disorders

- Chronic stress as background, leading to adrenal exhaustion or adrenal fatigue.
- Traumatic life events that may trigger the thyroid disorder.
- Inability to identify your own needs and not acknowledging the fact that you deserve your needs to be met; lack of knowledge on how to meet those needs.
- Emotions and feelings buried alive, disregarded or hidden in the subconscious mind.
- Lack of self-esteem, self-confidence, and self-love.
- The impostor syndrome as a factor in thyroid disorders.
- Special Personality Traits contributing to the onset of the thyroid disorders.
- Thyroid disorder as a transition from one stage of life to another and as life lessons we learn along the way.
- Co-occurring and precipitating mental disorders and their role in thyroid sickness.
- All of the above.

While I don't know for sure which one of the above "weights the most", I do know that all of them can be used to gain knowledge on the enigma of thyroid disorders. All of these factors play a significant role in the onset of thyroid disorders- physiologically and psychologically. Every reader is free to choose which one applies more to him/her, seek help from professionals, and address the problem accordingly. Knowledge and information is power, and sometimes, even just educating yourself on a given problem is enough to pave the path to your healing. I have to warn you, though, that there will be cases when

“reading” will not be enough, even though you may understand where the problem comes from. It’s one thing to theoretically understand a given concept and a totally different thing to internalize that knowledge, i.e. to make it part of your own reality. One may intuitively understand what his/her problem is, or what I have in mind writing this book and my concepts, but may not fully apply this knowledge for healing purposes. Most of all, chronic autoimmune disorders (thyroid or not) may not be possible to be “do-it-yourself-self-fix”, and you’ll need to seek some additional psychological help in this respect.

But first, let’s see how unhappiness can make you sick and what can you do in this respect.

**“It is health that is real wealth and not pieces of gold and silver.” Mahatma Gandhi**

## **Thyroid and Emotional Health. Can unhappiness make you sick?**

Unhappiness, as defined by the dictionary, stands for the feeling of not being happy; sadness, sorrow, dejection, depression, misery, wretchedness, despondency, despair, desolation, glumness, gloom, gloominess, dolefulness; melancholy, low spirits, mournfulness, woe, malaise, heartache, distress, chagrin, grief, pain, agony, anguish, torment, suffering, tribulation; the feeling of not being satisfied or pleased with a situation. (You can choose your favorites).

Described in a life-language manner and “dressed up” with some clothes, unhappiness means a lot of other things: marriage or relationship dissatisfaction, job intolerance, chronic stress, illness, lack of companionship, bitterness, financial problems, problematic kids, whining parents, cruel co-workers, you name it...But how is it connected with your health? Do you believe that all this has no connection whatsoever to how your immune system reacts and what it does? Let’s think again...

For the purposes of this book, I’ll assume that unhappiness may come from a few different resources, including, but not limited to: strong dislike of your job, marriage or relationship, constantly worrying about money, living in resentment, lack of enjoyable hobbies, anxious and “wandering” mind, loneliness, chronic stress, low self-

esteem, and last but not least, disapproval and dissatisfaction of your own self. All these factors can make you unhappy, but the level of unhappiness may significantly vary depending on the case. Scientifically speaking, there is enough research on the connection between overall life satisfaction, happiness, and autoimmune disorders. This correlation is important to be acknowledged and investigated in sense of prevention and successful treatment of autoimmune disorders, and not only thyroid disorders, but also other autoimmune disease like Diabetes type 1, Rheumatoid arthritis, Hashimoto's thyroiditis, Vitiligo, and in rare cases Lupus syndrome. Some famous psychologists like Sigmund Freud, Alfred Adler, Franz Alexander, Wilhelm Reich, Alexander Lowen, Stanley Keleman believed (one or another way) that the mind has the power to influence bodily reactions, for good or bad, and I would say: vice versa as well. Adler in *What Life Should Mean to You (1933)* actually is the first to postulate that mind can create physical symptoms by initiating physiological pathology: "We see that both mind and body are expressions of life: they are parts of the whole of life.....Body and mind are co-operating as indivisible parts of one whole. The mind is like a motor, dragging with it all the potentialities which it can discover in the body, helping to bring the body into a position of safety and superiority to all difficulties...By means of the emotions, the mind is able to activate the physical conditions. The emotions and their physical expressions tell us how the mind is acting and reacting in a situation which it interprets as favorable or unfavorable". I have a good reason to believe this is true because, for most of my life, I've worked as a body psychotherapist and practically studied people's diseases and where they come from for a

living. I have also researched and extensively applied their findings, especially the works of Prof. Waldo Bernaskoni, and I have found a good support of their conclusions on a very practical level. I know for sure that unhappy people do get sick with physical disorders more often than happy people do and that specifically pertains to autoimmune disorders.

Why is that so, I thought?

I am not the first one asking myself this question. Many research studies in the past covered the connection between general wellbeing and other diseases, including but not limited to spinal cord injury, snoring, obesity, osteoporosis, Turner's syndrome, cardiovascular disease, and migraine. However, not enough studies have explored their connection with the autoimmune disorders. But here is some scientific support in that aspect as well:

According to Barak Y., (2006) from the Psychogeriatric Department, Abarbanel Mental Health Center in Israel, humans possess the ability to experience positive and negative emotions, and these emotions have tremendous effect on the physiological and immune processes. The study, conducted by him, discusses the connection between affection, psychological well-being, and immune system. The results demonstrate that pleasant emotions, regardless of the origin, increase the secretory immunoglobulin A (an important antibody agent) and decrease the salivary cortisol, which is responsible for the stress levels in individuals. If pleasant emotions improve the performance of the immune system, logically, negative emotions will diminish it.

Similar study, involving pleasant stimuli, was conducted by Watanuki S and Kim YK. (2005) from the Department of Human Living Design, Kyushu University in Fukuoka, Japan. The results of this study revealed that the pleasant odor (used as pleasant stimuli in the study), increased the activity of the left frontal brain region, while beautiful emotional pictures increased the vasomotor activity of the sympathetic nervous system. Enjoying and reading good books seemed to increase the secretory immunoglobulin A (s-IgA) and reduced the salivary cortisol (s-cortisol). The study undoubtedly proves the correlation between different pleasant experiences and the immune system, and accordingly presumes that the wellbeing and happiness of the individual is connected with the performance of his immune system even on a pure chemical level.

Stress and anxiety are other factors influencing the general feeling of happiness as recorded by General Psychological Well-Being Index (PGWBI), and therefore, affecting the immune system. In a study regarding connection between stress, emotions and immune system, and conducted by Ann O'Leary in 1990 it was proven that acute stressors in the form of single events may produce different reactions on the immune system, but chronic stress factors like unemployment, unhappy marriage, and being under stress for a prolonged period of time definitely lead to suppression of the immune system, which may or may not recover with the time.

How happiness is good for people's health and if this has anything to do with longevity is discussed also in 2008 in a research paper of thirty different studies regarding happiness and longevity by Veenhoven, R. He studied the

effect of long-lasting unhappiness, triggering the flight or fight reaction, which has negative effects on health in a prolonged period of time and lowers the immune system response. It was also found that happiness helps people not to get sick somehow, benefits preventing illness, and has a great effect on longevity.

These findings followed a study, conducted in 1973 by Dr. Grossarth-Maticek, who used a special test to measure the level of pleasure and satisfaction of a thousand senior residents of Heidelberg, Germany. He performed another test twenty one years later and discovered that 300 people out of those tested reported high satisfaction of life and were thirty times more likely to survive and still feel well. It appears that satisfaction of life can make you not only healthier, but also can promote long life.

The influence of emotions on people with thyrotoxicosis is also discussed in a study by Dr. Mandelbrote and Dr. Wittkower in 1955. They studied, together with an endocrinologist, surgeon, a radioactive-iodine expert, two psychiatrists, and a psychologist twenty five cases with thyrotoxicosis. Among some of the other important results, it was found that the patients with thyrotoxicosis demonstrated increased levels of anxiety and depression compared to the control group.

Unhappiness, regardless in what form, seems to be a predisposing factor for developing many disorders, physical or mental. On the other hand, pleasant experiences and pleasurable activities seem to reduce stress, improve overall wellbeing, and recover the function of the immune system, which is the critical factor for dealing with thyroid disorders. The question is how did you become unhappy,

## **Svetla Bankova**

why did you stay there for such a long time, and what can you do to change this background? The answer of this question probably can be found in the three grand essentials of happiness: something you enjoy doing, something to love unconditionally, and something to hope for. But before that, let's see what psychosomatic medicine is about and examine the anatomy of stress and its neurological and biological components, so we can achieve better understanding of the unhappiness factor in general.

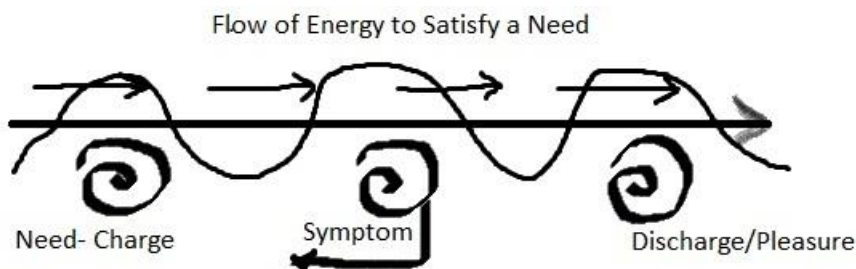


If we could give every individual the right amount of nourishment and exercise, not too little and not too much, we would have found the safest way to health.

Hippocrates

## Introduction to Psychosomatic Medicine

The word “psychosomatics” incorporates two words: mind (psyche) and body (soma) and refers to the connection or the interaction between the body and mind and specifically how the mind affects the body. Accordingly, it is an interdisciplinary medical field studying the relationships of social, psychological, and behavioral aspects on bodily processes and quality of life in humans and animals. Therefore, I’ll consider psychosomatic illness pertaining to a physical dysfunction (disease) that is primarily caused by some form of emotional or mental dysfunction, but also due to physiological and psychological needs that have not been met. Energy and emotions that have been put on hold or restrained may turn into a symptom or disease. I consider thyroid disorders psychosomatic disorders, because I believe their roots are located in the psyche. I hope that this book will convince you of the same.



**If the flow of energy is interrupted to whatever reason and the need is not satisfied, it turns into a symptom and when done repeatedly, into a disease**

Dr. John E. Sarno is a physician, one of the biggest supporters of psychosomatic medicine and head of the outpatient department at the Rusk Institute of Rehabilitation Medicine at New York University Medical Center. He is also an author of a few books on psychosomatic medicine which I simply enjoyed reading: *Healing Back Pain: The Mind-Body Connection* (1991); *Mind over Back Pain* (1999), *The Mind- body Prescription: Healing the Body, Healing the Pain* (1999), and *The Divided Mind: The Epidemic of Mind- body Disorders* (2006). His theory revolves around the belief that a lot of painful symptoms, whether they are skeleto-muscular, gastrointestinal, or other, are an unconscious distraction to support the repression of deep unconscious emotional issues. In other words, it may be preferable for some people to have physical disorder or physical pain than to experience deep emotional pain (unconsciously of course!). As a body psychotherapist, I could not agree more with him. I also have applied and experienced his theory in practice once, healing my own lower back pain. This how everything began:

A few years ago, I suffered from debilitating lower back pain for about eight long months. I did not injure myself, or at least, I don't remember any serious accident. Yes, it seems I physically overworked myself in the garden with yard work, but it was nothing special that I haven't done before. My back pain was very different this time and literally scary. I had to stay in bed most of the time; many times, I had difficulty driving and even going down the stairs took me forever (which I could usually do in a few seconds). I stopped exercising and doing any physical activity, except dancing, which was strange. How could I have difficulties walking, but still be able dance? I became suspicious. X-rays did not show any serious damage to my disc, just the normal wear out typical for people my age. Unfortunately, going to chiropractor three times a week for a month did not help at all. I was practically disabled, nobody knew why, and the situation was getting worse and totally out of control. Then, a friend of mine mentioned Dr. Sarno's book *Healing Back Pain: The Mind-Body Connection* (1991). I, eager to try anything that may help, ordered the book immediately (after reading the reviews on Amazon, and they were pretty impressive). All I did was read that book, exactly as the author says, and as a result of it, to stop being afraid of the pain. That was all. I also realized which emotions were paralyzing me: mostly my rage and resentment. Since I was no longer afraid of the pain, I started to exercise again, little by little, and my body recovered slowly on its own. It was able to re-structure itself because I removed the psychological reason- the fear, on a conscious level and analyzed my suppressed emotions. My body was no longer stiff and rigid; it became vibrant and flexible again. I still believe that everything was on emotional and psychological level first and then on body

level. Of course, I arrived at these conclusions later, after the pain was gone. You may ask how I didn't realize this connection at the time of my suffering. Well, you can't think clearly in the middle of a tornado, or when you are in such pain. At least I can't. I had some good assumptions at the time, but as you know, the surgeon cannot operate on himself; similarly, I couldn't really 'fix' myself at that time or cure my own pain.

You may also ask why a person would prefer, even unconsciously, to be diagnosed with or suffer a physical disease rather than resolving the emotional issues? That's a valid question.

There are many possible reasons and explanations of this phenomenon:

1. The person is not aware that the reason for his physical disease is an emotional or psychological problem. People are just skeptical and are rarely told by their physicians to consult a psychologist or counselor.
2. The person doesn't know what emotional issue exactly needs to be resolved or which one is causing the physical pain or the disease.
3. The emotions and feelings, suppressed in the unconscious mind are so "dangerous" that the person unconsciously prefers to experience physical pain than deal with his mental state.
4. It's more socially acceptable to be physically sick than to have mental problems, even though this is no longer such a stigma.

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5. People prefer to deal with something that can be seen, rather with something that is “imaginary” and has no physical form, or:
6. All of the above.

Speaking on all of this, I have to warn you: it's not the place or the time to call your “shrink” and cancel the appointment with your endocrinologist. You definitely should contact a psychologist, but don't cancel the endocrinologist. This is not the purpose of this writing. It is to educate you, so that you can make an informed decision on how to handle your health, mental and physical, now and in the future. It is to make you more conscious about what is going on in your body and your mind, so you can speed up the healing process.

If you are still wondering if the above statements aren't just some “psychological speculations”, I assure you that there is plenty of research on the subject. I would like to share with you some psychological observations, conducted decades ago, that are still valid to a big extent even today. Stay with me.

**“Whenever a doctor cannot do good, he must be kept from doing harm.”**

**Hippocrates**

## **Psychological observations on thyroid patients.**

The past century is rich with scientific research on emotional and psychological factors contributing to thyroid disorders. I have to admit that most of my valuable findings in this aspect dated 60-80 years ago, but this data is still valid today. Hyperthyroidism, for example, may be precipitate by a variety of factors, but the most common, considered by many psychosomatic doctors back then was the psychic trauma or intense emotional conflict. The importance of emotional factors is borne out by the constancy with which emotional disturbances precede the onset of the illness and by the striking similarity of the emotional factors and the personality structure of the patients examined.

A number of investigators have reported upon the psychodynamics of the hyperthyroid patient, which, in general, confirmed my own personal observations and what my clients have shared in their emails to me for the past ten years. The analysis of a few women with hyperthyroidism impressed Conrad in 1934 with their extreme dependence upon the mother, their fear of losing affection and shelter, of the burdens that are involved in assuming the maternal role, and the resulting difficulty of making identification with the mother. Conrad also studied a great number of patients with different anamnestic tools and found a statistically significant incidence of losing the mother during early infancy, especially during childbirth. It was suggested that these patients developed extreme sense of responsibility and maturity, not typical for their age. Some of the male patients also revealed an excessive

dependence upon their mothers and unusual attachment to their parents. It would appear that the specific factor, common to all the patients, is difficulty in exchanging the role of being nursed for that of nursing.

Some other researchers, like Brown and Gildea in 1938, were surprised by the similarity of characteristic personality features which were present before the onset of the clinical syndrome in the fifteen patients that they studied. They noticed that the patients had some of the following characteristics:

- extreme feelings of personal insecurity;
- a strong sense of responsibility;
- a tendency to control the outward expression of emotions

They also found that any threat to their security, either by prolonged stress or by sudden emotional shock, could precipitate the hyper-function of the thyroid gland. Although these authors do not emphasize it, an impressive struggle against insecurity, with attempts to master it by one's own efforts, is apparent in the reported histories of their patients.

Anamnestic interviews of twenty-four patients conducted by Ham, Carmichael, and Alexander in 1949, together with members of Psychiatric Department of the University of Illinois confirmed the findings of the previous researchers. Particularly, the confirmation was in reference to the significance of fear and anxiety, the marked dependence upon parental figures and the excessive insecurity. The opposite trends of efforts toward assuming

responsibility, achieving maturity, becoming self-sufficient, and taking care of others were also discussed in details by the authors. The main objective of their study was to identify the typical psychodynamic pattern, in which these various psychological factors are related to each other. Careful analysis of the data revealed a psychodynamic pattern, which appears to be common in both men and women with hyperthyroidism. Threat to security in early childhood or infancy appeared to be the dynamic core and was frequently related to pronounced fears of death, to which most of these patients had been exposed early in their lives. This is in accordance with Conrad's demonstration of a high incidence of the loss of the mother during early life. However, that was not the only source of fear and insecurity these patients displayed. An unhappy marriage of the parents, instability of personality in one of the parents, parental rejection, extreme forms of economic stress, birth of a younger sibling in large families, which led to actual neglect, and still other life situations served as sources of the fear and insecurity which the patients exhibited.

Threat to security in childhood is a very common finding both in neurotics and in healthy individuals. The manner of handling this insecurity is characteristic for patients with thyrotoxicosis and thyroid disorders. Because of the external circumstances described above, these patients cannot overcome their anxiety by turning to their parents for help. Since they are frustrated in their dependent needs, they could make a desperate attempt to identify themselves prematurely with one of the parents, usually the mother. This premature identification is beyond their psychological and physiological capacity and results in



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a persistent struggle to master the anxiety and insecurity by pseudo self- reliance.

What else was found in these investigations?

- patients are frequently forced to take premature responsibilities
- compulsive urge to undertake those activities which are most feared
- assumption of the dutiful role of motherhood is that they become second mothers for their siblings
- compulsive urge to become pregnant in spite of fear of pregnancy
- attempt to master fear by self- sufficiency
- fear of death is mastered by a wish to give life to children
- the loss of a mother is combated by becoming a mother
- high incidence of phobias
- frequency of dreams of death, caskets, ghosts, and dead persons
- protective attitude toward younger siblings- represents an overcompensation for sibling opposition and requires a repression of hostility
- pseudo- maturity

- excessive care of others- to master anxiety by self-sufficiency
- active participation of the support of the family

As you can see, these observations were made more than 80 years ago. I am not convinced that all thyroid patients will exhibit all of the above characteristics, and these characteristics and traits will be necessarily the reason for their thyroid disorder later on in their lives. We live in different times and different circumstances, but these factors in slightly different forms are present even today. It is worth discussing them, because the ultimate question still remains unanswered: why do these patients react to insecurity with progressive effort toward maturation and not by regressive symptoms? Regardless of the answer, there can be little doubt that thyroid patients are the ones, trying to maintain a lifelong struggle against their anxiety by attempting to achieve self-sufficiency prematurely, and that this pseudo maturity may prove so stressful as to cause a break in balance, when the life situation makes the struggle impossible.

**Specific Dynamic Pattern in Thyrotoxicosis, as outlined by Franz Alexander in 1950:**

Franz Alexander is a psychologist and physician of Hungarian-American origin and is considered one of the pioneers of psychosomatic medicine. He is also the father of the term “corrective emotional experience”, so said: “The patient, in order to be helped, must undergo a corrective emotional experience suitable to repair the traumatic

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influence of previous experiences. It is of secondary importance whether this corrective experience takes place during treatment in the transference relationship, or parallel with the treatment in the daily life of the patient.” In other words, to be helped the patient needs to be “emotional”. Alexander also outlined the dynamic patterns of thyrotoxicosis in his book *Psychosomatic Medicine: Its Principles and Applications*: “Frustration of dependent longings and persistent threat to security (exposure to death and other threatening experiences) in early life → unsuccessful premature attempts to identify with object of dependent cravings → continued efforts toward premature self-sufficiency and to help others → failure of strivings for self-sufficiency and taking care of others → thyrotoxicosis”.

True or not, this is a possible and valid psychological explanation of thyroid disorders, and it is definitely worth considering for the purposes of their successful treatment. How do I and my personal history relate to all these observations?

**“What, after all, is the object of education? To train the body in health, vigor and grace, so that it may express the emotions in beauty and the mind with accuracy and strength.”**

**Annie Besant**

### **My personal history and how it relates to these psychosomatic observations**

I don't know if you've discovered yourself or your personal story anywhere in these patterns, but I did, to a big extend. I come from a generally dysfunctional family, where my father's behavior was commonly unpredictable. There was this sense of insecurity about what would happen next, as his emotions were changing very quickly, so we never knew what to expect and what comes next. I was feeling insecure. My mother was generally obedient and not very happy of how the things were going, but divorce was unacceptable in our family. Both of my parents were very conservative, rigid, and very concerned about what the “people would say”. They argued about insignificant things, and they still do. Their marriage is over 40 years old, and they still live together. I love them both, no matter what.

I have a brother, three years younger than me and when we were younger; I would take care of him and help him with all school projects anytime he needed help. My parents were working full time jobs during the day, so they

did not have the capacity or willingness to write papers, or help him with school projects and I was the only person who could help. My brother wasn't interested in school or books at all, and he is still not, even though now he is doing just fine with his life and family. He is married for fifteen years now and has two kids- my niece Michaela, 11 years old, and my nephew Gabriel, 14, at the time of this writing. Finally, both I and my brother, are doing relatively well in life, different from each other, but still in a great relationship.

For many years, I thought that my parents, especially my mother, loved my brother more than they loved me, as they would express more interest in his life and they would be more protective to him. Looking back, I think I was very jealous about this fact. Later, I found that they loved us both, in different ways. They just thought that I could manage my life without, or with a little of their help, as I was more mature and responsible, and he was not. I think I became mature, because it was expected from me, not because I wanted it that way.

I wasn't supporting my family, but I started with summer jobs when I was fourteen. I have never stopped working since then, even when I was in college, or when I was pregnant. I was considered reliable by all my relatives, and very responsible. I was also very serious, I rarely smiled, or expressed emotions; it was not very acceptable to do so in the family either. I learned to hide my emotions, and I considered that safer for my wellbeing, for many years. Nobody knew what I was thinking, or feeling and I didn't either for many years, as I was totally disconnected from my body. I was one big, thinking head, nothing else,

and I had to learn feelings and emotions all over again. I assure you that it wasn't fun or easy process at all.

During my school years, my father was very proud of me, as I was doing very well at school, and all relatives expected me to go to college, and get a degree, which I did, of course. I have not one, but three degrees, and that's how I fulfilled their expectations and dreams. I did not drink alcohol, or smoke pot, never tried drugs, and never had any reckless behavior. I was almost the perfect child, and I was very responsible for my age. Was that good or bad? I don't know. That was the way it was. I can't change the past, thus, I made a peace with it.

This psychological profile of mine, worked through many hours of personal therapy as part of my psychological education, helped me to better understand my ailments and what might be the deep, profound cause for some of them, hypothetically speaking. Going back to my childhood helped me realize what might be the roots for my condition and the things in my life I couldn't change back then. It was part of my destiny, given to me by default, and I had to deal with it with my immature mind but mature personality. I didn't do the mistake to blame anyone, parents, relatives, or siblings for my childhood. They did the best they could and the best they knew how. I forgave what needed to be forgiven, and moved on with my life. Because, yes, I had some pre-disposing destiny, but now, I was an adult and could make my own choices. This is where my responsibility, my free will and my choices began.

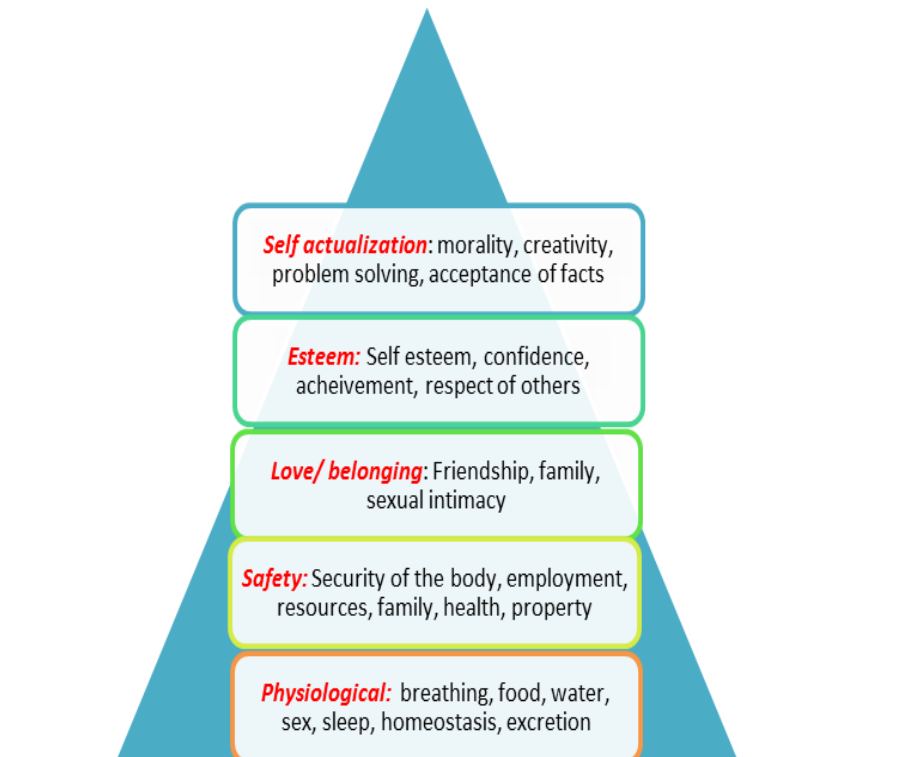
**“Healing is a matter of time, but it is sometimes also a matter of opportunity.” -Hippocrates**

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“When we confuse the needs with the desires; all the struggles we take lead to failure and disappointment.” —  
M.F. Moonzajer

## The Hierarchy of Needs Theory

Bluntly put, you have the free will and variety of choices in life, so you can be healthy and happy. Yet, this is not happening. A principal reason that should be taken into consideration: your needs are simply not met. One of the most popular theories regarding human needs belongs to Abraham Maslow's. It was first suggested in 1943 in his paper "A Theory of Human Motivation" in Psychological Review.

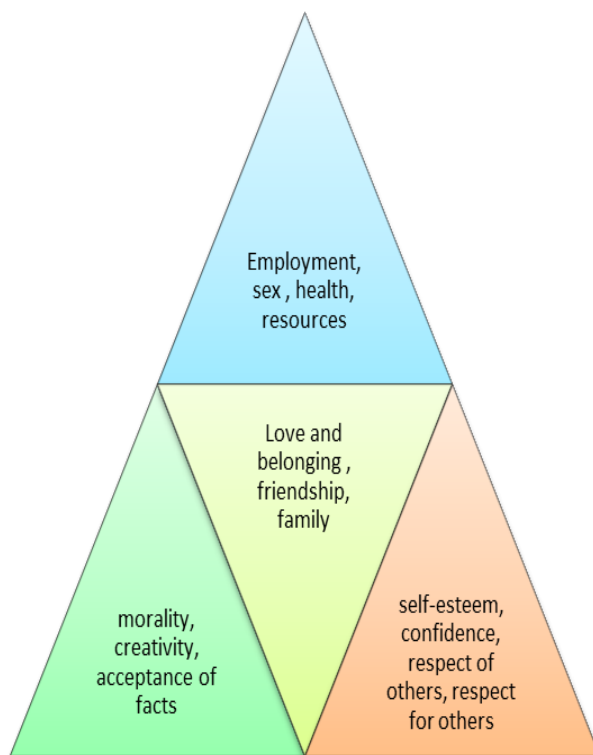


While Maslow's theory is used widely to explain the Theory of Human Motivation, it can also demonstrate the basic human needs as well. Physiological needs are the physical requirements for human survival. If the physical needs are not met, the human body cannot function well and will die. Physiological needs, per Maslow, are considered the most important; they should be met first, and I do agree with him. If you don't have freedom, or if you are hungry, who cares about self-actualization? However, his theory is widely criticized on a few grounds. For example, sex is considered a basic need, and while it is important for the survival of human race in general, it may not be an immediate need. Many people can go on prolonged periods of time without having sex, and I am not saying that this is healthy in any aspect, but it does not threaten their physical survival by any means. Intimacy though is something completely different. Maslow also calls the first four needs "deficiency needs", meaning that if they are not satisfied, the person will experience negative emotions, but if they are met, the person feels nothing. I do believe, though, that satisfaction or non-satisfaction of a certain need always has its consequences: if it is satisfied, a person will feel happy, relaxed, and content. If not- this will create feelings as frustration, anxiety, anger, and distress.

Although Maslow's theory probably is not perfect, and in fact, is a "motivational theory", not a "health theory", I would rather turn it upside-down, for the purposes of this writing:



## Mental, Emotional and Psychological Aspects of Thyroid Disorders



If morality, creativity, spontaneity, lack of prejudice and acceptance of facts go in the basics of this pyramid, followed by self-esteem, confidence, respect of others, and respect by others, then probably our physiological needs, the need of love and belonging, as well as safety will be better satisfied. This is where the concept of disease can be introduced. Maslow's pyramid, for me, has one basic shortcoming: it is based on the assumption that material matter will ensure emotional wellbeing, prosperity, and health. If you are not physically hungry, you should have, let's say, higher self-esteem; or better employment may lead to lack of prejudice...Is that right, in fact? Many people, to my opinion, do not have enough sex, love, health, and financial resources due to lack of confidence and self-

esteem, and people with thyroid disorders are no exception of this rule. If a person is not confident that he “deserves” whatever he longs for, or doesn’t have the necessary self-esteem to achieve what he needs, he will be unhappy, and he will not be able to tolerate or handle problems and stress successfully. That specifically pertains to the “thyroid person”. Stress may create or trigger unhappiness, but how you handle stress in general depends on your self-esteem, self-confidence, and self-respect, which we’ll discuss later in this book.

**“Everything that happens to you is a reflection of what you believe about yourself. We cannot outperform our level of self-esteem. We cannot draw to ourselves more than we think we are worth.”— Iyanla Vanzant**

## **The Neo- Reichian Theory. Prof. Waldo Benaskoni's Hierarchy of Needs.**

Another theory regarding human needs belongs to Prof. Waldo Bernaskoni and is presented in his Neo-Reichian theory, which further develops and expands the theoretical and practical work of Wilhelm Reich and Alexander Lowen. Prof. Bernaskoni created the so called "Theory of the Five Movements" (1992), which incorporates not only the basic social and physiological human needs, but also the actual movements and actions through which these needs can be met. Accordingly, the deprivation of these needs may lead to stress, unhappiness, and finally, to a physical or mental disorder. I studied this theory for almost five years, and I am proud to be one of Prof. Bernaskoni's students. I have to add here that while the basic structure of this Hierarchy of 5 Needs belongs to Prof. Bernaskoni, I have added my interpretation of it, the way I understand it, and the way I have applied it. Since English is not my primary language and this is a translation, in order to be clearer I had to use not one, but a few words to explain the meaning of it.

According to the Neo-Reichian theory, all humans have five needs: belongingness, acceptance, nourishment, sensory need, and sexual need (intimacy). The Theory typically revolves around the following questions:

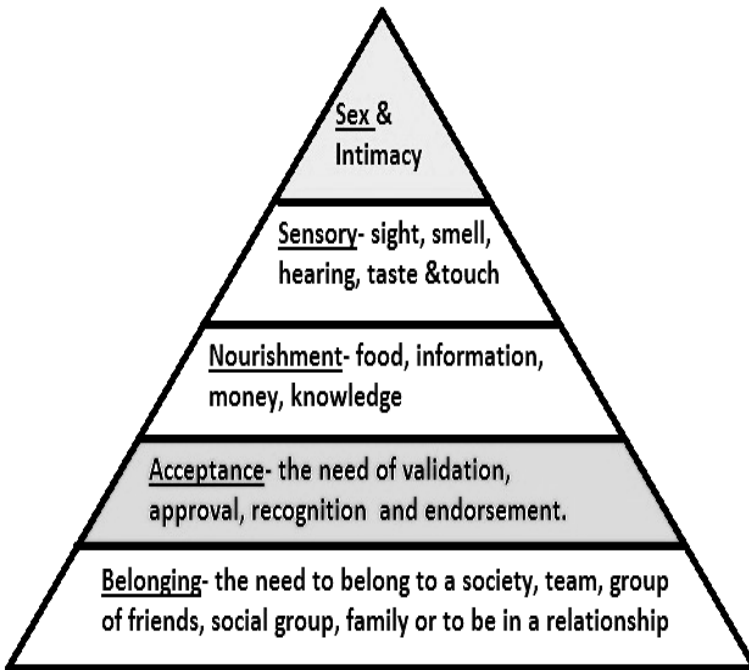
What are you needing/craving at this particular moment, here and now?

What are you sensing and feeling when your needs are met/not met?

Can you tell the difference between your physical, emotional, and psychological hunger?

What do you typically crave, physically and emotionally, when an emotional hunger arises?

What do you do when you sense a certain need? Do you ignore it, or do you pursue its satisfaction?



**Belongingness:** to feel a sense of belonging in a social group, regardless if this group is large or small, or consist of just two people. For example, some large social groups may include social clubs, co-workers, religious affiliations, professional organizations, sports teams, and even gangs.

## **Mental, Emotional and Psychological Aspects of Thyroid Disorders**

Some examples of small social connections include family members, intimate partners, mentors, colleagues, and friends. In the past, if the person did not belong to the tribe or the clan, it was equal to death and he could not physically survive. Isolation has been used in many tribes to punish the individuals, who did not comply with the norms of the tribe and that punishment subsequently led to their physical death. People need to belong first somewhere, in order their other needs to be satisfied.

**Acceptance:** All humans need to feel supported, recognized, validated, endorsed, appreciated, or approved for their appearance, behavior, qualities, talents, or abilities. It's the confirmation that you are "OK". While many people today can easily find some sort of a group or organization to belong to, and many of us do have families, it doesn't necessarily mean that they are validated and endorsed, or even recognized for their abilities, talents, and skills. If they are not, they become frustrated and unhappy.

**Nourishment:** This term is used in its very wide implication and interpretation. Nourishment pertains not only to physical food and water; it also includes acquiring knowledge, information, finances, and anything that "feeds" and nourishes us physically, mentally, or spiritually. The more nourished we are, the happier we are. If we have access to good food, if we can afford it and have enough money, then the better we'll feel. Access to information is also important- in the form of education, knowledge on different subjects and matters that are interesting for us.

**Sensory need:** This includes the need to satisfy all the five senses: sight (ophthalmoception), hearing (audioception), taste (gustaoception), smell (olfacception),

and touch (tactioception). The one I consider most important is tactioception, or touch. Physical contact represents the need of every human to be touched, massaged, cuddled, hugged, held, and caressed. It is vital and critical for the survival of the baby to be held and touched and grown adults are no exception. The need of physical contact does not disappear when children grow and become adults, it just doesn't have that vital importance for their physical survival. This need, unfortunately, is grossly ignored today.

**Sex and intimacy:** The need of sexual intimacy originates from the need of humans to reproduce and to provide the survival of human race in general. Sex is located on the top of the pyramid, and its quality depends on the satisfaction of all other needs preceding that need. I consider orgasmic sex to be very important. It provides the shortest way to physical, emotional, and mental discharge. If a person has a sense of belonging, she/he is accepted and validated, his physiological needs are met, and then his/her sexual experiences will be most satisfactory and pleasing. If this need is met, as with any other need of course, the person will experience relaxation and distension (which is the opposite of tension).

The first two needs are considered *social needs*, while the last three are purely *physiological needs*. They all need to be properly satisfied, in order to provide physical and mental health, as well as a sense of happiness for human beings. This is the place, in fact, where most of the people fail. They may be aware of their needs, in one aspect or another; however, they may not necessarily have the capacity to pursue and fulfill them. People today are also willing to invest more energy in satisfying their social

## **Mental, Emotional and Psychological Aspects of Thyroid Disorders**

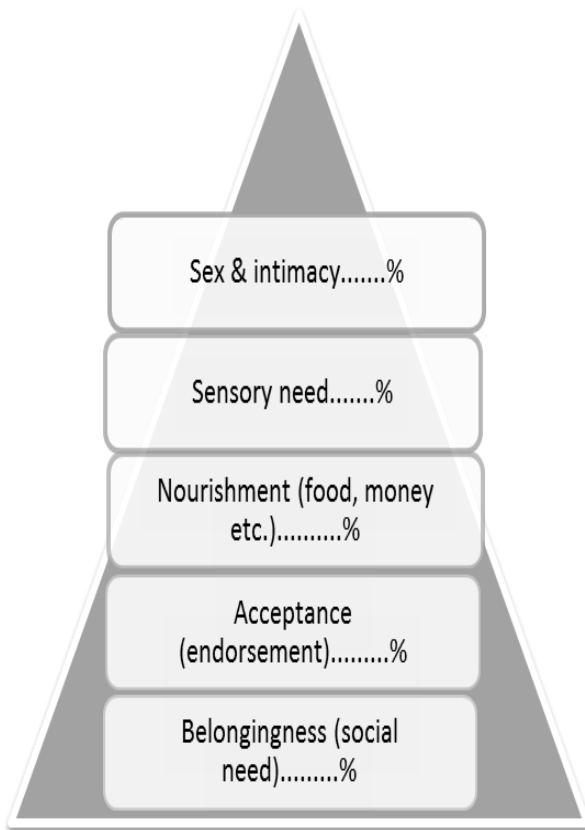
needs than their physical needs, which in return creates more physical and health problems than we can imagine.

The satisfaction of any need is done through another person or a group of people, which we'll call collectively "YOU".

### **Exercise: Are your personal needs met?**

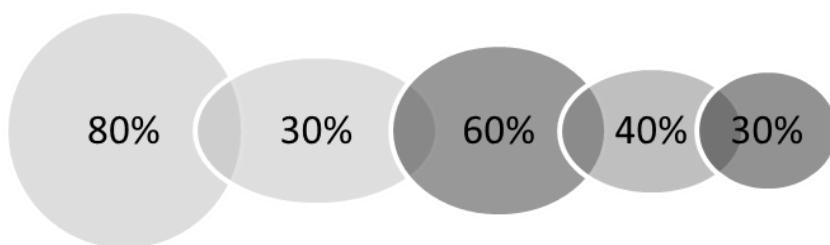
Using the same pyramid, try to determine for yourself what percentages of your needs are met at this particular moment. You don't need any special math skills here; just write down the first number that comes to your mind or what your intuition tells you because it's usually the correct one. You can use the example pyramid on the next page to figure out how satisfied you are with your present life situation.

**Example:** Let's say that your need of belonging is met at about 80%, i.e. your feeling of belongingness to a family, social group, church, team, or relationship is about 80% (examine the group that is the most important for you). You may also feel validated only at 30%, your need of nourishment could be satisfied at about 60%, sensory need at about 40%, and sex & intimacy at 30%. (This is just an example!)





## Mental, Emotional and Psychological Aspects of Thyroid Disorders

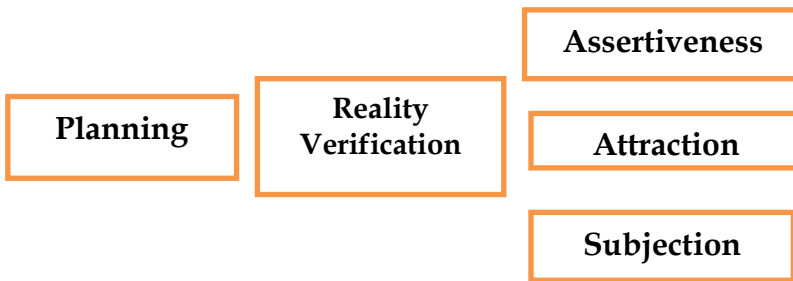


Add up the numbers above:  $80+30+60+40+30=240$ . Now, divide the result by 5 (which represents the total number of your needs) =  $240/5=48$ . 48% is the percent of your satisfaction in life right now. Your needs are met at 48%. That means that you are 52% unsatisfied, or you have a 52% chance of getting physically or emotionally sick because of this situation, if it continues for a long time. “A long time” is subjective term of course; it could be a year, two or even more. But how does this sound to you? This is a pretty good chance to get sick, I believe. And that is not all. This can change, once you realize which needs are not being met, so you can try to get more satisfaction from life and be happier. It’s all possible and in the next chapter I will explain how it can be accomplished.

## The Theory of Five Movements

This theory won't be complete if I don't give you the methods you can use to meet your needs. There are five movements, as described by Prof. Bernasconi (1992), which may secure the fulfillment of these needs, physical and social (again, the translation and interpretation is mine):

### The Five Movements



**Planning:** This is a basic, passive movement, which pertains to the preparation and arrangement of the next step, or as we like to call it nowadays “goal setting”. It is realization and identification of what the person actually needs at that particular moment and how to obtain it. It is the comprehension, for example, that you are hungry, physically or intellectually, or that you need your sensory needs to be fulfilled. It is the sense of awareness, first, what are you missing and then considering the available to you methods and tools for satisfying this need. We cannot move

on with our lives without planning our next steps and our goals.

**Reality verification:** It answers the question of if it is possible to satisfy this need in practice, how and when? I may have the need to become a ballet dancer, but do I have the physical abilities and capacity to become one? I may recognize a need to go on vacation, but if I don't have the money to provide for my shelter right now, that need may have to wait for better times. I am not saying that because of some hurdles and limitations, you should not chase your goals or dreams. You should, by all means, just make sure you know how much energy and time it will take you, and if this is within your human abilities. The reality verification could be a passive or active movement.

**Aggression/ Expression:** Aggression, in its broadest term, is often associated with an offensive behavior, or a disposition that is forceful, hostile, or threatening. However, for the purposes of this writing, I would like to consider aggression as an active movement aiming to achieve the satisfaction of a specific need. It can also be described as a fight-or-flight response. In the context of the fight or flight response, emotional regulation is used proactively to avoid threats of stress or to control the level of emotional arousal. Aggression, as a psychological positive term, could be used also to describe proactivity, assertiveness, protection, goal-oriented behavior, or an escape in case of a danger. Aggression also has passive and active meaning. Aggression also means standing up for your rights, protecting your boundaries (physical or emotional), and what belongs to you; it means being creative and proactive in life. It means boldness, decisiveness, and confidence.

**Attraction/ Seduction:** The word “seduction” has its roots in the Latin word “sedure” and means literally “to lead astray” or “attract”. In its widely used negative meaning, it stands for temptation and enticement, often sexual in nature that may lead someone astray into a behavioral choice they would not have made if they were not in a state of sexual arousal. However, for the purposes of this writing, I would describe this active movement as a form of high diplomacy and negotiation that may result in satisfaction of a certain need. In the Bible, Eve offered the forbidden fruit to Adam, Persian queen Scheherazade saved herself from execution by story-telling, but seduction does not always have a sexual meaning. Exchanging gifts between country leaders is a form of seduction; it conveys good intentions for both sides. Seduction may also be explained in terms of strategizing the best possible move to achieve a certain goal or satisfy a certain need, it may also mean bartering. It is, for example, the fair negotiation between an employer and employee: the employee will provide services for which he will be awarded later financially. It could be also a mutual agreement between husband and wife: she will take care of the house and the kids, and in return, he will provide her with financial and other support. It is the negotiation for your needs to be satisfied in return of a service, favor, or effort (physical or psychological).

**Obedience/Submission/Subjection.** Obedience, surrender, or subordination pertains to compliance with an order, request, law, or submission to another's authority. It's a form of conformity and agreement, an action in accord with prevailing social standards, attitudes, practices that may result in satisfaction of a certain need. For example, if

a person is attacked by an armed criminal his need will be to survive and to save his life. Obedience in this case is the right movement. The reconcilability with certain circumstances may become critical for survival of the individual, physically, emotionally and mentally. It also represents the ability to be adaptable and agreeable, if the circumstances require this type of behavior and it is of your best interest at that particular moment. It means to obey your own needs, here and now. It is the ability to ask for help and support when you most need it. Many people associate this movement as being ‘weak” or flabby. We’ve often been taught that if you ask for help that automatically means you are a pathetic, weak person. As a result of that poor understanding many individuals will work themselves to death but will not ask for help. This is particularly true for people suffering from thyroid disorders.

Obedience is actually the first movement that baby experiences at his birth. The baby depends unconditionally on the mother. It is not able to give anything back for everything that is provided by his mother or caregiver: food, gentle physical contact, safety, support and unconditional love and care. But yet, at some point of his life the child finds that movement is no longer beneficial. May be the baby cried and the mother was not around to respond to his needs, or something else happened. Or he heard words like “You cannot be weak,” “Boys don’t cry,” etc., and now obedience is claimed and perceived as a negative feature. The child will learn that asking for help, expressing his needs or desires, or begging is the behavior of a loser, which is totally wrong, because, as we all know,

“No man is an island”. Obedience is connected to “trust” in general.

Most of the people are familiar with and apply well only one or two of the above five movements due to different traumas during their childhood, which may not necessarily be a single traumatic event but just the way they are raised by their parents (it’s not their fault either!). I will not go in details what kind of traumas people may experience to limit their abilities later in life to satisfy their needs. “Trauma” should not be discussed only in the terms of single negative traumatic event. It could be a chronic negative condition or situation as well (family or social). Some traumas are not noticeable at first glance, they may be very subtle, like an absent father, alcoholic mother, verbally abusive relative, child, or being forced to take care of siblings, etc. “Trauma” is a very subjective term in psychology. I had clients who lived in a seemingly “normal families” and were severely disturbed mentally; others spent years in war conditions and did not have any serious mental problems even though their lives were brutally affected.

Many of us get “fixed” in one or two of the above five movements, which means we are comfortable implementing only few of these movements to satisfy our needs. For example, someone could be very successful in planning and goal setting, but he may never be able to make the move to satisfy their needs. Other will be obedient and agreeable with others for most of the time, she/he will not know to set a goal, be proactive, or be able to defend their “territory” and set boundaries. In most cases, the Ego, a person's sense of self-esteem, self-importance, or misinterpreted dignity and false pride will stand in his/her way of satisfying their

needs. And the difference between health and sickness is this misplaced “I”.

As a result of these deviations and inability to use all available movements, the individual’s needs may remain unsatisfied for a long period of time and subsequently cause a disease. But why are some people more likely to look for their needs to be met while others just disregard and ignore them and suffer physically and mentally?

There could be many reasons for such behaviors, but most of all, it pertains to their personal traits, character, personality, and most of all to their self-esteem and self-love ability. In the next chapters I want to introduce to you my concept of self-esteem and I why I believe it has such a critical role and tremendous importance for the onset of thyroid disorders, or any auto-immune disorder for that matter.

**“You yourself, as much as anybody in the entire universe, deserve your love and affection” – Gautama Buddha**

## **The Concept of Self- Love for the onset of Thyroid Disorders**

### **Thyroid Disorders-A Missed Call for Love?**

Despite recent advances in diagnostic procedures and the development of new techniques for removing or correcting the function of the thyroid gland, the enigma of thyroid disorders remains unsolved. Why the thyroid starts functioning abnormally, why thyroid medication can succeed in correcting the function of the thyroid gland in some people and not in others, still cannot be explained by the science.

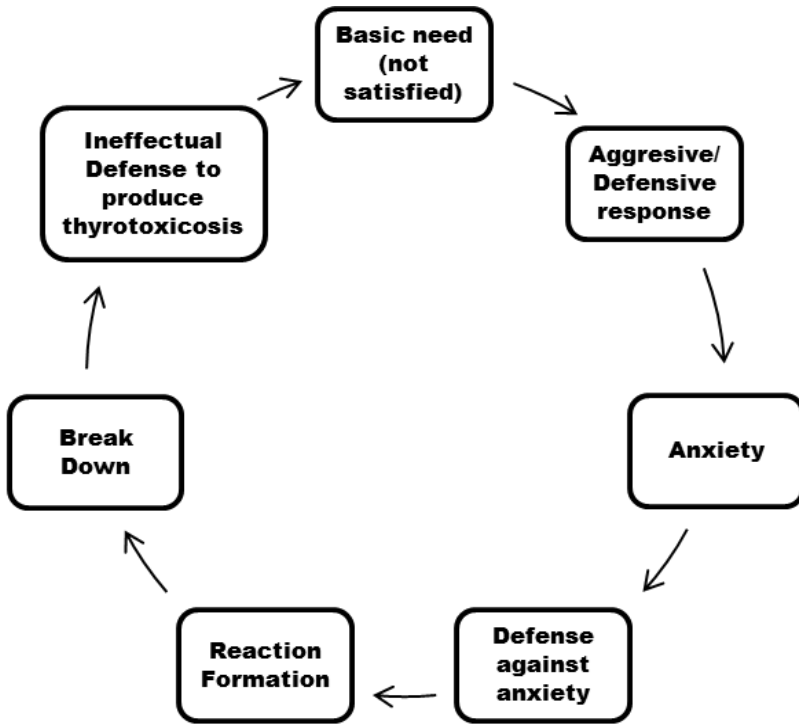
As we already saw, a relationship between severe emotional shock and the onset of thyroid disorder has been noted by clinicians since the first descriptions of the disease. There are many cases in which the illness starts immediately or soon after a severe shock or trauma, however, the presence of emotional shock is not the only imperative for the appearance of thyroid disorders. It appears that the presence of extended emotional disturbance or stress, even in cases where is not so evident, is not a good enough reason for the onset of these disorders. There is more that needs to be taken into consideration.

As a formal Graves' disease patient and after communicating with many people with thyroid disorders in the past ten years I came to the observation that most



people with hyperthyroidism for example (including myself) tend to be friendly, out-going, and likeable persons, perhaps because they have unconsciously cultivated ways of being liked, usually giving much and asking little. That ability, in my opinion, is connected with their ability to gain affection and protection by doing for others. They concentrate their efforts on gaining the affection of a parent, a child, friends, and a group of people or a spouse by self-sacrifice. Unless they can give of themselves they feel unwanted and rejected. Even though they are unable to "assert" their own needs openly, they nevertheless expect unswerving fidelity in return for their over solicitude. That's the way they are able to easily control the people around them (unconsciously) and that's how so called "neurosis of power" is created. As a result, the person is left helpless, betrayed, and enraged. It appears that the basic need of these patients is for more love than they can get at that particular moment for whatever reason and at certain point, the disease starts to manifest on different levels. For me, this is one of the basic psychological reasons for the onset of thyroid disorders in most people- inability to communicate their need for love, as well as to receive love. The structure of this psychological phenomenon may be explained with following scheme:

Basic needs (love, food, acceptance, sense of belonging, sexual needs, etc.)- **not met** due to different reasons (rejection, inability to ask, etc.) → Internal Aggressive Response/Resentment → Anxiety → Defense against anxiety → Reaction formation (grandiose display of independence or/and affection) → Break down → Ineffectual Defense Structure with overwhelming anxiety is apt to produce thyrotoxicosis.



How do we explain biologically the connection of thyroid disorders and love? Is there such connection at all? Yes, it seems there is. Abdulrahman Alkhwaiter, a Doctor of Natural Medicine and one of my subscribers, explained this connection for us. He was also so kind to allow me to publish his findings on my website, so everyone can read them. Now, I am including them in this book for your convenience:

*"Svetla,*

*I wanted to elaborate on your discussion of Thyroid disease and the link to mental stress or emotional shock:*

*During heavy stress situations, the Adrenal glands in both humans and animals respond automatically. Since the animal and human body is blind to the actual situation, it considers that the shock is a physical one (even when it is a purely emotional issue such as death of spouse or divorce), and the Adrenal gland is commanded to excrete high levels of several Adrenal hormones by the master gland, or Hypothalamus gland located near the brain.*

*These hormones include adrenaline, cortisol, and other catabolic hormones secreted into the bloodstream, in anticipation of a major physical injury which will require immediate rebuilding and repair of tissue. In addition, DHEA, an Anabolic (good) hormone produced by the Adrenals is sharply reduced in output. Therefore, the catabolic hormones are the most dangerous in the short and long term, because these begin a physical breakdown (catabolism) of human tissues to release isolated amino acids such as L-Glutamine and other agents such as minerals (copper, zinc, sulfur, Iron ) to be used to rebuild the "damaged" tissues when the physical injury occurs. It is these internally generated chemicals that, when produced in high quantities, are directly responsible for the destruction of tissues such as the Thyroid gland. Those people undergoing emotional shock who have a robust thyroid gland and robust organs can resist this attack and recover with no long term effects. Many others do not because they have unhealthy organs to begin with which are barely functioning, and the result of this chemical attack then become permanent damage. Can it be repaired? Yes, but it requires highly scientific nutrition based upon a deep biological understanding. You, yourself, are one example of someone who has done just that. And what does*

Svetla Bankova

*love have to do with it? External Love and deep internal satisfaction causes the Hypothalamus gland to command other glands to release large amounts of anabolic hormones such as HGH, DHEA, Testosterone, IGF-1, and others, which have the opposite effect as compared to the catabolic hormones. Also, Cortisol, Adrenaline, and other catabolic hormone levels sharply drop in response to commands from the Hypothalamus during this time. The end result is the ability to rebuild damaged tissues that were adversely affected during the emotional stress period.*

*Wish you well,*

*Abdulrahman Alkhowaiter*

*Doctor of Natural Medicine”*

So said, love and be loved in return. If you can't get that love from an external source, love- yourself even more. Because the relationship with yourself is the only one that matters and it will last through your entire life- from your birth to your death.

**“Loving yourself...does not mean being self-absorbed or narcissistic, or disregarding others. Rather it means welcoming yourself as the most honored guest in your own heart, a guest worthy of respect, a lovable companion.”-**

**Margo Anand**

*“Everything that happens to you is a reflection of what you believe about yourself. We cannot outperform our level of self-esteem. We cannot draw to ourselves more than we think we are worth.” — Iyanla Vanzant*

## The Role of Self- Esteem in Thyroid Disorders

The concept of love and self- love, in particular, is closely related to Self- esteem and Self- confidence. It is one of the deepest reasons why we ended up with a thyroid disorder, believe it or not. Self-confidence is not exactly the same as self- esteem, so don't get confused. Let's get the basics first.

*Who do we call a person with high self-esteem?*

The term self-esteem is multidimensional category, often referred to as “global self-esteem”. It may include intellectual self-esteem, social self-esteem, physical self-esteem, and several others that are still being researched. People can have good intellectual self-esteem, but low physical self-esteem, and vice-versa. That's why we'll discuss the so called “global” self- esteem.

Global self- esteem pertains to how we in general value ourselves, how we identify our value to the surrounding world and how valuable we think we are to others- our family, our children, co-workers and friends. Self-esteem is based on our ability to evaluate ourselves truthfully, to know ourselves well, our strengths, limitations and weaknesses and still be able to love ourselves unconditionally, without conditions and

hesitation. It is the knowledge about ourselves that we are worthy to be loved and to love in return. A good self-esteem can help us to take control of our lives, to handle difficult times, to learn and grow from our mistakes without judgment and fear of rejection. It helps us to keep healthy personal boundaries and relationships, the courage to say “no” when it is necessary and to take good care of ourselves, always. Good self-esteem will lead to non-blaming behavior, for us and for those around us; it will create healthy environment for us to develop and grow as humans, to the best of our abilities.

Good self-esteem also has nothing to do with being egoist or egotist, or being a self-centered or selfish person; it has nothing to do with an inflated opinion of your personal features and importance—intellectual, physical or social. The key difference here is being realistic about your qualities, versus exaggerating or understating them. Opposite to that, if you don’t have that good self-esteem, your behavior soon will lead to feeling unhappy, blaming others, mistrusting people, fear of being rejected, or ridiculed, feelings of being unloved or unlovable, inability to set healthy boundaries, inability to take good care of yourself, pessimism; feelings that you are not good enough for someone or something and you don’t deserve it, or your human ability to deal with difficult life situations. It will also lead to trying to be perfect (like something like “perfectionism” really exists), doing more and more things, until you are completely exhausted; allowing stress and overwhelm to step into your life because you couldn’t say “no”. All of the above, because, remember, you will always think that you are not good enough. Doing and serving the others above your limitations is a sign of low self-esteem.

Trying to be perfect or to do things perfectly is a sign of low self-esteem as well. This type of attitude and behavior will soon diminish your abilities to deal with different life challenges and consequently, will lead to sickness, mental or physical, thyroid or not thyroid for that matter. Certainly, you have to know the signs of unhealthy self-esteem, in order to be able to correct your behavior, way of thinking and actions, so here we go:

### 23 Possible Signs of Unhealthy Self- Esteem

(Please, check all that apply to you, I am not watching)

1. Overworking yourself to the point of exhaustion.
2. Not taking good care of yourself.
3. Suffering and going above and beyond your limitations, physical or mental, so that others can feel good and happy.
4. Not able to say “no” when you feel you need to do so.
5. Tolerating and accepting assaulting behavior, unnecessary criticism and people causing you harm.
6. Blaming yourself for all the things that went wrong.
7. Trying to be responsible for everybody, for their actions and behavior.
8. Doing things for people whom you don't like.
9. Being very critical to yourself and others.
10. Difficulty knowing who to trust and when to trust.
11. Thinking that other people are focuses on and critical about what you say or do.
12. Tendency to let fear and anxiety control many of your decisions.

13. Avoiding making changes in your life because you are fearful of making a mistake or failing.
14. Being very fearful of criticism, disapproval, or rejection.
15. Feeling guilty because you have your own needs and desires.
16. Staying in and keeping relationships that are abusive, insulting, or offensive.
17. Fulfilling unreasonable demands, because you are hungry for the approval of others (you can admit it to yourself, I am not judging you).
18. Feeling like a victim of people and circumstances and as a result, becoming emotionally stuck and immobilized.
19. Being unable to affirm or reinforce yourself positively even though, let's face it, you are an overachiever.
20. Being unable to make an honest assessment of your strengths, qualities, and good points, thus, you find it difficult to accept compliments or recognition from others.
21. Making decisions based on what would please others, rather than on what you want or without even considering what you want.
22. Feeling that others mistreat you, or take advantage of you.
23. Being unable to speak up for yourself.

The list is not complete, and it doesn't mean that if you have one or two features of the above once in a while you necessarily have low self-esteem. But if you checked many of the above, it's time to start thinking about yourself



differently. I am listing all these possible features of low self-esteem because you probably have already found yourself in above descriptions, to one extent or another. I know this because I am describing myself before I got sick with Graves' disease; I am also describing many people with thyroid disorders whom I met and counseled through the years. Most of them were hiding this low self-esteem behind high self-confidence, and long ago, I was doing that as well. Low self-esteem has the tendency to hide its face very well behind high self-confidence, otherwise, we'll look like losers to the world. But people suffering with thyroid disorders are never losers, they just don't believe in themselves, their abilities, and their value. That's all. Everything comes from that single, minor detail, and I will tell you why.

Low self-esteem, besides the "action" side (things that we do as a result of this low self-esteem), also has an "emotional" side, unfortunately. As a result of all of the above "wrong doings", people with low-self-esteem are very likely to accumulate a bouquet of negative emotions like: anxiety, sadness, irritation, frustration, annoyance, emotional sensitivity and liability, hostility, shame, aggression, resentment, embarrassment, loneliness, lack of spontaneity, constant self-doubt, and insecurity, this is just unavoidable. At some point, they will all result in inability to handle stress in general. We'll get to the emotions in one of the next chapters. But here are some real stories from clients, to prove my point:

*".....I was under a lot of stress when this all happened. I was separated from my husband, I was working two jobs, and I had custody of my two grandchildren, Daniel and Mary because their parents were*

*on drugs. I truly believe stress is the biggest contributor to Graves' disease. I was under a lot of pressure for several years. My parents were terminally ill. I quit my job to take care of them, and I was burning the candle at both ends of the stick for a period of five years. But even after the death of my parents, I still was under a lot of pressure working two jobs. Taking care of two ADHD children. It was not easy and made me very ill. But today, I have changed a few things. I applied for disability which I still am fighting for. That eliminated the stress of work. I still have custody of my grandchildren, but I got them a therapist to help out as they were devastated when I got sick. I reconciled with my husband and reduced a lot of the stress in my life. I am on a healthier diet, and I see my doctors regularly. I believe if you have Graves' disease it is a disease caused by stress--that is my personal opinion. I am now forty nine and was totally healthy before a very stressful five year period.*

*I hope my story can give hope to anyone with Graves' disease. There is help. I ordered some natural products for Graves' disease. I am still waiting for them to arrive, however, I have hope. My advice to anyone is start to enjoy life a little; you need to slow down, eat healthier, eliminate stresses--to the best you are able to. Learn to say NO to every little thing someone wants you to do. It may save your life. You can get your life back. God bless, I wish you well." As told by Viola in "Life Stories for Graves' disease".*

*".....For approximately ten months or so before my diagnosis, I was involved in a very stressful work situation with a co-worker that caused me a lot of anxiety and obsessive thinking. I experienced this person as abusive, and her manner of relating to me triggered a lot of painful memories from my past. I finally told my supervisor that I*

*was no longer willing to work with this person and would resign if necessary.” As told by Clarissa.*

*“.....Even though it is beyond the scope of this book for me to go into detail about the biochemistry of the disease, I will remind you that Graves’ disease is primarily a STRESS related condition. Stress will drive cortisol levels to skew your immune system towards what is known as “TH2 immune system rigidity” with increased levels of cytokines IL4 and 5 as well as IL 17. Stress and increased cortisol will also result in a condition known as estrogen dominance as cortisol will block progesterone at a cell receptor site level. Too much estradiol (a form of estrogen) is well known for suppressing the CD8 or T suppressor cells of the immune system, which causes it to lose control of its B lymphocytes, the antibodies responsible for the autoimmunity in Graves’ disease. Stress also causes leaky gut syndrome and the formation of immune complexes in the blood that also contribute to an overactive immune system. Natural therapies and detoxification protocols as well as hormone re-balancing are the means by which this can be brought back into balance.*

*Lastly, on a spiritual level, Graves’ disease can be seen as a denial of the true feminine energy, and the failure to listen to what it is telling you. As women, it is not our role to put everyone's needs ahead of our own, at the expense of what is important to nourishing ourselves. The rise of the divine feminine within us demands that we vocalize and meet our needs as well as be there for others.*

*Most women, myself included, have not honored or given voice to what we need to be whole, fulfilled, and happy. The throat chakra governs the thyroid and this all*

*to do with communication and expression. It is no longer enough that we are forced or force ourselves to be everything to everyone (whether we have families or not) while our own souls and what makes us happy are pushed into the background as though we don't matter.*

*We DO matter, and our energies are changing and quickening and what may have been an acceptable female role in the past is no longer applicable now. Nor do we need to attack ourselves because we feel guilty that we don't want to be what our mothers were or feel that we want something different for ourselves. The divine feminine is awakening, and she will be heard. She will bring power and balance to an outdated, oppressive masculine view of the world and show us the meaning of what it truly means to nurture - ourselves included.” As told by Juliette Lachemeier, Tropical North Queensland, Australia in “Life Stories for Graves’ disease and Hyperthyroidism”.*

*“.....I don’t know when my journey started but let’s go back about 7 years to 2002. I was 42, working full-time in a very stressful job. I had enough work for three people – I was the administration person, the personal assistant to the Manager as well as the complaints handler. As stressful as my job was, I really enjoyed it because my home life was so depressing; I think I put all my efforts into my work. But I would still be running on adrenalin from the day’s activities at 10 pm at night. I would fall into bed completely exhausted but wake up early next day to do the same all over again. My husband was a shift worker married to his job and I had all of my three children still living at home. My son was aged 18; my daughters aged 15 and 8. As well as working full-time, I also was renovating our house, doing about 98% of the household duties including the mowing*

*and the gardening and trying to study. I had no social life. Weekends were devoted to the house and garden. My middle daughter was going through a rebellious period in her teenage life. My marriage was in tatters and my family gave me very little support around the home. I remember being very angry and very lonely most of the time and it was a horrible time of my life. That year I also lost my very dear uncle to cancer.....” as told by Tanya Miller, Australia in “Life Stories for Graves’ disease”.*

*“.....I had begun to suspect there were some mental predispositions for Graves’ when I was reading all the comments from other Graves’ sufferers online. I noticed a lot of those people were like doormats for their family, friends, or co-workers. That was one symptom I noticed about myself. I also noticed many of them had problems with lack of self-esteem or self-love. My healing process picked up speed when I started to own up to my need to heal there too. I have been learning how to care and speak up for myself; speak my truth with kindness but firmness. That often takes a lot of quiet time to find out what that truth is.....” as told by Khalisa.*

These stories are enough to prove my point: self-esteem matters and it is probably one of the most important factors for the onset of thyroid disorders, because it may lead to inability to handle stress, which finally will cause sickness. If you want to correct this state, refer to the “Bill of Rights of Thyroid patient” and the exercises in the Appendix of this book. But let’s see where the healthy self-esteem comes from first.

## Where does high self-esteem come from?

As you can probably guess, self-esteem will develop and grow throughout our whole lives. This is the image we build for ourselves, starting from early childhood, and it is based on a few factors. In order to deal with the low self-esteem, we have to know where it comes from. There are three specific factors known to contribute to healthy self-esteem.

**First factor.** It is based on how we were treated as children by our parents, immediate and extended family, teachers, peers, classmates, religious authorities, and other important people in our lives. If we were praised for our accomplishments by all these important people, endorsed and validated for our abilities and talents, if we were talked to respectfully and listened to, then it is very likely we will build high self-esteem. Quite opposite, the children who were often severely critiqued for things they did or didn't do, were yelled at, beaten or abused, and given little attention by those who were supposed to love them unconditionally often have very low self-esteem. They were probably ridiculed, harassed, bullied, or teased and felt like failures in their young lives. They were made to believe they had to be perfect (whatever perfectionism means), in order to be loved and valued. I have to admit that there are also parents who will put too much pressure on a child regarding sports, school achievements and other activities. Whatever the child does is never enough, they want more and more. Or they'll transfer their own ambitions to the child, regardless if the child wants to pursue their path or not. This child will learn that there is no such a thing as

being “enough” or being worth for what he or she already is. If this is your case, acknowledge your feelings and emotions, accept the past, forgive and move on with your life. If you can’t do it on your own, contact a mental health professional to help you deal with it.

**Second factor:** Physical contact. Children who have been often hugged and caressed, and being told and shown that they are loved unconditionally are also very likely to develop high self-esteem. Physical contact is important for any baby to survive, and it doesn’t lose its importance even in teenage or adult years. Every child needs to feel that acceptance and validation on all levels, not only verbal but physical and emotional as well. Physical contact, in many cases, is grossly ignored later in life either because the parents believe that it will “spoil” the child, they feel uncomfortable for whatever reason, or because they don’t think it is necessary any more.

I am not trying to blame any parent here; they raised their children to the best of their knowledge and understanding. We spend decades in school learning math, biology, social sciences, and foreign languages, but there is no school for teaching parents how to raise their children, the knowledge is supposed to come “naturally” to us via some mystic channels, and the only example we have is from our childhood, our own parents and the families we come from. But keep in mind that it might be very difficult for a parent with low self-esteem to raise a child with high self-esteem, regardless how self-confident the parent looks.

**Third factor:** We build our self-esteem through experiences we go through during our lives, starting from childhood and teenage years. If we have achieved success in

academics, sports, or had different talents and social skills that were appreciated and validated, that will contribute to positive self-esteem and mostly, to our self-confidence. Everyone is good at something; there is no doubt about that. Everyone came to this world with their own set of talents and abilities. The more experiences we had, positive or negative, the more confident we'll feel that we could "manage it". Here though, I have to mention the overprotective parents, who will try to protect their children from things that may or may not happen, by not letting their children participate fully in life. These parents may not let their children play outside, because they may get sick, or not let them go to parties later on because the children may get engaged in negative experiences. How will the child build confidence and self-esteem? Successes and failures are part of life, mistakes as well, but this is how we learn our life lessons, this is how we learn that we are qualified to meet life's challenges, we are proficient at what we do and we can compete successfully in life.

Healthy self-esteem often requires a good mix of the above mentioned three approaches, but unfortunately, it could be out of our control sometimes. And last, but not least, the so called "impostor phenomenon" may also contribute to our low-self-esteem. Let's see how.

**“Love is the great miracle cure. Loving ourselves works miracles in our lives.” Louise L. Hay**



## The Impostor Phenomenon in Thyroid patients

The impostor phenomenon was first introduced in the 1970's by two psychologists: Suzanne Ines PhD and Pauline Rose, PhD describing a special psychological syndrome, which I believe is very common among people suffering with thyroid disorders, and I am mentioning it here because it is also related to self-esteem. This syndrome occurs among high achievers who are not able to internalize and accept their success and achievements. I call it also the "never good enough syndrome". These people will often attribute their success, in any field, to luck or other factors, rather than their personal abilities. They are constantly afraid that others will portray them as a "phony", scam, or fraud. Not able to enjoy their accomplishments or talents, they constantly look for the next challenge to "prove" themselves. They rarely ask for help and believe that they should work "twice as hard to be half as good". Their self-worth becomes a function of achieving. But even the achievements are not enough, because they start thinking that their success was a result of the anxiety, the unnecessary high standards and requirements they put on themselves, and self-torture they experienced. The cycle can go on and on. Dear companions of the impostor phenomenon are often depression, anxiety, or other psychological and emotional problems. The impostor syndrome usually grows in families, where the child is over-criticized for mistakes and failures and over-praised at the same for their achievements. This phenomenon, to a big extent, is a function of low self-esteem. Sometimes, it exists on its own, but it causes similar harm as low-self-esteem. You can find specific steps in the Appendix on how to work on your self-esteem and impostor phenomenon.

**“Too many people overvalue what they are not and undervalue what they are.” – Malcolm S. Forbes**

## **5 Personality Traits and people suffering with thyroid disorders**

The most popular system used in psychology to describe the human personality, is the one of the Big Five personality traits, based on the Five Factor Model (FFM). FFM is composed of two main clusters. The first is known as plasticity and refers to how the brain changes in respect to organization and reorganization in order to accommodate different experiences or sensory stimulations. It pertains to flexibility, curiosity, and the ability to adapt in different life circumstances. Plasticity, I believe, is the most important personality trait, providing the survival and satisfaction of human beings to the best possible degree. The more flexible and adaptable you are, the better your chances of meeting your needs are, which consequently provides better satisfaction of life.

### **Plasticity**

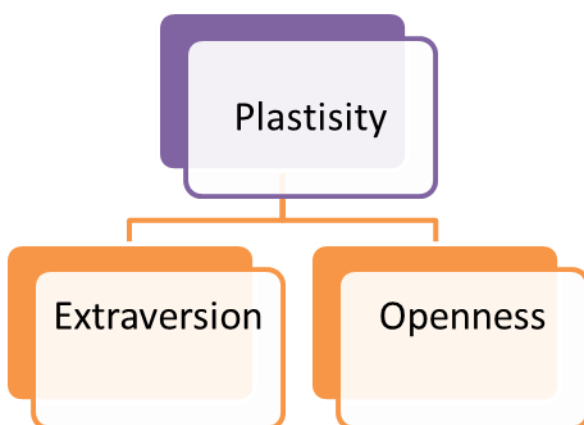
Plasticity, the first main trait, can be further divided into two sub-domains: Extraversion (the tendency to be enthusiastic and dominant) and Openness to experience (the tendency to be open-minded and intelligent).

**Extraversion (Outgoing versus Reserved)** can be described with words like sociable, active, talkative, adventurous, positive, thrill-seeking, and gregarious. On the opposite, reserved people need less stimulation and social

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engagement. They look more quiet and disconnected from the social world, but it doesn't mean that they are shy, unfriendly, or arrogant.

**Openness to experience (Original versus Traditional).** It distinguishes creative, imaginative people from the ones that are more traditional in their views and behavior. People, who score high on this domain are also inventive and curious. Traditionalists are more conservative and resistant to change, cautious and consistent, while their opposites are more intuitive and intellectually curious, open to art and more artistic.



### Stability

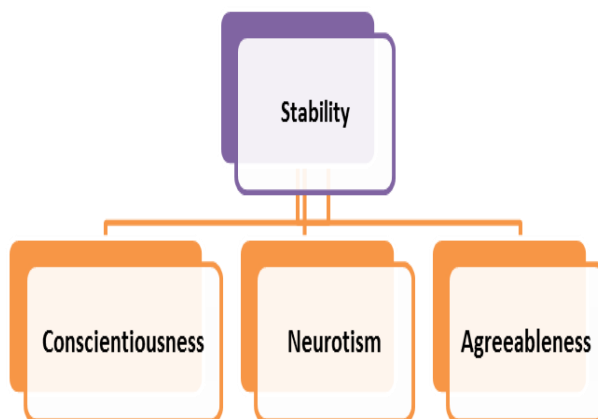
The second main cluster is known as stability, and can be thought of as the tendency to be structured, organized, and emotionally stable and focused. It can be further broken down into three sub-domains: Conscientiousness (the tendency to be methodical and productive), Emotional Stability (lack of negative emotional

volatility and the tendency to withdraw), and Agreeableness (politeness and compassion, as opposed to hostility or aggression).

**Conscientiousness (Conscientious versus Carefree).** The people who have high degree of conscientiousness are also considered competent, organized, decisive, achievement-oriented, self-disciplined, thoughtful, and hard-working. Their opposites may not feel they are in control of their lives; they are more disorganized or in some cases, considered irresponsible.

**Neuroticism (Emotional Stability).** This domain distinguishes sensitive and nervous people from those that are more emotionally secure and confident. People high in neuroticism are emotionally reactive, experience unpleasant emotions easily, such as irritation, nervousness, despair, and vulnerability. They tend to get upset about things that usually don't bother other people, and their reactions are intense. On the other hand, more emotionally stable people don't get easily upset and are less emotionally vulnerable. They tend to be calm, emotionally stable, and without long lasting negative feelings.

**Agreeableness (friendly versus detached).** This sub-domain reflects the tendency to be compassionate and cooperative rather than suspicious and antagonistic towards others. It means also warm, trusting, straightforward, altruistic, modest, compliant, tender-minded, and nice with the others. Their opposites may see others as selfish, deceitful, and potentially dangerous; they are also not seen as very friendly or cooperative.



The explanation of the personality traits is very basic and I simplified it to a great extent. But the reason I am bringing these personality traits to your attention is that they have their role not only in your needs satisfaction, but also for the onset of your disease. There are advantages and disadvantages to each trait, but of particular importance is when these traits are experienced at their extremes. Let's consider it this way: extremely sociable, extraverted people can be dominant and impulsive, and many of the people suffering from hyperthyroidism may exhibit these traits. Introverted, quiet people can easily become isolated and depressed, which may be the case with people with hypothyroidism. Extremely open people can be scattered and overwhelmed by their own thoughts and ideas, while closed-minded people may become narrow and inflexible. Exceptionally conscientious people can be obsessive about order, judgmental, and rigid, while their more cheerful equivalents may be messy, undisciplined, and careless. People very high in emotional stability may engage in risky, dangerous behavior, while those who are more neurotic can become so preoccupied by anxiety and pain

that they are unable to function. Finally, extremely agreeable people may never stand up for themselves, while those who are too assertive can be aggressive, insensitive, and pushy.

As you can see, the extremes of any trait may lead to undesirable, problematic behavior and consequences. I personally believe that many disorders were born just because we went into the some of these extremes. For example, I consider myself an extrovert, very sociable and friendly (too friendly sometimes), which is perceived by some people as lack of boundaries. I also have high degree of conscientiousness, low emotional stability and somewhat average agreeableness. However, due to life circumstances, some of these traits of mine went into the extreme with nothing to balance them off. If I could analyze myself back then when I was sick with Graves' disease, I would try to balance my extroversion with meditation, or spend time alone; I would have worked on my anxiety, anger, and resentment. I would not have been so agreeable, I would have learned to say "no" and would be able to better defend my boundaries. This is the place where I lost control, being unaware of the psychological side of my disease.

Similar to my case, a hypothyroidism patient may exhibit noticeable symptoms like slowing of all mental processes, substantial loss of interest in different activities, problems with memory and focus, easily cluttered thinking, presence of general intellectual decline, and mostly, fatigue and depression. While we can easily blame thyroid hormones for these symptoms, it would also be true to say that introversion and conscientiousness for these people went to their extremes and contributed to the onset of their disease.

We know that personality, but mostly character, are relatively stable over the lifespan, and are also powerfully influenced by hereditary or genetic factors. Despite this, personality traits can change and get into acceptable margins. Changing personality traits also means changing certain habits, presumptions, and perceptions. Personality change requires the formulation of clear future goals, as well as discipline and practice. People who are too agreeable can learn to stand up for themselves. Disorderly people can become more conscientious. Introverted people can become socially skilled. People who experience paralyzing levels of negative emotion can learn to explore and change their attitude; the options are unlimited.

Why I am bringing up the question about the personality traits? Like it or not, I believe they are related to what disorder you'll be most susceptible to. Exploring and learning about your most dominant personality traits can help you understand what you have of "too much" and what extreme you are prone to; how this can be adjusted so you feel better on emotional, physical and mental level. For example, if you are too agreeable, open, extrovert, and emotionally unstable (which will describe in any cases the "hyperthyroid" person), then you can learn tools to stabilize your emotions, defend your boundaries, and stop throwing away your energy on projects that are just not worthy. On the other hand, if you are too careful, not taking an initiative, or stuck in your life and scared- you can learn methods to overcome shyness or fear, and take control over your life.

## Practical Self-Analysis and Reflection

Apparently, there are many psychological tests that can determine very precisely your personality traits. However, I believe people know themselves relatively well. So, for the purposes of this writing, I'll ask you to go back to the pictures with the five personality traits and assign yourself a number, from the scale of 1 to 10, with 10 being the highest and 1 the lowest, under each personality trait. What do you think is your own number regarding this particular trait? Certainly, this will be a subjective assumption, but trust your intuition, and assign yourself the number that you think is the most accurate. Psychology is a subjective science anyway. Who knows more about yourself than you do? (Tip: usually the first number that comes to your mind is pretty correct).

Now, look at these numbers, and decide for yourself which of them may be negatively affecting your health condition or contributing to its manifestation. For example, my Agreeableness may be at 8, but I may not consider this affecting my condition at all. At the same time, my Conscientiousness may be at 7, but I intuitively would say that this is definitely a contributing factor for my problematic health condition.

Based on the description of each trait you may take certain steps in your life to correct the situation and see how your health situation will be affected. The second concern that can be addressed here is what needs of yours are not satisfied, how your most dominant personality trait



interfere with that dissatisfaction and how you can achieve better results in this aspect. Both, the personality traits and the hierarchy of needs have equal importance in treating thyroid disorders or any other disorder for that matter.

If you look back at all the contributing factors listed in this book, you'll see that they are common for many people- stress, dysfunctional family environment, needs not met. Yet, some of us get sick specifically with a thyroid disorder, not something else. The reason is that we carry unique personality characteristics, which, together with all the other contributing factors result in thyroid disorder, the place where our emotions and feelings meet our thoughts. But even that is not enough. There is one more contributing factor related to our unique personal characteristics, traits and the onset of our thyroid disorder: the concept of emotions (positive or negative), our ability to experience such and how we deal with them.

**“Painful emotions show you what prevents you from creating harmony, cooperation, sharing and reverence for life.” -Gary Zukav**

## **The Anatomy of Emotions**

Science today does not have a universal opinion regarding emotions and their origin, so I'll present my own understanding of them and how they relate to the onset of thyroid disorders.

Every human being is born with needs, emotions, mind and body sensations. That's it. The emotions, feelings and perceptions constitute the whole body traffic at early development years. Of course, we are also born with a brain, but that brain is not developed yet and no reasoning takes place at this precise moment. Practically, at birth only the spinal cord and brain stem are quite well developed, and that constitutes the lower part of the nervous system. The limbic system and the cerebral cortex, which are responsible for the conscious thoughts, feelings, and voluntary actions, will develop later in life. Thoughts practically do not exist, the baby doesn't think, it just feels.

Feelings can be physical and psychological. The physical are connected to internal body sensations as we feel hunger, cold, heat, bitterness, and sweet, touch and pain. Internal body sensations are not the same as emotions; they are formed mostly from the sensory response from our physical senses: smell, sight, sound, taste, light, touch, pain, and body position. We react with

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different emotions and feelings to these sensory stimuli: anger, joy, irritation, fear, relieve, interest, surprise, disgust, anguish, content, or relaxation. Of course, the universe of emotions is much larger than those listed above. Emotions are considered intense, but temporary, while psychological feelings are considered more sustainable: those connected with love, hate, and ambivalence, for example. Emotions are also feelings expressed through the body as gestures, facial expressions, or actions: laughing, crying, shouting, hugging, jumping, etc.

This is a sample list of emotions and feelings, and the list is neither complete nor definitive, but may serve as a starting point for our research on emotions:

Shame	Disappointment	Distress
Despair	Annoyance	Irritation
Joy	Grief	Gratefulness
Anger	Envy	Disgust
Sadness	Loneliness	Lust
Happiness	Exhausted	Sexual arousal

Some of the emotions are considered basic and others seem to be a combination of them. For example, fear and surprise equals alarm, sadness and anger- resentment, anticipation and fear forms anxiety, joy and anticipation may create sexual arousal. Feelings and emotions determine how we think, how we live our lives, and how we cope with physical and mental distress. They are born as a

result of our needs (physical or social) being met or not met. The emotions also represent the connection between the body and the soul, between the person and the surrounding world. If the emotion is not expressed (especially negative emotions like rage, resentment, dissatisfaction, fear or sadness), they may transform into a physical symptom because the balance between the reception and perception is destroyed, so speaking, of entering and exiting energy. Then, the energy will stay in the body with nowhere to go and become a symptom at some point, and later, turn into a disease. When an emotion or feeling is bottled up or disregarded, if a need is masked or ignored, the body and all bodily systems become confused; it doesn't know what is going on.

Let's say that you are feeling exhausted and your non-rational body needs a break. Your need will be to rest, sleep, and recharge. But your rational mind decides that you should continue working because you need that money, because you may get fired, or because people may think you are lazy. As a result of this internal conflict, you may also feel distress, sadness, self-pity, rage, or resentment. But it is not so socially acceptable to start yelling or crying, or simply express these feelings of yours, and they are bottled up. If that happens once or twice, it's not a big deal. But if it happens repeatedly or you think you don't have other choices, then the trouble begins. At a certain point, the body simply gets sick or begins to hurt in order to remind you of its existence, its needs, and your buried emotions and feelings. If you are lucky, you may get a simple headache, which should tell you to change something. Or the body is reacting with an ulcer, to tell you that your anger is "eating you up", that you are under stress and not

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giving it enough time to digest the food, or that this food is poisonous for you. Similarly, your thyroid may be affected as well, telling you that whatever is going on with your emotional life, you should acknowledge it and voice it.

The body is simply saying:

*“I am uncomfortable, it’s not good for me anymore, that food is poisoning me, that lifestyle or relationship or job is not beneficial for me anymore; I want change”.*

When people are aware of their own needs, what emotions and feelings arise if they are met or not met, they may take the necessary steps to correct that condition and initiate the healing process of the body. *Symptoms are messages when needs are not met on a chronic basis; when emotions, aroused as a result of things that are not expressed and communicated properly are bottled up; when necessary steps are not taken to resolve that problematic situation.* It is that simple.

If this is not taken care of, the stress and the inability to handle it, comes up to the surface. Let’s see what all it does to you.

**“When I say manage emotions, I only mean the really distressing, incapacitating emotions. Feeling emotions is what makes life rich. You need your passions.”**  
**Daniel Goleman**

**“The days that make us happy make us wise.”**

**John Masefield**

## **Neurology, Stress and Thyroid Disorders. Stress as one of the causes of thyroid disorders.**

In the past 10 years, I've been asked repeatedly by many people what exactly causes thyroid disorders, and especially the autoimmune type. Apart from the pure psychosomatic explanation and the many other contributing factors I can list, the only other thing that came to my mind, in one word, is stress or inability to deal with it in general. But that is only on the surface. Everyone is under stress, no doubt about that. How we handle that stress and specifically how those of us diagnosed with thyroid disorder handle it is totally another question. For example, Fukao and colleagues in 2003 conducted a study to examine not only emotional stresses of hyperthyroid patients but also patients' personality traits using specific tests. Sixty-nine patients with hyperthyroidism caused by Graves' disease, who were pronounced euthyroid after 2–5 years of anti-thyroid drug therapy and 32 healthy subjects as a control group participated in this research. Patients filled out three types of questionnaires, including the Minnesota Multiphasic Personality Inventory for personality traits, the Natsume's Stress Inventory for major life events, and the Hayashi's Daily Life Stress Inventory for daily life stresses. In the Graves' disease patients, stress scores of life events correlated significantly with serum TSH receptor antibody activity and thyroid volume, meaning that when patients had stressful life events, their antibodies worsen. When the patients were

divided according to prognosis (41 with relapse and 28 with remission), four personality traits including hypochondriasis, depression, paranoia, and mental fatigue were significantly more common in the relapsed Graves' disease group than those of the remitted group. The results of the study suggest that "major life events, personality traits of hypochondriasis and depression, paranoia, mental fatigue, and daily problems aggravate the prognosis of anti-thyroid drug-treated hyperthyroidism. Escape from life events is virtually impossible; thus, coping strategies suggested by the physician may be useful in improving prognosis in Graves' disease", as Fukao mentioned in his study.

Stress can influence also hypothyroidism, not only hyperthyroidism. A group of scientists, Bauer, Priebe, Kurten, Graf, and Baumgartner in 1994 investigated the influence of prolonged psychological stress on hormonal secretion in 84 East Germany refugees suffering from psychiatric disorders within six weeks of their arrival in West Berlin shortly before or after the fall of the Berlin Wall. Before leaving the German Democratic Republic, these patients had already experienced prolonged stress, which continued after migration. In most cases, the diagnosis was anxious-depressive syndrome with vegetative complaints and symptoms of increased arousal. Their formal diagnoses (as per DSM III at the time of the study) included adjustment disorders, depressive disorders, and anxiety disorders, as well as posttraumatic stress disorder. The scientists measured the usual thyroid hormones: serum levels of thyroid stimulating hormone (TSH) and the other thyroid hormones (thyroxine, free thyroxine, triiodothyronine, and reverse triiodothyronine) and

compared them with those of twenty healthy control subjects. TSH and all thyroid hormone concentrations were significantly reduced in the patient group. Fifty-two of the patients (62%) were in the hypothyroid range but did not show any clinical signs of hypothyroidism. These disturbances in hormonal secretion were not correlated to any psychiatric diagnosis or to the severity of acute or chronic stress. It was found that the marked abnormalities in the hypothalamic-pituitary-thyroid axis, seen in these refugees, differ from those reported with depression and would seem to reflect severe chronic stress rather than specific psychiatric disorders. There are also other studies (for example, those conducted by Saravanan and Wekking in the period 2002-2008), which prove that despite the treatment of hypothyroidism with hormone T4 substitution, a lot of patients report more or less, vague complaints and feel worsened quality of life, meaning that the underlying neurochemical mechanisms remain to be investigated. So to speak, your thyroid hormones alone are not the reason for your thyroid disorder.

The most important question here is how, if at all, people diagnosed with thyroid disorder handle their stress, and why they do it in such an irrational manner that can lead to a disease? Let's not forget that there is also a bad and good stress. There is also external and self-induced stress. Yes, that one too. But don't forget that stress is *psychological*, i.e. it is induced by your mind and thoughts, *not physical* (unless, of course, you are in a car accident, or you are facing a hungry lion). Your stress response won't change until you change the way you think and behave, accordingly.



“In times of stress, the best thing we can do for each other is to listen with our ears and our hearts and to be assured that our questions are just as important as our answers.” — Fred Rogers, *The World According to Mister Rogers: Important Things to Remember*

## **Anatomy of Stress and its connection to thyroid disorders.**

Stress is a response of the organism to pressure. It is characterized both by the presence of internal and external pressure and by a feeling of helplessness in the face of it. The feeling of helplessness is crucial: People who are under pressure but in a position to act and feel in control may get tired, physically, but don't get so stressed out on mental and emotional level. Wallerstein, in a study conducted in 1993, has shown that people in more responsible positions get less stressed than those further down the hierarchy of power. Feelings of being unable to cope, trapped, out of control, or struggling against heavy odds can all be part of feeling stressed. What do you do when you have a very stressful and demanding job, but you cannot quit because you are afraid you cannot pay your bills and support yourself financially otherwise? What do you do when you feel trapped in an unhappy marriage, but you feel that divorce is not an option due to religious beliefs or because you want your kids to have two parents under one roof? What do you do when your child is diagnosed with a serious disorder, is disabled, or you have to take care of a very sick family member for a prolonged period of time? This is called nothing else but chronic stress. As Frank Herbert writes about stress in his book *Dune* “The mind can go either direction

under stress—toward positive or toward negative: on or off. Think of it as a spectrum whose extremes are unconsciousness at the negative end and hyperconsciousness at the positive end. The way the mind will lean under stress is strongly influenced by training.”

It needs to be accentuated that stress is not always a terrible thing. Feeling helpless is part of life, an evitable experience that helps us find the limits of our power, control, and our existence. It teaches us to distinguish between the things we can change and things we can't change and to know the difference between the two.

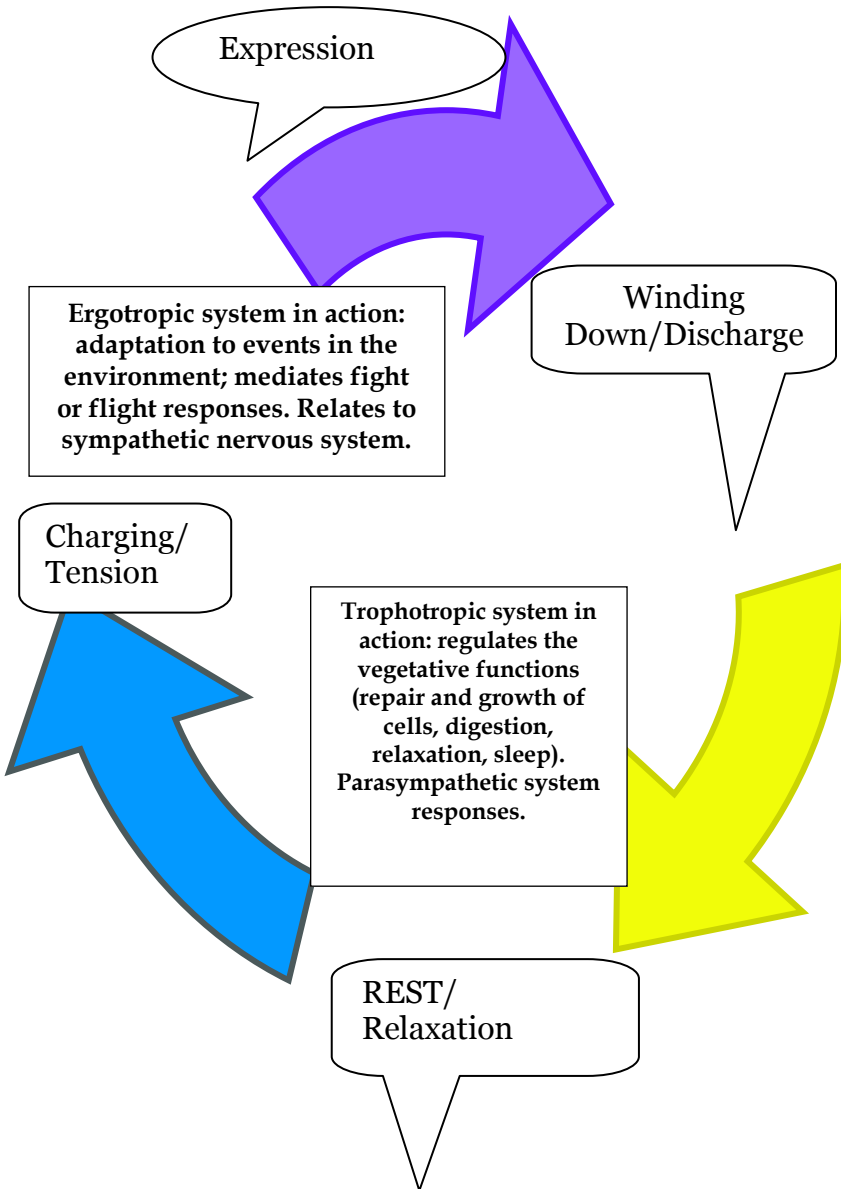
However, there clearly is such a thing as bad stress. So, how are the two distinct? I quite like to think in terms of how a situation can be resolved, and also in terms of how long the situation goes on for. Both are relevant.

The stress situations can be explained on a biological level with the activity of sympathetic or parasympathetic nervous system. One of the classical models of stress, used in research, is if you are preparing for a job interview, for example. We can look at this situation as a form of healthy stress. In this case, the initial manifestation of stress is a surge of sympathetic activity, which goes along with a hormonal activity, especially adrenaline, but also cortisol, which is probably the key player in depressing immune function. As the energy in our bodies shifts upward and outward, we become more alert and ready for action. When the job interview is over, no matter what the result would be, we can relax, wind down, and rest. The nervous system comes back to its normal level. The sympathetic activity will be dampening down, and we are in the process of elevating the parasympathetic activity. But in situations

when we feel helpless, all this readiness has nowhere to go. We feel trapped, and the alertness rapidly turns into worry, anxiety, or panic. This is also relevant to family situations where things and problems remain unresolved for many years. It also pertains to unsatisfactory job and a fear that “you have nowhere to go or earn this amount of money”.

I know that not all of us are familiar with the sympathetic and parasympathetic activity, and you don't have to be, this is not your job. To make it clearer, I'll try to explain it in simple words, using also the description given by the Norwegian psychologist and psychotherapist Gerda Boysen in 1980. It is called Vasomotoric Cycle, where the sympathetic nervous system is responsible for charging and expression, and the parasympathetic nervous system is responsible for winding down and rest.

# Vasomotoric Cycle



The cycle forms a basic pattern for life processes from a simple cycle of in-breath- (hold)-out- breath- (pause) to the rhythm of a day like experiences like preparing to do a performance- performing - getting applause- and winding down (resting).

The Vasomotoric cycle is a basic component of vitality and can be explained also with the terms of bioenergy. The mechanical and electrical aspects of movement are combined in a functional interdependence, which is typical for “life” as a term in general. Only in the living organisms is the mechanical charge transferred to electrical (bioenergy), i.e. an electrical discharge that leads to mechanical relaxation. This process supports the so called ergotropic and trophotropic cycle.

### **Tension (pressure) → Charge → Discharge → Relaxation**

Every living organism differentiates from nonliving matter through the activities of charging and discharging. From a bioenergetics point of view, the discharge is characterized with ergotropic activity (energy directed towards the outside world). It represents the mechanisms and the functional status of the nervous system that favor the organism's capacity to expend energy. This term was introduced by W.R. Hess to indicate those mechanisms and the functional status of the nervous system that favor the organism's capacity to expend energy, as distinguished from the trophotropic mechanisms promoting rest and reconstitution of energy stores. The ergotropic system is responsible for the fight or flight responses and includes adaptation strategies to insure the survival of the species.

From an anatomical point of view, it includes the functions of the sympathetic nervous system. It performs actions in the environment directed either at acquisition or avoidance of things of interest to the organism. From a simplified biological point of view, at times of stress, the adrenal glands produce massive amounts of cortisol (hydrocortisone and corticosterone, which affect the performance of the immune system), adrenaline (epinephrine), and noradrenaline (norepinephrine). These hormones help the individual deal with emotional and physical stress on somatic level.

The trophotropic system is responsible for regulating the vegetative functions, such as the repair and growth of cells, digestion, relaxation, and sleep. Physically, the trophotropic system incorporates the functions of the parasympathetic system. Generally speaking, when the body is not finding food and avoiding becoming food (ergotropic activity- flight-fight response), it is rejuvenating and recovering itself (trophotropic activity). When one of the systems is turned on, the other is turned off, but they are both important for the survival of human beings. The stability of ergotropic and trophotropic mechanisms corresponds, in large part, to that of the sympathetic and parasympathetic autonomic nervous system. In 1971, Fisher tried to explain this even more precisely: “The dual physiological mechanisms can be conceptualized as the two directions in which consciousness can be altered: the ergotropic pathway of increasing arousal through sympathetic nervous system activation, culminating in the extreme of mystical ecstasy, and the trophotropic pathway of decreasing arousal through parasympathetic nervous system activation, culminating in deep trance”.

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Bioenergetics is one way of understanding our body, how much energy we have, and how we use it. It is based on the idea that what goes on in our minds reflects what is happening in our bodies and vice versa. Every stress produces tension in the body. Normally, tension disappears when stress is relieved, but if we have chronic stress, tensions can persist in our muscles, forming the so called “character armour”. This may disturb our emotional health, so we feel less energetic, blocked, or stagnant. We're no longer as mobile or as self-expressive.

The healthy living organism, at least in theory, is characterized with harmony and balance regarding the “charge→discharge” activities. In practice though, the picture looks completely different.

I am explaining all these boring physiological, biological, bioenergetic and psychological mechanisms because they are closely related to the emotional, mental, and health problems of the “thyroid person”, if I can call with these words collectively any person suffering from thyroid disorder. They are not only related, but they are the key for understanding and resolving the emotional enigma of the thyroid disorder.

So, we also can get stuck somewhere along the above Vasomotoric cycle: Perhaps, we can plan things but never manage to put our plans into action, or we might find it really difficult to let go and wind down or simply relax. Equally, we may have the tendency to skip certain phases of the cycle.

How all this relates to people with thyroid disorders? Well, it depends. Most of hyperthyroidism patients may be stuck in the “charging” and “expression” phases of the cycle,

i.e. they tend to overload the sympathetic nervous system. At this moment large quantities of cortisol are released and the immune system is severely affected. They may feel helpless; all this constant readiness for action has nowhere to go. They may feel trapped, and the alertness turns into worry, or anxiety or panic. It may turn also into depression, fatigue, mental exhaustion or despair. They may break down in different ways, depending on our personality traits and which personality trait prevails at the particular moment. (Just for reference the Big Five personality traits were openness, conscientiousness, extraversion, agreeableness, and neuroticism as we discussed them in one of the previous chapters and their particular ratio distribution in the patients with thyroid disorders). Hypothyroidism patients may be stuck in the “recharge” cycle. Since this cycle is responsible for digestion, sleep, and “non-action”, they may experience digestion problems, slow metabolism, and increased need for sleep. Psychologically speaking, they may know what needs to be done, but don’t have the energy to implement their plans into action.

When a stressful situation goes for months or years and does not have a clear resolution, the organism gradually loses its ability to cope with it and has to resort to increasingly poorer strategies. By poorer strategies, I mean strategies that, in turn, create difficulties or even damage the organism in the long run. The sort of compromises our bodies make typically involve a hope that things will get better again, and then, will have time to recover and repair the damage, but until that happens, we may find ourselves in poor health indeed, and if it never happens at all, such short term survival strategies can kill us. Ongoing stressful situations, as I mentioned before,



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could be any of the following: unsuccessful marriages, unloving relationships, dysfunctional families, an unsatisfactory job, whining relatives (you can't fire them), and difficult kids (them either), financial instability that lasts too long, unhealthy social environment, etc. Most of us have some of that, and sometimes, in larger quantities than we can normally handle. Accordingly, the trophotropic part of the cycle, i.e. the relaxation and discharge may just never happen for some of us. Others, stuck in the ergotropic part of the cycle may not be able to "move in life". Both situations are not healthy; they put our bodies out of balance. But people may simply not understand what needs to be changed and how, so they can feel better.

On a pure biological level, excessive and chronic stress may lead to exhaustion of the adrenal glands, which, as we know, are part of the thyroid triangle. It may reduce the production of endorphins, which play an important role in the defensive response to stress, weakening the ability of the immune system to function. The typical unpleasant emotional and physical symptoms of adrenal glands exhaustion could be all, or any of the following: fatigue, anxiety, panic, palpitations, stomach problems, nausea, insomnia, diarrhea, racing heart, dizziness, sweating, headaches, low concentration, irritability, loss of sex drive, excessive use of tobacco, alcohol or drugs, just to name a few. As you can see, they mimic, to a big extent, some of the typical symptoms of thyroid disorders (hypo or hyper). The excessive and long term stress also lowers the immune system performance and has been associated with health problems such as, asthma, alcohol abuse, chronic fatigue, male infertility, fibromyalgia, high blood pressure, heart disease, indigestion, immune system problems of all kinds,

irritable bowel syndrome, depression, rheumatoid arthritis, peptic ulcers, skin diseases, eczema, psoriasis, and cancer. Once the immune system is compromised, it may further deteriorate, leading to different autoimmune disorders, and thyroid disorders are definitely included in this group.

Certainly, we can handle this stress better, with better health results, if we understand why we could not handle it on a first place, right? To do so, we need to know a few things: how the connection between body and mind works, how your emotions, feelings, and needs are related to each other, and the way your specific personal characteristics are affecting your ability to deal with stress in general.

But can also a single traumatic event trigger a thyroid disorder? It appears that it can. In the next chapter we'll see which stressful events are the most "suitable" for our thyroid situation.

**"If the problem can be solved why worry? If the problem cannot be solved worrying will do you no good." —  
Śāntideva**

"Life can only be understood backwards; but it must be lived forwards."

Soren Kierkegaard

## **Traumatic and stressful events that can trigger a thyroid disorder**

It should be noted here that Graves' disease, Hashimoto's disease, and other autoimmune disorders never happen overnight. The autoimmune disorders accumulate their manifestations for six months to two years prior to the actual diagnose. It's like a boiling volcano that can explode anytime. Many people, who also have stress in their lives, may never develop a thyroid disorder. They don't own all the other precipitating factors like low self-esteem, chronically unsatisfied needs, specific personality traits, accumulated negative emotions, and on the top of it, the stressful trigger event. But remember, the stressful event is just the trigger, not the cause.

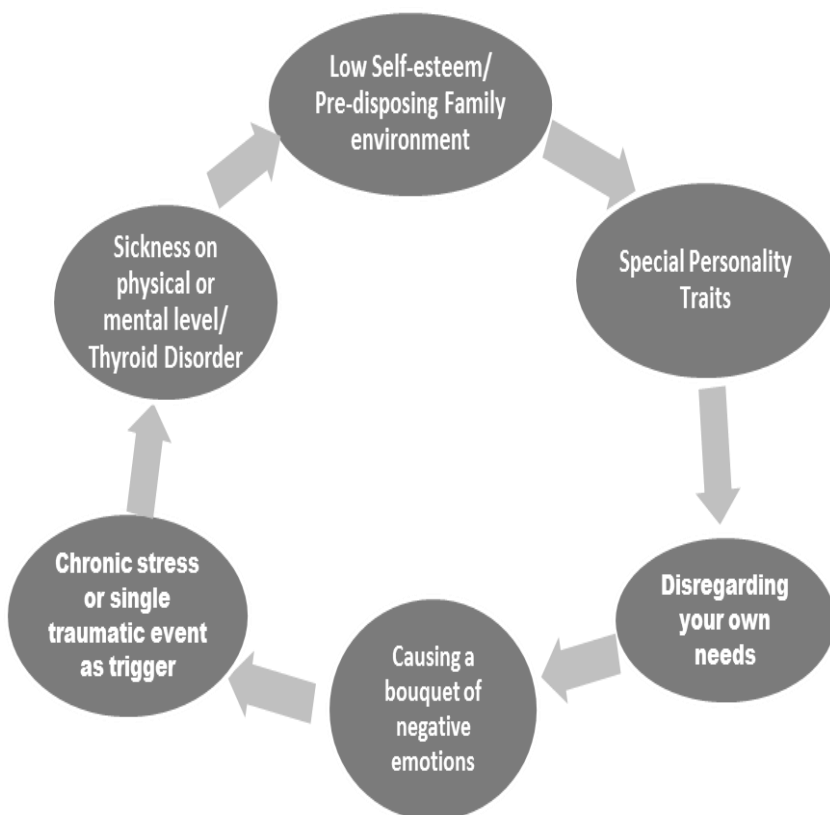
This is a list of some stressful events that may act as a trigger for thyroid disorders (Check all that have applied to you over the past two years):

1. Death of a spouse or of a close family member
2. Marriage, divorce or marital separation
4. Spending time in jail
5. Personal illness or injury
7. Marriage

8. Pregnancy
9. Retirement
10. Switching jobs
11. Unemployment/ laid off
12. Moving your home/ house
13. Excessive traveling schedule
14. Marriage problems
15. Dealing with problem kids
16. Time pressure of any kind
17. Financial problems and worries
18. Career related problems
19. Long term abuse at home or at work
20. Prolonged concerns about money

In order to summarize what have been said by now and to better understand the probable cause for your thyroid disorder, look at the diagram below:

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Now you know, and I hope you understand, that your thyroid disorder is a combination of many factors. You can not change only one thing and hope for a healing. As you also probably realized, understanding the psychology of thyroid disorders plays an equal role in your healing process, together with your diet, supplements, vitamins and medication, where necessary. Since this is a book about all the psychological aspects of thyroid disorders, I would like to share with you what mental disorders may accompany your thyroid disease, so you can better understand the whole process of healing, that I have in mind for you.

## **Mental Aspects of Thyroid Disorders**

This is in what I believe: every patient, diagnosed with general anxiety disorder, social phobia, panic attack disorder, depression, ADHD, or bipolar disorder should be sent to an endocrinologist for a thyroid test for a differential diagnosis.

Every patient diagnosed with hyperthyroidism or hypothyroidism and related Graves' disease, Hashimoto's thyroiditis, goiter, and/or any other thyroid disorder should be sent to a psychologist (counselor, psychotherapist) to treat the accompanying mental and psychological symptoms. This is the best way to treat a patient and to address their health problems. Mental health professionals and medical doctors should work together for the best of their patients, regardless if the thyroid disorder appeared as a result of deep psychological factors, or the mental disorder appeared as a result of the thyroid disturbance.

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### **Mental and emotional aspects of Hyperthyroidism**

Various manifestations of emotional tensions may precede the development of the clinical syndrome of thyroid disorders, as established in numerous researches. In 1921 a scientist named Maranon established in a study that for 28% of his 159 patients with hyperthyroidism their disease was precipitated by some emotional disturbance. Another colleague of his, Conrad in 1934, also found evidence of psychic trauma in 94% of his two hundred patients. Similar observations were reported by many other scientists like

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Bram, Condall (1934) and Rogers, Moschowitz, Wallace, and Mittelman (1933). In fact, some of the earlier students of this problem were so impressed with the significance of psychic factors as precipitating agents as to postulate that some severe emotional shock may be responsible for the development of a form of hyperthyroidism, which was designated as “Shock – Basedow” (i.e. Graves’ disease).

Anxiety and mental health symptoms have been commonly reported before the onset or diagnosis of Graves’ disease, as have stressful life events and daily hassles. For example, in 1949 Lidz found frequent threatened or terminated interpersonal relationships immediately preceding the onset of hyperthyroidism. However, it was not clear in this particular study whether these are precipitating or predisposing factors, or whether hyperthyroidism may be undiagnosed at that time and influenced by the termination of those relationships. These findings are important to mention because they support my theory about thyroid disorders: the mental symptoms accompanying hyper or hypothyroidism appear before the onset of the thyroid disorder, suggesting again that the origins of that disorder are very likely in the mental house, not somewhere else. Accordingly, they should be treated equally with the physical symptoms.

Stress, as we already know, can impact the immune system through the hypothalamic-pituitary-thyroid - adrenal (HPTA) axes. Thyroid hormones can directly stimulate immune cells, leading to an increase in antibodies, stimulating the thyroid gland, which can reinforce this cycle. Indeed, stressful life events have been correlated with thyroid antibodies, and in turn, these antibodies involved in thyroid autoimmune disorders have been found related to depression and anxiety. Therefore,

unmanaged stress from life events could be hypothesized to lead to low mood before the onset of hyperthyroidism. Depression may then be reinforced through the impact of the thyroid hormones on mood. It also appears that the interrelationship between the psychological processes and thyroid function is a reciprocal one. Thyroid secretion in hyperthyroidism accelerates mental functions, increases alertness and sensitivity, and thus, predisposes to anxiety; but at the same time, emotional experiences have an effect upon thyroid secretion itself, so it could be considered as a dual connection.

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## **Mental and emotional aspects of Hypothyroidism**

Some of the physical symptoms of hypothyroidism, as we know, include fatigue and lethargy, cold sensitivity, tiredness, exhaustion, low energy, impaired concentration and memory, and increased weight. Hypothyroid people are often pessimistic, with low self-esteem and they often feel “dysfunctional”. Hypothyroidism is also often associated with a high psychiatric comorbidity, in particular, depression and sometimes even paranoia. Cognitive complications such as memory impairment and difficulty concentrating are also common. There is some speculation in the scientific field that these mental health problems are linked to the fact that TRH is a neurotransmitter which often acts as an antidepressant. Other scientists suggest that hypothyroidism is related to decreased serotonin activity in the brain. This can lead to complex changes in the hypothalamic-pituitary-thyroid (HPT) axis which may compensate for the reduced serotonin activity. Regardless



of the reason, it seems that unhappiness in general is closely linked with the psychological symptoms of both, hypothyroidism and hyperthyroidism.

In addition to the pure physiological mechanisms, there are a number of psychosocial factors which may also impact the relationship between treated hypothyroidism and depression. Age, marital status, gender, social support, ethnicity, and employment are as important factors in depression and chronic illness, as it is with hypothyroidism. Factors such as alcohol use, social economic status and smoking have been suggested to impact the relationship between T4 and psychiatric problems. Kritz-Silverstin, Schultz, Palinkas, Wingard and Barrett-Connor, in a research conducted in 2009, found that thyroid hormones affected men differently from women, and that TSH levels were contrariwise associated with depression in men and not women. On the other hand, experiencing a chronic health condition, such as a thyroid disorder, can be stressful itself, leading to low mood, sadness and hopelessness. Depression is also often related to somatic symptoms, which makes it difficult to separate the medical condition symptoms from a psychological problem. It is still debatable to determine whether depression is a precipitating factor for hypothyroidism, or hypothyroidism indeed causes depression and unhappiness. But depression and hypothyroid symptoms are strongly related, and those with a history of depression generally have a greater number of hypothyroid symptoms. Thus, if depression exists as a symptom, it should be addressed accordingly during treatment as it may affect the development and outcome of the disease.

Another study, conducted in 2002 by Kupka et.al. regarding the rates of autoimmune disorders in people diagnosed with bipolar disorder had also very interesting findings. Kupka and colleagues found that patients with bipolar disorder had very high rates of autoimmune thyroiditis, compared to those of the control group. The picture gets even more complicated because one of the treatments for bipolar disorder is Lithium, a substance known to cause hypothyroidism and goiters.

A study conducted in 2005 by Carta et.al. entitled “A case control study on psychiatric disorders in Hashimoto disease and euthyroid goiter; not only depressive but also anxiety disorders are associated with thyroid autoimmunity” reveals that patients with Hashimoto’s disease frequently experience during their life time not only depressive episodes but also generalized Anxiety Disorders, social phobia, and sleep disorders. These same scientist, i.e. Carta and colleagues, a year earlier conducted another study with a title “The Link between Thyroid Autoimmunity (Antithyroid Peroxidase Autoantibodies) with Anxiety and Mood Disorders in the Community: A Field of Interest for Public Health in the Future” that again, revealed a connection between thyroid antibodies and anxiety and mood disorders.

Patients diagnosed with thyroid disorder could be very sensitive, depressive, moody, emotional, hectic, easily aggravated and annoyed. Periods of depression may alternate with hyperactivity symptoms. Some of the patients can experience panic- attack- likely symptoms, including palpitations, breathing difficulties, chest pain, sweating and hot or cold flashes, trembling, and shaking. Initially, these symptoms can be mistaken with

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premenopausal or menopausal symptoms, panic attacks, or other mental disorders, Axis I and Axis II disorders as per DSM IV (the American Psychiatric Association Classification Book of mental disorders). However, it is very difficult to make a differential diagnosis, if you have just ten minutes with the doctor. It may take months or years for patients to be diagnosed properly with thyroid disorder and unfortunately, that was my case as well. The problem with diagnosis of thyroid disorders is that the clinical picture is very complicated, and it may start with only one strong symptom, which generally is very common for a few disorders (mental or physical). The doctor must ask a lot of questions during the clinical interview in order to rule out other disorders. Sadly, doctors often don't have the time or the desire to do so.

According my humble opinion, the above and many other scientific researches should not be overlooked by any medical doctor. The books that I read are the same books they also studied, no doubt. What they do with this information is another thing and why this information is brutally ignored is a good question to ask. But since the disorder is "yours", it's your responsibility to use all the available information and research, past or present, for your own healing.

Let's go back to your emotions, this time after you already know your diagnosis. A frequent complaint of thyroid patients, their friends or family members, as we know, is the emotional lability, anxiety, depression, irritability, nervousness, mood changes, and hysteria-like symptoms with no apparent reasons.

This is what some of my clients wrote to me:

*“.....I feel like I'm going to explode. I am so angry because I can't control nor do I understand what is going on with my body. Today, I have had times I was extremely cold, times when I was extremely hot, times to where I was so tired that I literally fell asleep at my computer while waiting on a page to load.” As told by Simon*

*“.....Today has been a rough day. Need some cheering up. All I want to do is lay in bed, kind of down feeling. I've been treated as a hypochondriac or as emotionally "weak", and berated by others or left alone to deal with life at a time when support from others was needed most of all....” As told by Maria*

*“.....I was angry a lot, for nothing. Nobody knew whether to talk to me or not. I would sometimes be awake during the night for 2-3 hours, then my heart would race and pound like it was trying to jump out of my chest. I actually though I was going to die.....” as told by Cindy.*

*“.....My moods fluctuated. I would have outbursts that I didn't even remember, but when I 'came to', I could tell by the looks on my loved ones faces that I had just had an episode. I lost 31 pounds in less than 3 weeks, was really hyper, and my heart was in overdrive almost every waking moment. I thought I was going to die. I had days when I couldn't keep my mind on any one thing for more than a few minutes at a time, which is so unlike me, because I am an organized, 'have to finish this project first' type person.....” as told by Rebeca*

*“.....The stress from the economic crisis contributed to my illness but also did my daily life. I got sick in December 2008, diagnosed with Graves’ disease mid-January 2009, operated on March 25, 2009. My life was in a mess, and I pitched the biggest hissy fit. My best friend and my sister deleted me from Facebook, all three of my grown daughters weren’t speaking to me, my mother wasn’t speaking to me, my boyfriend wanted to get rid of me but I was too sick. Only my dog stuck by me. Oh! And I forgot, I was crazy! I was so mad at everyone for being so mean and insensitive and non-supportive it took me weeks to get over it.”...as told by Linda M.*

I have also confession to make; I was a life time worrier. When it comes to worrying, there was no other person in the world that could do that job better than me. I could worry pretty much about anything and any time, day or night. I guess I inherited this precious personality trait from my mom who still likes to worry about everything. Anxiety has been my dear companion all my life, but that’s a personal trait that will never go completely away and I am very aware of that fact.

But when I was sick with Graves’ disease some ten years ago, anxiety and negative emotions just bloomed like a flower, watered with care every day during summer. See what I am talking about? Along with the anxiety, other “nice” emotions would show their ugly faces: I’ll also feel angry (1), resentful (2), annoyed (3), irritated (4), bitter (5) upset (6) or (7) all of the above, to the point where I get pissed off at myself. Then my “monkey mind” decides to start feeling sorry for itself and just for a change, the self-pity, pessimism, and guilt will come along. Which will be

replaced, sooner or later, again, by obsessive worrying, irritability, crying and sassing, snapping people with words, blaming, and not always in that particular ugly order. You can safely add to this list emotional lability, nervousness, irritability, and you can get a pretty nice picture of my Graves' disease condition. Not that I didn't have any positive emotions, but they would manifest so rare that I don't even remember them.

How fun this was? You may ask my friends and family members back then when I was sick with Graves' disease.... And I am pretty sure that you have experienced some of these emotions (if not all) at least once, if not on a regular basis, if you have Graves' disease or hyperthyroidism. Have you?

And yes, it's your thyroid disorder and you can blame all of your messed up thyroid hormones for these negative emotions to a very big extent. But then, as we already saw in one of the previous chapters on suppressed emotions, the lack of self-esteem, self-love, and stress can be held responsible as well. We ask family members and friends to understand; we write heartbreaking letters to them and seek for the right words, hoping that they'll somehow comprehend what is going on with us and that we are the victims of our own bodies and minds. And they may, or may not. They'll try to be compassionate and empathetic, but they'll still want the previous version of you before you were diagnosed with thyroid disorder. Families and relationships can break up, and unhappiness may settle in your life for a very long time.

So, how do we deal with all these emotions? *Emotions feed your thoughts and thoughts feed your emotions.* And yes, you can! That's a never ending cycle, and you can either chose different emotions or different

thoughts to break that vicious circle. You can only resolve this in parallel: taking care of your physical body and your mental/emotional state at the same time.

People can be diagnosed with a physical disorder and a co-occurring mental disorder at the same time. Depending on the case, the mental/psychological symptoms of Graves' disease, Hashimoto's disease, or any other thyroid disorder all can be classified as Mental Disorders due to a General Medical Condition (Axis III disorder), depending on the time of occurrence and other condition, which sometimes are very difficult to be determined.

According to DSM IV a mental disorder due to a General Medical Condition (Axis III disorder) is characterized by the presence of mental symptoms that are judged to be the direct psychological consequence of a general medical condition (in our case the thyroid disorder). The reason why I am explaining all this is because many patients can suffer years from thyroid condition, which is wrongly diagnosed as a mental disorder based on some of the symptoms. They may end up with a prescription for anxiety, panic attacks, depression, or bipolar disorder when, in fact, their condition may be related to a thyroid disorder because the symptoms simply overlap. On the other side, they may have been diagnosed already with a thyroid disorder, but if they have another co-occurring mental disorder, this can be overlooked and not addressed properly by their doctors. Both are risky situations, and the only one who suffers is the patient.

For educational purposes, I'll try to discuss and list some of the mental disorders and their symptoms that are usually suspected to accompany thyroid disorders. It's your doctor's call, though, to determine what your case is and to address your condition properly. My personal opinion is

that the mental/emotional symptoms should be treated in parallel with the thyroid disorder by a psychologist or psychotherapist, which, I believe will dramatically speed up your recovery. I'll also further discuss some of the psychological approaches that I know can positively influence your condition. Because the truth is, any thyroid disorder comes with a set of physical and mental symptoms, and you can't just treat the chemical imbalance hoping that this will cure the emotional aspect as well. This whole book is about understanding the complicated nature of thyroid disorders, and thyroid disorders are not, by any means, just a chemical imbalance. First, know yourself!

## **Mental Disorders, associated with thyroid diseases**

Mental Disorders, often associated with thyroid diseases are Anxiety disorders (generalized anxiety disorder, panic attack disorder, acute stress disorder, anxiety disorder due to general medical condition, phobias, ADHD); Mood Disorders (Major Depression or Bipolar Disorder), and Axis II disorders also called Personality disorders.

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### **Anxiety Disorders**

Anxiety Disorders are the group of mental disorders often accompanying thyroid disorders. In fact, as we saw, they can be a predisposing factor for the onset of these disorders.



## Generalized Anxiety Disorder

Generalized anxiety disorder (GAD) is a chronic anxiety disorder that lasts more than six months, and can lead to serious impairment in quality of life (DSM IV, 1994). Individuals with GAD usually negatively evaluate their internal experiences, such as thoughts, emotions, and physiological sensations, and use worry, along with other strategies, as a means of escaping or avoiding these experiences. The patients have difficulties controlling their worry and are often called a “worry wart”. The condition causes severe stress and impairment of their daily life; it is also accompanied by restlessness and feelings keyed up or on edge, sleep problems, irritability, and difficulties staying concentrated. The symptoms may cause significant distress or impairment in social and occupational functioning. The anxiety is also not due to the direct physiological effects of a substance or a general medical condition (then it will be diagnosed as anxiety due to general medical condition) and does not occur exclusively during another psychiatric disorder. Patients often report distress about a wide range of emotions; they avoid anxiety-provoking situations and view their worrisome thoughts as debilitating and uncontrollable. In addition, they describe making behavioral choices aimed at decreasing anxiety, rather than maximizing satisfaction and are being distracted by worries when they are engaged in important activities.

Most of the patients with thyroid disorder may exhibit similar symptoms either due to their thyroid disorder or because of other factors. Even though the opinions regarding the origin of GAD disorder differ, it is suspected by some scientists that generalized anxiety

disorder is linked with low serotonin activity, low GABA activity, or both.

Generalized anxiety disorder is typically regarded as a chronic illness, with most patients are still highly affected six to twelve years after diagnosis. The reason is that certain personality traits like neuroticism are strongly related with GAD, and they are formed early in life. There is also a strong genetic component, thus the GAD is often regarded as an anxious temperament. Accordingly, the treatment may require a lot of time and could be very expensive.

Several studies have shown that cognitive-behavioral therapy (CBT) is an effective treatment for generalized anxiety disorder, as well as short-term psychodynamic psychotherapy. Anxiety may not be completely removed, as this is part of the character of the person, and the client could be just genetically predisposed to worrying, but it could be brought to an acceptable and controllable level to the point where it will not interfere or impair with their daily activities, will not cause distress, and could be manageable with different, even self- help methods.

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## **Panic Attack**

Panic Attacks are often mistaken with the palpitations, accelerated heart rate, shortness of breath, etc. Patients with panic disorder have sudden and repeated attacks of uncontrollable fear of disaster that usually last several minutes. The typical characteristics of panic attacks are that they start suddenly, no real danger is present, they also have a peak, and then the symptoms may

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slowly lessen. Patients may start to avoid places where panic attacks have occurred in the past, and there is an intense worry about when the next attack will happen (panic attack with agoraphobia). On the other hand, palpitations due to thyroid disorder usually start when the heart is resting and may last longer, and they don't have a peak. Both, palpitations and panic attacks are often treated with beta-blockers, but they have different characteristics.

Panic Attacks are not a codable disorder, but in order to be classified as a Panic Attack disorder, there should be an intense fear or discomfort, in which four (or more) of the following symptoms are developed abruptly and reach a peak within ten minutes.

- palpitations, pounding heart or accelerated heart rate;
- sweating;
- trembling and shaking;
- sensations of shortness of breath or smothering;
- feeling of choking;
- chest pain or discomfort;
- nausea or abdominal distress;
- feeling dizzy, unsteady, lightheaded, or faint;
- derealization (feeling of unreality) or depersonalization (being detached from oneself);
- fear of losing control or going crazy

- fear of dying
- paresthesia (numbness or tingling sensations)
- chills or hot flushes

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## **Phobias**

Different phobias may often accompany anxiety disorder or panic attack and the symptoms are very similar to both, however, with the different phobias there is a specific object or situation (public speaking, open spaces (agoraphobia), closed spaces (claustrophobia), dogs, snakes, spiders, blood etc.), that causes the anxiety and panic-like symptoms. I am mentioning it here just because a differential diagnosis should be taken into account when discussing anxiety symptoms and their origin.

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## **Major Depressive Disorder**

Depression can appear in any person who is diagnosed with such a serious disease as thyroid disorder. In order to be diagnosed with depressive disorder, the person must have a diminished or impaired interest in pleasure or regular daily activities for a period not shorter than two weeks. This should reflect on individual's social, occupational, family, or educational life. A major depressive disorder is also characterized by the presence of five or more of these symptoms (as per the DSM IV):

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- Depressed mood most of the day, nearly every day, as indicated by either subjective report (e.g., feeling sad or empty) or observation made by others (e.g., appears depressed). (In children and adolescents, this may be characterized as an irritable mood);
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day, nearly every day;
- Significant weight loss when not dieting or weight gain (e.g., a change of more than 5% of body weight in a month), or decrease or increase in appetite nearly every day;
- Insomnia (inability to sleep) or hypersomnia (sleeping too much) nearly every day;
- Psychomotor agitation or retardation nearly every day;
- Fatigue or loss of energy nearly every day;
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day;
- Diminished ability to think or concentrate, or indecisiveness, nearly every day;
- Recurrent thoughts of death (not just fear of dying); recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan for committing suicide; ideas of self-harm;

Depression is a very typical symptom for people with thyroid disorders: Graves' disease, Hashimoto's disease,

thyroiditis, hyperthyroidism, or hypothyroidism. Unfortunately, it is rarely addressed separately by doctors, who probably believe that when your thyroid levels get within the normal range, your depression will magically disappear. This happens rarely because the depression could be one of the reasons for the appearance of thyroid disorder on a very first place. Depression can be helped and treated with various means and therapies, not necessarily medication, and preferably not with medication, as usually medication is masking the symptoms without getting to the actual cause for suffering.

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## Bipolar Disorder

Bipolar disorder is often a dear companion of thyroid disorders as well. Since it has relatively complicated clinical picture it can be diagnosed primarily by psychologists and psychiatrist, rarely by family doctors and endocrinologists. In fact, bipolar disorder could be undiagnosed hypothyroidism switching with hyperthyroidism. I had many clients who will switch from hypothyroidism to hyperthyroidism and vice versa very quickly, in a matter of weeks. It happens similarly to patients with bipolar disorder, they can easily switch from depression to manic episode. So, what is bipolar disorder?

First, it is characterized by two major episodes:

**Depressive episode.** The typical symptoms correspond to those of Major Depression Disorder; however, they alternate with the symptoms of so called manic episode.

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- Depressed mood most of the day, nearly every day, feeling of sadness and emptiness, irritable mood;
- Markedly diminished interest or pleasure in all, or almost all, activities most of the day;
- Significant weight loss when not dieting or weight gain (i.e. a change of more than 5% of body weight in a month);
- Insomnia or hypersomnia nearly every day;
- Psychomotor agitation or retardation nearly every day;
- Fatigue or loss of energy nearly every day;
- Feelings of worthlessness or excessive or inappropriate guilt (not merely self-reproach or guilt about being sick);
- Diminished ability to think or concentrate, or indecisiveness;

**Manic episode:** A distinct period of abnormality and persistently elevated, expansive, or irritable mood, lasting at least one week. During the period of mood disturbance three or more of the following symptoms have persisted:

- Inflated self-esteem or grandiosity;
- Decreased need for sleep (e.g. feels rested after only 3 hours of sleep);
- More talkative than usual or pressure to keep talking;

- Flight of ideas or subjective experience that thoughts are racing;
- Distractibility (i.e. attention too easily drawn to unimportant or irrelevant external stimuli);
- Increase of goal- directed activity (either socially, at work or school, or sexuality) or psychomotor agitation;
- Excessive involvement in pleasurable activities that have high potential for painful consequences (e.g., engaging in unrestrained buying sprees, sexual indiscretions, or foolish business investments);

Usually patients, diagnosed with thyroid disorders, depending if they are hypo or hyper, are likely to be inclined to experience one of these episodes, either manic or depressive. If there is an evidence of primarily hypomanic symptoms then the disease is more likely to be classified as Cyclothymic Disorder due to a General Medical Condition.

Apparently, you can not to diagnose yourself, and should not try to do so. It's not your job and it could be dangerous. If you have noticed some of the above symptoms, please, consult a psychologist for further evaluation.



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## Personality disorders and thyroid. Histrionic Personality Disorder

Some personality disorders can also be part of the thyroid disorder picture, especially hyperthyroidism. For example, histrionic personality disorder could be described as a pervasive pattern of excessive emotions and attention seeking, indicated by five (or more) of the following:

- The person is uncomfortable in situations in which he or she is not the center of attention;
- interaction with others is often characterized by inappropriate sexually seductive or provocative behavior;
- rapidly shifting and shallow expression of emotions;
- consistently uses physical appearance to draw attention to self;
- has a style of speech that is excessively impressionistic and lacking in detail;
- show self-dramatization, theatricality and exaggerated expression of emotion;
- it is easily influenced by others or circumstances and considers relationships to be more intimate than they actually are;

Most of the above mentioned symptoms are more likely to be found in hyperthyroidism patients. In fact, most of the times, the mental symptoms proceed the disease itself, can be developed correspondently with the disease, or exist separately without no evident connection.

Since I believe that all the systems in our body are connected, then when treating one disease, any medical doctor should have in mind possible mental symptoms as well. In all cases, if any of those symptoms are present due to whatever reason, I would suggest that you consult a psychotherapist or psychologist, so you can work on your psychological symptoms as well for better and faster results.

## **Using psychological methods for thyroid disorders treatment**

Any mental disorder is considered “abnormal” functioning of cognition, mood, emotions or behavior. “Abnormal” means out of the norm established by the majority of people and is characterized by the 4 D’s- deviation, distress, dysfunction, and danger. Any physical disorder, regardless if it is autoimmune disorder or not, is also abnormal- it is deviant from the “health” norm, it causes distress and dysfunction, and it could be dangerous, I mean, and yes, you can die.

Mental disorders are discussed by scientists and professionals in the frame of different treatment models, and to be more specific, there are about four hundred therapy approaches known today, including biological, all

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aiming the treatment of these mental disorders. So, I have a legitimate question here: why should the physical disorders be approached and treated only in accordance with the biological model- i.e. medication, RAI or surgery, but not with psychological means as well?

Mental disorders are approached also as a result of biological and chemical dysfunctions, for example: low activity of the neurotransmitter gamma- globulin acid (GABA) may lead to anxiety disorders; schizophrenia is explained with dopamine over- activity, and depression is linked to low serotonin and norepinephrine levels. Hormones, especially the stress hormone cortisol, are the other factor found to influence some mood disorders. Accordingly, the supporters of the biological model apply drug therapies, electroconvulsive therapy, or even brain surgeries in an attempt to correct these abnormalities. I personally am not a big supporter of medical treatment of mental disorders. Medications, if not accompanied by appropriate psychotherapy, are just masking the symptoms, but not “curing” the disorder.

Luckily, the biological- medication method is not the only one used for the treatment of mental disorders. There are many psychological methods, but I would like to mention just a few, that can be used to treat mental disorders associated with thyroid dysfunction:

**Psychodynamic model:** The three forces that define abnormal behavior, according the father of this theory, Sigmund Freud, are the instincts (ID), rational thinking (or Ego), and moral standards (Super Ego). The Id functions on the pleasure principle and includes instinct needs, sexual impulses, and desires. The ego is connected with the

experience acquired through the years, and it acts on the reality principle and provides information regarding whether or not it is safe to express impulses generated by the Id. Superego represents the moral authority and individual's values and ideals. These three forces are adjusting and developing through the years, and if these adjustments are successful, that leads the individual to normal psychological development. If the process fails, the person gets fixated in a certain stage of development and that leads to abnormal behavior and abnormal functioning later in life. How about we consider the manifestation of the thyroid disorder as a result of this conflict between ID, Ego, and Superego, expressed not on a mental, but physical level? (i.e. as I mentioned before suppressed emotions and needs not met due to a conflict with moral standards).

**Behavioral model:** It supports the theory that all actions are the result of certain experiences in life and how the individual responds to the surrounding environment. Accordingly, the behavior can change in response to the environment. Behavioral theory distinguishes a few forms of conditioning that can shape human behavior: operant conditioning; related to receiving rewards for certain behaviors, classical conditioning; based on the associations made by the individual when two events occur simultaneously, and modeling; which pertains to the observation of certain behavior in others. Behavioral approach seeks what particular behaviors are causing the abnormality and tries to replace these behaviors by applying the principles of modeling, operant conditioning, and classical conditioning. (Change in your belief system and your life style may lead to better self-care, higher self-esteem, and in general, feeling better about yourself).

**Cognitive model:** it explains “abnormality” as a result of inaccurate assumptions, thoughts, attitudes, and conclusions that may lead to abnormal behavior of the individual. Another reason, found by the cognitive model that may result in abnormal functioning, is the illogical thinking and overgeneralization. People often follow illogical ways of thinking and draw self-harming conclusions, which sometimes result from one single, small, negative event. How about we consider thyroid disorder a physical manifestation of these inaccurate cognitive assumptions and actions?

**Humanistic- existential model:** it suggests that when children are not raised in positive environment, they create inaccurate view of themselves and their life experiences, which may generate psychological problems later on in their lives as adults (the low self-esteem for example). Abnormality is viewed by existentialists as a lack of responsibility regarding life, and clients are encouraged to take responsibility for their lives, chose a different course, different actions, and greater meaning. How about re-designing your life and taking different course and action, dissimilar to the one that caused your thyroid disorder on a very first place? The inaccurate view of yourself, i.e. lack of self-esteem and confidence may simply manifest in or lead to a physical disorder- in our case, the thyroid disorder.

**Body psychotherapy.** Even though I personally use all different methods in my coaching and counseling, I was initially trained as body psychotherapist in Europe, and I know that this method is helpful not only for the treatment of mental disorders, but also psychosomatic disorders like

thyroid disorders, so I'll give some more information about it here.

This psychotherapeutic model starts with the name of Wilhelm Reich, Austrian- Hungarian unconventional psychoanalytic therapist, one of the Sigmund Freud's students. Reich is a controversial therapist, whose radical theories made him one of the most influential figures in the history of psychiatry and psychotherapy. Body psychotherapy is a therapeutic method, based on his work and further developed by American psychologist Alexander Lowen. It uses different body techniques to facilitate the recovery of the person, mental and physical. It is a practical method that guides people into a deeper awareness of their emotional and behavioral states, body expressions, posture, and voice while at the same time encourages them to witness their body's physical responses. It also uses the body structure, the movement, and breathing patterns in a person's body to reveal the story of the person, his personality, and character. Bioenergetic analysis is a part of body psychotherapy and includes therapeutic treatment techniques with psychological analysis, active body-work exercises and bioenergetic breathing. It derives its ideas from the understanding that the body's own energy reflects the emotional, mental, and psychological well-being of any person. In order for the person to be healthy physically and emotionally, this bioenergy must flow freely through the body, and the body and mind should be treated equally. The body can tell its story through the posture, breathing, movement, expression, muscles, and voice. Accordingly, the self-expressive practices, stress positions, bioenergetic breathing, and movements are used to facilitate a more complete sense of self and achieve emotional equilibrium and harmony.

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These are just a few examples of different approaches that can be used for the mental symptom treatment of thyroid disorders. Because if you consider just the biological approach (i.e. medication, RAI or surgery), I believe you are grossly reducing your chances of recovery. The body is not a machine, which parts, when not functioning properly, should be changed, repaired, or worst of all, removed or destroyed to fix the problem. Humans are way more complex than machines. The mind plays an equal role for the onset of any physical disorder and thyroid disorders are no exception, thus they should be treated together. Let's look at the 'whole person', not just part of it that needs to be repaired. Then, I believe the healing will begin!

**“Extreme remedies are very appropriate for extreme diseases.”**

**Hippocrates**

“Natural forces within us are the true healers of disease”.

Hippocrates

## Thyroid Disorders and Eastern Medicine methods

This book is controversial, I'm very aware of that fact. And it will not be complete if I talk about only about the Western medicine approach, regardless of the fact that it was mostly from a psychological point of view (that fact on its own is controversial enough). Truth to be told, Western medicine gave me the biological and psychological understanding of my thyroid disorder, but deep in myself, I am convinced that I owe a big portion of my healing to Eastern medicine and its methods.

Eastern medicine's approach to thyroid disorders or to any disorder for that matter is very different from what we are taught by Western medicine. Many people generally associate it with herbs, acupuncture, Qi- gong, Tai-chi, acupressure, and other alternative techniques, but the most common feature between all of them is the understanding that the body and mind are one whole system. According to its principles, the body has a yin and yang aspect, and the body energy system is organized around seven chakras. The general meaning of chakra is “wheel of energy”. Chakras are invisible vortexes, colorful spinning circles, that resonate to different energy frequencies and then distribute the life force, called Prana (or Chi) to the physical body as many different sensations, emotions and thoughts. When the energy flow is interrupted for whatever reason, then, a



disease may take place. If there is a concentration of inappropriate energy, pressure begins to build up. Regardless of the cause of the building up, an outward flow is the only means of restoring balance with energy flowing from an area of high pressure to one of lower pressure. This outward flow from the body is achieved through expression and communication via the activity of the throat chakra.

Since the whole chakra system a very large topic for discussion, I'll concentrate on the fifth chakra, called also the thyroid chakra, where all thyroid disorders originate.

The fifth, throat chakra is responsible for: communication, creativity, individual needs, and will. Its manifesto is: "I speak". The mantra, used in the Eastern world to balance the throat chakra is "Hum". In the physical body, it includes the neck, the throat, thyroid/parathyroid glands, the vocal cord and cervical nerve. The two forces that "fight" in the throat chakra on a spiritual level are humility and pride. The imbalance of energy in the thyroid chakra can be caused by one or more of the following factors, as per the Eastern medicine approach:

1. Inability to speak up for yourself.
2. Inability to be creative or lack of creativeness.
3. Inability to ask for what you really want.
4. Inability to speak up the truth.
5. Inability to make decisions based upon real needs and therefore creating a life style based upon these needs.

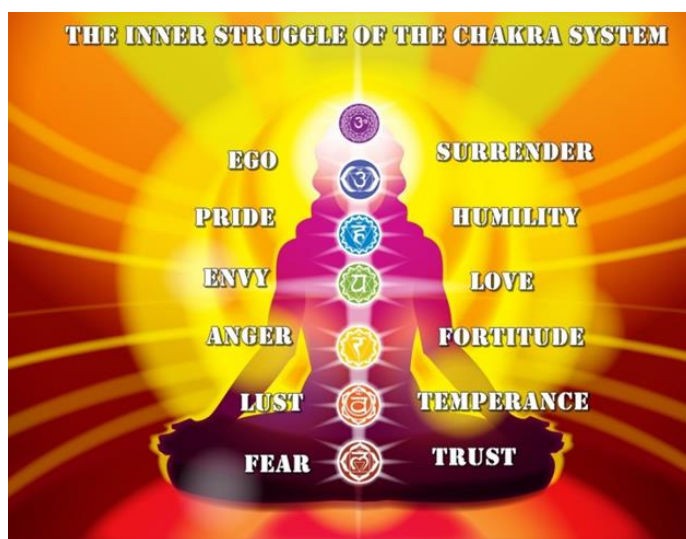
The throat chakra focuses on the expression of what we know and how we feel. Bright blue is the color associated with this chakra. It is the color of communication and information, but it is also the color of peacefulness. The human nervous system is “hard-wired” to respond to the blue of twilight by settling down, becoming quiet, and preparing to rest during the hours of darkness. As the body becomes less active, the mental activity is also reduced. An observant detachment becomes more apparent. Physical objects become less visible, so too the mental functions become more imaginative, vague, and dreamlike. Peace descends. Throat chakra energies are generally connected to water, relaxation, soothing, and calming activities.

My personal interest in the non-traditional approaches to life matters started practically with my career in psychology, over a decade ago. Later, especially when I became sick with Graves’ disease, desperate and eager to find my cure, I began studying in detail chakras, yoga, meditation, and Reiki and not only study, but apply them in my life. I simply decided to believe in it and give it a try. I experimented with everything that can come to your mind. Paying attention to my throat chakra and its message soon gave me new ways to balance it, and everything started to shift and change.

Since the fifth chakra is responsible for communication, I started to pay attention to what I am saying, how I am saying it, if I am speaking my mind and if I am saying the truth, my truth. This wasn’t an easy process of re-educating myself and cultivating awareness of my body, how it feels and what it does. I observed my surrounding environment and decided to incorporate the

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color blue everywhere I could in my house, from curtains to clothes, in order to try to balance my suffering chakra. I swam and spend as much time as I could at the ocean. I meditated regularly (this was very difficult), I did Reiki and yoga. I drank herbs night and day. I bought gemstones, supporting the throat chakra; I used aromatherapy and oils on a regular basis. I practiced Tai-chi and Qi-gong. I did reflexology and acupressure. I became creative and started writing and dancing. I turned my life and my surroundings upside down. On a pure mental level, I also had to stop being so proud and to surrender, mostly to myself and my needs. I needed to learn how to cultivate humility, if I wanted to be healthy. This is the inner struggle of this chakra, as you can see from the picture below.



My false pride was definitely on my way of healing. I was too proud to ask for help, I was too proud to give up things that don't serve me anymore, it was my Ego speaking, not my heart. While pride is often viewed as a virtue, in my case, it was more of a sin; it was negatively affecting my health. In Christianity, pride is considered as

one of the seven deadly sins and there is a good reason for that. A Buddhist monk, Matthieu Ricard, said once: “Pride, along with hatred, obsession, arrogance, envy, and greed, is a mental toxin, a mental affliction that is often responsible for a mental state of anger, jealousy or envy, and therefore resulting in unhappiness”. I changed that too, and I was on my path of healing.

You may ask why if these Eastern therapies are so beneficial, science keeps a silence about them? Well, first, there is not much scientific research on these topics, because their effectiveness is difficult to measure with laboratory methods preferred for the research and used today. Still, if you bother to search around, you’ll find some scientific evidence, even scarce (I have read some about meditation and Reiki for example). Second, no patent can be claimed on these methods, so there is no financial profit for anybody to research their effectiveness. All of them are relatively cheap to find and apply, even in your own home. Topic closed.

Still, I decided to list a few alternative and complementary therapies in this book (the list is not exhaustive or complete) because they address both-the body and the mind, and practically may bypass the psychological treatment, if you are still not convinced in its necessity.

Feel free to choose whatever draws your attention or your intuition.

**“You know what they call alternative medicine that's been proved to work? - Medicine.”**

**Tim Minchin**

## **Complementary and Alternative methods for treating thyroid disorders**

The usefulness and safety of alternative and complementary techniques significantly vary, thus, they should be approached with a great deal of precaution. Even though many people do not make a difference between alternative and complementary approaches, these are two different types of treatment. “Complementary” generally refers to using an additional approach together with conventional medicine. “Alternative” pertains to using another approach in place of conventional medicine. While much research remains to be done in this direction, many researches demonstrate the effectiveness of one or another alternative/ complementary method. Today, all these techniques are often referred to as “integrative medicine”.

The alternative and complimentary methods and techniques can be divided generally in five different types: alternative medical systems (AMS), mind- body interventions (MBI), biologically based therapies (BBT), manipulative techniques (MT), and energy medicine (EM).

However, since thyroid disorders come with many physical and mental symptoms, I would suggest people looking for such treatments to use them in conjunction of already prescribed medical treatment. All of the complementary therapies have a few things in common:

they all aim for increased concentration, relaxation, calmness, stress relief, and body awareness. They approach the body and mind as a whole and address illness as part of the whole homeostasis. They, accordingly, serve as a mediator to a specific state of mind and condition which may enhance the effects of the traditional medical treatment. When opting for complementary and alternative methods, you should have in mind a few general characteristics.

## **18 General Characteristics of Alternative and Complementary methods**

1. Authentic healing will often involve radical changes in your life style. It's not only important what you eat and drink, but the way you think and what you do every day.
2. Old habits and attitudes that supported the development of the disease will fall away to be replaced by new ones that go with a new way of being in the world. So, don't be afraid to drop off habits that are not working for you anymore. Specialists say that usually it takes about twenty one days to change a bad habit and replace it with something else, which is more appropriate for you.
3. All alternative methods are accompanied with the belief that crises of the body are ultimately expressions of underlying crises of the spirit. This statement generally means something went wrong on a pure mental and emotional level, and the disease is just manifesting on a body level, i.e. the so called psychosomatization I spoke on throughout the book.

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4. Healing requires letting go what is familiar and stepping into the unknown. Sometimes it's scary, but it's worth the try.
5. Healing may mean challenging belief systems and daring to break taboos.
6. Healing is about getting past the Ego, which is what our culture is built on.
7. Healing involves reconnecting with lost aspects of oneself, some of which exist in other than our "familiar" reality.
8. Effective holistic medical therapy depends on self-awareness; it should calm your mind and make you aware of your immediate reality.
9. You'll start to make major decisions about your own treatment according to what creates a sense of well-being, what boosts your energy, or what brings you clarity of mind. Remember your uniqueness.
10. Your lab is your body. Experiments going on there constantly allow you to find out what suits you and what doesn't. Choose wisely.
11. Herbs are used most often to affect organ systems, Homeopathic for re-balancing the overall "vital force" and flower essences (Bach flower essences) for addressing dilemmas of the mind.
12. Cell salts (Schuessler salts) are working in a horizontal path, affecting the structural components that run through many organs in the body.

13. Herbs are exerting their effect more vertically, tending to affect selectively one or more organ systems. They can be divided in four major groups- Chinese, Ayurvedic, European, and Native American herbs. It is your choice which method to choose, or a combination of them, for best results. There is no "magic" herb, or method that will work overnight-for any disease. It requires time to see the effects.
14. Many holistic approaches for thyroid disorders will "bypass" the diagnosis and work directly on the symptoms and affected organs. The diagnosis is not of primary matter, as it can shift from one to another, or can be easily mistaken, thus, in alternative and complementary treatments it is not of primary concern. An example of this rule is switching from hyper to hypo state and vice-versa.
15. Any holistic and natural treatment will involve physical exercises, diet, cleansing and detoxing, and resolving psychological issues as well.
16. Parts of the body, especially if they are "damaged" in some way by a disease, tell us about the whole: your life in general.
17. Perhaps the simplest definition of healing is "to make a whole". The holistic approaches to thyroid disorders require a lot of life style changes that will help you to become a "whole" person.
18. Whenever you start to feel whole, with body, mind, and spirit together, then your healing process is over. Your healing becomes a way of life.



## 24 Alternative and Complementary Methods, worth trying

### 1. Meditation

Meditation is a very elusive term and there's a lot of cliché around it, but you can actually meditate in many different ways. This is a process in which people focus their attention either on their breathing, a specific phrase (mantra), or object like a candle. Besides well-known passive forms of meditation that many people feel resistant to try, there are many other active forms like walking meditation or even swimming that may accomplish the same job. They basically have the same purpose--to calm down the frantic mind, to increase the awareness of the body, focus on the present, and to increase concentration. It is just a process by which people learn to focus their attention as a way of gaining greater insight into themselves and their environment. Meditation is used to treat variety of symptoms like anxiety, stress, insomnia, and it promotes overall health and wellbeing. It can bring deep relaxation, increased mental clarity, inner harmony, and spiritual insight. Meditation, among its other benefits, is also found to lower blood pressure and heart rate, or palpitations, related to hyperthyroidism. There are many studies since 1970's regarding meditation and how it can affect the body and the mind. These are just a few in this aspect:

1. Harvard Medical school conducted a study in 1975 and found that meditation counteracts with sympathetic (responsible for flight and fight reaction) and

parasympathetic nervous system (which triggers relaxation and reduced heart rate). Meditation was found to direct blood flow to the parasympathetic nervous system and decrease hormones like cortisol and adrenaline.

2. Harvard Medical school, in another study, found that meditation leads to increased brain growth, increased immunity, pain reduction, relieving irritable bowel syndrome and depression.

3. Yale studies have found that meditation and awareness exercises increase life satisfaction, attention and concentration, increase of serotonin and growth hormones.

4. Just two months of meditation are found to change the genes responsible for fighting inflammation, killing diseased cells and protecting cells from development of cancer, tumors, and viruses (as reported by Jake Toby from London's "Body Mind Medical Center").

5. Other studies have shown that meditation combined with cognitive therapy can help people who suffer from severe depression and reduce the risk of relapse by up to forty percent.

The benefits of meditation are well known today because many health professionals include meditation and awareness exercises in their healing practices. Today, these therapies are called "contemporary" therapies. Yet, not many people are willing to try meditation even though it is free and you can do it pretty much anywhere.

I often think that some people are just not as determined as I was to heal myself. I had the strong intention; I was disciplined, motivated, and willing to

change. I had this burning desire to wake up one day disease and symptom free and was willing to do everything possible to achieve it. I didn't have any specific plan back then, I had no idea what I am doing, and I was collecting pieces of a puzzle that nobody knew how to put together. I can't give you a specific system I used, because there isn't such a system. Everything was trial and error, failure or success. And the only measurement was how I was feeling and if my symptoms were getting better or worse (consequently, my thyroid test results). But meditation definitely helped me to put the pieces together.

### **2. Yoga therapy**

This type of therapy incorporates different elements: breathing, increase of strength, flexibility, and balancing body, mind, and spirit. It is found to relieve many physical and psychological symptoms, ranging from anxiety and depression, to muscle- skeleton problems and chronic pain. It helps thyroid disorders in creating a stress-free atmosphere and overall relaxation.

### **3. Humor Therapy**

“Humor therapy” is the use of humor for the relief of physical or emotional discomfort and stress. This complementary method is used to support health and deal with illness; it can reduce stress and enhance a person's quality of life. Humor physically influences the body by stimulating the immune system and cardiovascular system,

as well as other systems in the body. When we laugh, our immune system improves and may destroy tumors and viruses, increasing Gamma-interferon (a disease-fighting protein), T-cells (important for our immune system), and B-cells (which make disease-fighting antibodies).

#### 4. **Rolfing**

Rolfing Structural Integration method, found by Dr. Ida P. Rolf, is a form of bodywork that reorganizes the connective tissues (called fascia), found in the entire body. It is believed to help open up breathing, recover digestion and nervous system, and increase physical and emotional health. It includes movements and manipulation of different body parts in order to achieve proper alignment, wellness, and health.

#### 5. **Reflexology**

Reflexology is based on the theory that the ear, foot, or hand are representing all the other parts of the body through the nervous system or the “energy” system, and thus, become a replication or snapshot of the entire body. The theory behind the reflexology is that there are certain areas in both the hand and feet that correspond to the different body parts. It is widely believed that applying pressure to these reflex points can promote health in the corresponding organs through energetic passageways. It is assumed that pressure on certain points may send signals that balance the nervous system or release chemicals such as endorphins that reduce pain and stress.

## **6. Movement therapies**

These therapies use “the movement” in general, to improve physical and emotional health. The most popular is dance therapy, as it is believed that body and mind cannot exist separately, thus, they influence each other in various ways. These movement therapies are known also to help anxiety, depression, dementia, and ADHD. I found Argentinian tango to be the most helpful for hyperthyroidism as it dramatically increases body awareness, concentration, balance, and relieves stress.

## **7. Reiki**

This Japanese technique is a type of energy healing, where the Reiki practitioner uses his hands in different positions to mediate healing energy to the patient. It is shown to help pain management, anxiety, and promote relaxation. I am a Reiki practitioner since 2004 and have used Reiki in many occasions to help various ailments, mine and of close family members. I know that this method works.

## **8. Music therapy**

It involves writing music, singing, listening to music, and lyric analysis. As any other complementary therapy it does not have direct measurable effect on the disorder, but it helps people to explore their thoughts, feelings, and emotions through the use of music. It is known to help anxiety, depression, pain, and restlessness.

## 9. Qi Gong

This is an ancient Chinese health care system that incorporates physical postures, breathing techniques, and focused intention. It is known to reduce stress, increase vitality, and enhance the immune system. On a pure body level it has also been found to improve cardiovascular, respiratory, circulatory, lymphatic, and digestive systems. It also improves self-awareness and concentration.

## 10. Feldenkrais method

This somatic method, named after its inventor, Moshé Feldenkrais, is focused on the relationship between movement and thought, increased mental awareness and creativity that may accompany physical improvements. A key principle of Feldenkrais is that the way that a person speaks, moves, and thinks is based on the self-perception (and his self-image) that person has developed over the years. In order to change the way we move, treat, and carry ourselves, we have to change how we see ourselves first.

## 11. Trager psychophysical integration

Named after his inventor, Dr. Milton Trager, Trager psychophysical combined therapy, also well-known as the Trager-work system of physical integration combines hands-on tissue mobilization, relaxation, and movement retraining called Mentastics. The fundamental principle of Trager integration method is that clients learn to be

lighter, calmer, and more relaxed by experiencing lightness, ease, and freedom of movement in their bodies. The Trager method is a psychologically grounded physical approach to muscle relaxation, which is induced when a practitioner and patient achieve a state of mind called *hook-up*. “Hook-up” pertains to a connection to a condition of grace or a powerful and nourishing life force. It is the contrary to tension or struggle. The Trager Approach has been successfully used to alleviate symptoms of stress, pain, and stiffness in clients suffering from a variety of problems such as stroke, spinal cord damage, peripheral sensory/motor injuries, cerebral palsy, muscular dystrophy, polio, and multiple sclerosis.

### **12. Tai Chi**

Tai Chi is an ancient Chinese method, which includes gentle and focused controlled body movements which lessen anxiety, elevate concentration, and stimulate calmness. This mind-body system is found to help balance, liveliness, strength, flexibility, muscle tone, and coordination. Thai Chi involves profound breathing routines and methods that expand mental mindfulness and discharges pressure, hence diminishing body stress reaction.

### **13. Massage therapy**

It includes manual procedures or a combination of such that involves direct contact with the body. There are different types of massage, but they all are found to reduce stress, increase relaxation, decrease anxiety and depression, and improve blood circulation.

#### 14. Acupuncture

Acupuncture is a centuries old Chinese practice that uses needle stimulation of specific points in the body. It is found to be useful for numerous body complaints, physical problems associated with stress and emotional conditions and is proven also to boost the effectiveness of pharmaceuticals. It can treat the blockage in the movement of Qi (life energy) which is passing through different meridians in the body and thus, to improve immune system performance.

#### 15. Chromotherapy (color therapy)

In general, it uses light in the form of color to balance "energy" which a person might be lacking, whether it is on physical, emotional, or mental level. For instance, it is believed that red "boosts" the blood, blue or white cools the blood, and yellow reduced muscular pain and inflammation. Color therapy also can be applied regarding the color of the food you consume, not only for your immediate surroundings.

#### 16. Crystal Healing or Crystal Therapy

This healing method pertains to applying gem stones and crystals to restore the balance of the chakra system and to heal the physical body, emotions, mental problems, and the spirit. Gem stones are placed on the body based on color, quality, and sacred geometry. Some variations of this therapy approach include Samassati Color Therapy or Color Silks Therapy.



### **17. Herbal Therapies, Vitamins, Supplements and Diet Modification**

These therapies generally include the application of different herbs, or adding vitamins or supplements, if the body lacks them, on a pure chemical level. The diet modifications may include elimination diet, gluten-free diet, or carbohydrate diet, and they all have been widely recommended for people with thyroid disorders depending on the actual condition and symptoms.

### **18. Aromatherapy**

It pertains to the use of fragrant substances, called essential oils, which are distilled from plants to modify mood or improve different symptoms. They are usually applied to the skin, or through diffusers.

### **19. Art therapy**

Art therapy is used to help people with physical and emotional problems by using creative activities to express emotions. For example, some of the methods incorporated in art therapy are painting, creative expression exercises, clay modeling, sculpting and drawing.

### **20. Biofeedback**

Biofeedback is utilized to help prevent or treat conditions including headaches, chronic pain, hypertension,

anxiety related disorders, depression and their symptoms. Biofeedback session incorporates electrodes that are attached to your skin and send signals to a monitor. The monitor will display a sound, lights, or image that indicate your heart and breathing rate, blood pressure, skin temperature, sweating, or muscle movement. Biofeedback incorporates methods like deep breathing, progressive muscle relaxation, guided imagery, mindfulness meditation to help you regulate otherwise uncontrollable processes like muscle tension, skin temperature, and brain activity.

## **21. Ayurveda (Ayur -life, Veda - science or knowledge)**

It is a traditional Hindu system of medicine, which is based on the idea that all body systems should be in balance in order to provide health and wellness. It uses diet, herbal treatment, and yogic breathing. The purpose of Ayurveda is to bring and maintain health in the person by using the inherent principles of nature. It brings the individual back into equilibrium with their true self. As per the Ayurveda diet, the six Ayurvedic tastes (sweet, salty, sour, pungent, bitter, and astringent) should be included in each meal for balanced health. According to that system, each person consists of five primary elements- ether (space), air, fire, water, and earth. Depending on their combination in every individual and which elements are dominating there are three main forms: Pita Dosha, Vata Dosha, and Kappa Dosha. The purpose is to balance all elements for optimum health.

## **22. Homeopathy**

This is a therapeutic method that uses highly diluted natural substances to relieve different symptoms. Homeopathy consists of two Greek words: the word homeo, meaning “similar,” and pathos, meaning “suffering”. Homeopathy operates on a “like cures like” principle that has been used empirically for more than two hundred years. When a patient is suffering from certain symptoms, they can be treated by micro-doses of a substance capable of producing similar symptoms in a healthy person. In general, homeopathic medicines stimulate the body’s physiological reactions that restore health, with minimal side effects due to the use of micro-doses.

## **23. Native American Healing practices**

Native American healing is a broad term that includes healing beliefs and practices of hundreds of indigenous tribes of North America. It consolidates religion, spirituality, natural pharmaceuticals, and special ceremonies that are used to treat individuals with different physical and emotional ailments. Traditional healers aim to “make whole” by restoring well-being and harmonious relationships with the community and the spirit of nature, which is sometimes called the “Great Mystery”. Native American remedial practices are grounded on the belief that everyone and everything on earth is connected, and each individual, creature, and plant has a soul and spirit. Sweat lodges, chatting circles, drumming, ritual smoking of tobacco, potlatch rituals, herbalism, animal spirits are usually included in the healing practices. Each tribe uses its own methods and procedures, but the purpose is always

becoming whole, balanced, and connected with the surrounding world.

## **24. Traditional Chinese Medicine**

It is one of the oldest healing systems on the planet and has been used for thousands of years. The mind, emotions, and spirit, your physical body are all connected. The key principles of TCM are: the body is an integrated whole, the person is completely connected to nature and is born with a natural self-healing ability. Prevention is considered to be the best cure. From TCM viewpoint, everything happens for a reason, and the reason always serves a good purpose. Ying and Yang principles and balance are largely incorporated. TCM involves methods like acupressure, acupuncture, diet, traditional herbal therapy, cupping (to remove Yang from the body), Moxibustion (to add Yang to the body), and Qi gong. Unbalanced emotions are one of the reasons for physical imbalance. TCM utilizes eight principles to evaluate symptoms and group conditions: cold/heat, internal/external, surplus/insufficiency, and yin/yang (the primary principles). TCM also includes the theory of five elements- fire, earth, metal, water, and wood which correspond to specific organs and tissues in the body.

## **Recommendations about how to practice complementary methods and alternative techniques for thyroid disorders**

I have tried most of the methods listed in this book and honestly, I find them very useful. But during different periods in my life, I have been attracted to different methods. As I already said, most of the above complementary techniques target the whole system, not just a particular organ or part of the body, as most of the traditional medical approaches. They all aim to restore the lost equilibrium of the body and mind due to the “disorder”. Very often, these methods cannot be tested scientifically, as I mentioned, because the research methods applied by the science today are mostly focused on randomized, double-blind, placebo-controlled, dose-response studies, which is impossible to be applied for the alternative methods. These methods probably will stay “in the dark” for many more years and will still be considered a “pseudoscience”. Regardless, they have been used for centuries to enhance the healing processes of the body and mind.

I should say here that neither one of these methods should be applied, for example, as a substitute medications to Propylthiouracil, Methimazole, Synthroid, or Armour Thyroid (and related medications) for treating thyroid disorders. But they are all, surely, an irreplaceable assistant in the treatment process. My recommendation is to choose one or more of the methods listed here that seem really attractive to you, and try it for at least two months, two times a week, depending on the method. For some of

them, you can see their effectiveness immediately. Such methods include chromotherapy, massage therapy, and crystal healing. Others will take more time. If you feel that the method doesn't seem to work, or you feel nothing at all, chose another one until you find the best for you. The results will follow shortly.

### **Are alternative therapies and complementary methods safe?**

Most of the methods are considered safe with no side effects when implemented by certified professionals. However, general precautions should be taken when applying them, and always, if in any doubt, consult your physician. Your body is a good barometer of whether or not a certain method works, and it pertains to all: traditional, alternative and complementary methods.

**“I promise you nothing is as chaotic as it seems. Nothing is worth diminishing your health. Nothing is worth poisoning yourself into stress, anxiety, and fear.”**

**Steve Maraboli, *Unapologetically You: Reflections on Life and the Human Experience***

## Thyroid Disorders as Life Transitions

Transitions have been always part of my life, and probably yours too, without paying too much attention to them. We have transitioned from one place to another, from one job to another, from one family setting to another, and it was never easy and never comfortable, if you remember, even though often dearly wanted.

There was a time I thought I am simply a work in progress, and sometimes, I feel I still am. My body and my mind are undoubtedly transitioning, and my heart too, not to mention my feelings and emotions (the last ones are transiting very fast, indeed). I still believe I am about to enter new, important changes in my life and this seems to be a never ending process. Sometimes, I even feel that my life just went by, transitioning in many different ways: physical: by seeing how my body changes from better to worse, and vice versa, (when taking better care of it and thanks to swimming, tango, and the gym); geographically: from one place to another, often in a large continent scale, with suitcases always ready to go. I witnessed my mental transitions too, from one state of mind to another; job related transitions, learning and leaving different skills and knowledge, family transitions, marriages, children, as well as men, partners, or lovers, all contributing to the state of irresistible and sometimes irreversible transitions. I have also found that any transition will happen with or without my consent, sometimes enforced by life, and sometimes voluntarily chosen. What do we chose, it's up to us. We are always given the freedom of choice and a free will.

How more transitional I could be, I often asked myself? How more alternated, exchanged, interchanged, swapped, zigzagged, and rotated inside out I could be? A lot, I found, the sky is the limit.

I surrendered at some point to the fact that these changes and transitions may serve a higher purpose, presently invisible for my human eyes. I accepted that they may serve as a pre-requisite of a future event, which I am not able to see coming right now. They were supposed to be for my highest good, I believed, and so was said in many self-improvement books, which is a little comfort for a suffering, transitioning soul. Going through a transition might never be pleasurable or enjoyable for me, even though sometimes it is deeply desired. In most cases, the anxiety, the nervousness, and the fear of the unknown were just an indivisible part of it. However, I took them as a bitter medication which would lead to soul remedy at least for a while; until the necessary growth cycle was over and perhaps I passed the life exam, yes, that next level life-exam.

Marriages, new jobs, new family member, new school or college, they are all life transitions. Imagine that you are laid off from your job and that particular life cycle is over, one way or another. Your work routine has changed and so had your life. You enter a cycle of transition (which may last a long time), and you start looking for another job, which probably will require another set of skills, different knowledge, different routine, different working hours, and different salary. Everything will be different, to one or another extent, and people are usually mentally ready for that change to occur. Not so with disorders or symptoms. Diseases of all kinds, to my opinion, can also be considered as transitions from one life stage to another. I am not



saying that they are pleasurable transitions at all, but they are always a message from the Universe that something went really wrong, or something needs to be changed, like it or not, and you need to transition to the next stage of your life.

I believe that when a disease occurs, any disease for that matter, the person should look closely and examine thoroughly his or her life. This is the time and place when people have two choices: to accommodate (accept) the disease and all its consequences into their lives or implement some changes to re-establish the balance and harmony that has been lost to whatever reason. Similarly, as with the new job: either to accept and stay in the unemployment state or change some things around to find a new job.

Speaking of thyroid patients, they have to make the choice to undergo surgery, take the RAI pill, or take medication for some period of time. This is applicable in one or another variation for any other disorder, not only thyroid disorders. In all cases, it is a new condition that requires our attention and change of life style and thinking. Many people, though, will try to resist the transition; they would rather have a vital organ taken out, or destroyed, but not implement any changes in their thinking or life style. They chose to accommodate the disease in their life. Their life will change again, but this time from better to worse.

Why would a human not voluntarily choose a transition instead of being forced into it by circumstances or another person? Why not embrace the change and just accept the transition, I asked myself? How do we measure the forthcoming evolution, or how do we know when to step into it?

We all know the transition will involve a change of habits, change of patterns, and attitudes; it involves changing ourselves and our surroundings. Consequently, the people around us will change as well. Entering this transition is accompanied by the petrifying fear of unknown; it blocks our senses, our thoughts, and our human whereabouts. It requires time for adjustment and getting to know the new situation, the new people and the new rules. It is scary, as with any other transition.

Speaking about myself, I have to assure you that my personal changeovers were never smooth. I was torn apart from my past and the unknown future yet to come. I was often sitting in between, sometimes paralyzed by the choice of moving ahead or just waiting and hoping that THIS WILL PAST TOO. Not making the move, the transition, is still a decision, but not for a long time, and not the best one, I've found.

It is an undeniable fact that no matter what I chose (usually to move on), my life would never be the same, and I'll face a new reality to deal with. The game is going on, future is unknown, not by me at least. I may just guess what will happen next with my life, what plans the Universe has for me.

For most people, transition is a temporary momentum, where they enter, and accordingly, exit at some point. It could be for you too. My honest advice: embrace the transition and move on.

**“Transitions themselves are not the issue, but how well you respond to their challenges!” — Jim George**

**“Life is like a game of cards. The hand you are dealt is determinism; the way you play it is free will.”- Jawaharlal Nehru**

## **Thyroid Disorders: Destiny, Choice or Free Will?**

I am sure that I am not the only one who thinks that the onset of thyroid disorders is due to psychological factors, to a very big extent. We all know that this is not only some kind of chemical imbalance that will improve miraculously if we feed our bodies with more chemicals.

Thyroid disorders are not inherited as well, to my personal opinion, even though many patients would like to believe so, relieving themselves from the responsibility to change their lives and achieve health. What I believe could be inherited, possibly, is the way of thinking, personality traits, value system, our behavior and how we respond to stress and different external negative stimulus. This is something that we observed in our parents, family, caregivers, and significant others, since they are the immediate example of how to handle different life situations. We can change that way of thinking and behavior, once we realize what is beneficial, constructive, or deconstructive for us. In psychology, we call inherited ways of thinking introjection, which is the incorporation of characteristics (of a person or an object) into one's own consciousness, unconsciously or automatically. You can change that too. As Gill Edwards says in her innovative book *Conscious Medicine*, which I highly recommend you to read, “We are not controlled by our genes, but by our perception of the environment”. And yes, we can change not only our environment, but also our perception of it.

I want you to remember that our bodies are the “homes” we get for this life time, and we are sort of destined to live in that body. We are also sort of doomed with our parents and our children; we don’t have many choices about this setting. But we have endless choices to make within this context. It is our responsibility and choices to make how we treat our bodies, with what we feed these bodies, how we take care of them, how and do we exercise them at all. We can also choose our attitude and thoughts and decide what to do with our emotions: suppress or express them, ignore or validate them. We have endless choices also how to treat our parents, our children or our significant ones. We can leave or we can stay. We can learn humility and acceptance or we can learn to be proactive and assertive. We have endless choices within the context given to us. I call that free will and power of choice, granted to us as human beings.

So, go now and exercise your free will!

**“The best day of your life is the one on which you decide your life is your own. No apologies or excuses. No one to lean on, rely on, or blame. The gift is yours – it is an amazing journey – and you alone are responsible for the quality of it. This is the day your life really begins.”**

**– Bob Moawad**

## How should you use this book? 5 specific Self-help steps:

First, knowledge is power, we all know that. The more you know, the better decisions you can make. Sometimes, just reading a different opinion, from a different point of view can help you realize that your thyroid disorder may have different backgrounds from what you were told by the doctors (i.e. purely physiological). It should be noted here again that understanding the additional psychological reasons for your disorder does not substitute any medical treatment. Thyroid disorders are also physical disorders, not only mind disorders, and they should be treated medically as well. By that I don't mean agreeing to invasive procedures like RAI and thyroidectomy, which are irreversible and which I highly suggest to avoid, if not absolutely necessary. But even if you went through them, it is still not late to perform some life style changes before they transform into another disorder (autoimmune or not).

So, what can you do, based on the information presented in this book:

1. I suggest you sit down with pen and paper and go through all the exercises in this book, especially those regarding your hierarchy of needs. Examine honestly which of your five needs listed in this book are not met or to what extent they are not satisfied. Understanding what you need in order to be happy with your life is a step towards your healing.
2. Examine your emotions and how you feel as a result of your needs not being met. Negative emotions are the ones you should be looking for: rage, anger,

resentment, shame, fear, sadness, loneliness, guilt, inferiority. Have in mind that they are probably deeply suppressed in your unconsciousness and not simply available upon your request to be seen and admitted immediately.

3. Look deeper at close relationships: with family members, children, spouses, parents, siblings, and close friends. These are the relationships that mostly matter and affect us. Emotions related to them, especially negative ones, are the hardest to detect and admit. It is like that because your Super Ego, or the moral aspect of your personality, is trying to protect you from emotions very painful to face, and it will try get in your way by all means. You may go also through the so called denial, which function is to protect the ego from things that the individual cannot cope with. For example: it may not be acceptable to admit that your children are driving you “crazy”, and you feel guilty because good mothers shouldn’t be angry at their children. Or that you don’t love your spouse anymore (but he is a good guy in general), or your parents are a burden (but you shouldn’t feel that way because you are a responsible daughter/son). This is especially true when you don’t have a particular reason and can’t really blame anybody for anything specific. You may be blaming yourself for something you did or said, that is not “morally” and “sociably” acceptable. For example, it’s not morally acceptable to hate your siblings, or children at times, or your best friend. You may be even embarrassed or guilty about experiencing or having these feelings and emotions at all. These I call “secondary emotions”, and they are even more

poisonous than the “primary” emotions. You may think for example: “I shouldn’t be resentful to my husband because he is not that bad person overall; he takes care of me”, or “My best friend helped me when I was moving, I shouldn’t hate her for ignoring me now, when I need her so badly”. As a result of these ambivalent feelings and emotions, you may feel guilty, angry or frustrated- this time towards yourself. You may also be paralyzed by fear that you can lose financial stability, social prestige, or a friend. You may feel lonely, even though you insist that you prefer to live by yourself or you may fear death, even though you know rationally that “death is part of life” and is inevitable. There are thousands of situations and variations where you can experience negative emotions, but they can hide very deeply in your subconsciousness so even you are unaware of their presence. It’s nobody’s fault, it is the way it is. It’s human. But just admitting, allowing, and inviting them to come to the surface is in many cases enough.

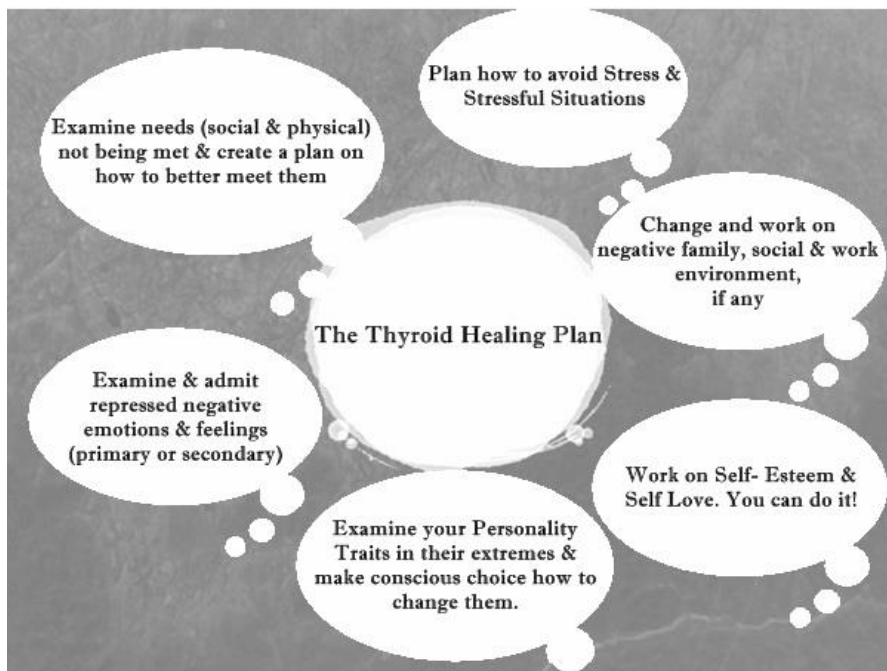
4. In the process of emotional dissection, I have found very helpful two things: One is meditation, and I already wrote about its other benefits as well in one of the previous chapters. The other method is writing three pages every morning. I learned this method some years ago from Julia Cameron’s book *The Artist’s Way*, and since then I write every morning. It doesn’t really matter what you write about as long as you do it every day. Cameron believes that this helps clean out your mental trash every morning, and I assure you that it works very well for me. Get a pretty notebook and start tomorrow. Write about

anything you want, the content doesn't matter. You may put your thoughts, your feelings, your intentions, and desires, or your plan for the day. You don't even have to read it after that, and nobody else will, so just write. You don't have to be a writer either. As long as you are literate and can write, in any language, do it. I already have seven notebooks, filled with my life in the past few years. Will I even read them again, I don't know. But they served their purpose and they still do.

5. Building your self-esteem and cultivating self-love. Improving self-esteem is a very individual journey. It's a key part of feeling happy within ourselves, and of feeling that we're succeeding in the things that matter to us. It is also your road to health. It may be also a slow and difficult process; it's not a twenty-four hour makeover. But don't give up, it's worth the time and effort! There are few methods that can be used to "treat" low self-esteem, even if you believe you don't have that "disorder". Again, don't confuse self-esteem with self-confidence, these are different things, you may be very confident, but if you are reading this book, you have some of this "low-self-esteem disease" as well. There are some specific exercises at the end of this book on how to work on your self-esteem, please, do them.

Below is a brief schema of the thyroid healing plan; some steps can be omitted if they are not relevant to the specific situation. This is also the plan I usually follow when working with clients, suffering from thyroid disorders.





I have to admit that these self-help methods may not always help everybody. These tools may, or may not do the job, but they are a starter. Our personalities have many defense "instruments", which are learned behavior to distance ourselves from unpleasant thoughts, feelings, and emotions. These so called "defense mechanisms" are difficult to detect sometimes, even by professionals. For example, sublimation, acting out, dissociation, reaction formation (transforming unwanted or dangerous thoughts, feelings or impulses into their opposites), repression, intellectualization, undoing, rationalization, or compensation- they are all unconscious methods to distract the "self" from experiencing an emotional pain. If you feel

## **Svetla Bankova**

that you are not improving a lot, by all means, seek professional help: psychologist, psychotherapist, counselor, or health coach depending on the case and problems that need to be solved. It doesn't mean that you are "crazy", or you have a mental diagnosis, if you go to any of these professionals. But this may tremendously change how you view yourself, how you view the others around you, will help you to create different actions and plans, will change your life, and finally, it will dramatically improve your health.

I promise you.

## How do I work with my clients as a Health coach?

Even though I have psychological background and education, I prefer to do health coaching because in my work I incorporate not only psychological methods, but also all the knowledge I acquired about thyroid disorders in the past ten years. I am also not a medical doctor, even though I know a lot about thyroid tests and procedures, diets, herbs, supplements and vitamins, physical exercises, and nontraditional, alternative methods of treatment from personal experience. I make this information available to my clients, but it is their responsibly to consult their physicians or other professionals about what is appropriate for their specific condition. Most of my work is focused on the mental and emotional side of thyroid disorders, because I believe that this is where healing process starts. These are some of the aspects of Health Coaching:

1. I want to know the personal story of my clients, as everyone is unique and has a personal story to tell. I ask questions about the past and the present, but we also discuss plans for the future.
2. We talk about stress factors, as they are unique for every person and how to make life style changes to avoid these stress triggers in the future.
3. We discuss emotions and how the person feels about one or another aspect of their life, and we pay special attention to negative emotions and feelings that this person may be experiencing.
4. We discuss if their needs are being met and review different ways for these needs to be met more adequate.

5. We pay attention to self-esteem aspect and how to improve that characteristic of their personalities, if it needs improvement.
6. We discuss their personality traits and how their extremes may be affecting their health.
7. We negotiate specific steps and plan how to change the situation from bad to good, from sickness to health, step by step.
8. Have in mind that it's the client's responsibility to contact and get appropriate medical treatment from endocrinologists or another physician.
9. Since I know that people with thyroid disorders may face substantial financial problems with their traditional treatment plan, may not be able to work at all or I don't have any medical insurance, I've made a decision to work with clients on the so called "sliding scale", depending on their financial situation at this present moment. We negotiate duration, frequency and cost of sessions on individual basis.

Most of my sessions with clients are performed through secure Internet connection (Skype or another program) as I found that this is the most convenient method distance and financially wise. People don't have to leave their homes or offices; it provides confidentiality and convenience which is important for people suffering from thyroid disorders. If at any point I decide that more in-depth psychological analysis or psychiatric consultation is necessary, I refer them to the corresponding professionals.

Contact me to schedule an appointment or to check my availability at [mythyroid@gravesdiseasesecure.com](mailto:mythyroid@gravesdiseasesecure.com).

## **25 life- style recommendations from a person who has been in your shoes**

(You can apply them in your life right now to help your thyroid disorder immediately)

It may look like all this stuff has nothing to do with your illness, but in fact, it does. Try to apply just a few of them and you'll see improvement very soon.

1. If you are working full time, if possible, switch to part time, or even take a leave of absence. It will speed up your healing process dramatically.
2. Make your "Priority list". Those are the top five things that are your priority. Stick with this list and don't add anything else to your plate until you get better.
3. Delegate all things that could and should be delegated to family members, kids, friends, and relatives. The fewer things you do, the better.
4. Set up your personal time and guard this, as it is your biggest treasure. It's up to you what you'll do with this time.
5. Find at least two things that you really enjoy doing (the more the better), movies, books, painting, knitting, dancing, or singing. Anything. Do as much as possible.
6. Stop any volunteering or other activity that's taking too much time, energy, or efforts. You'll need all the

space and time you can get at this particular moment.

7. Laugh, the more the better. It is proven that people who are smiling and laughing recover faster than others. Try “Laughter Yoga” if you have it in your city, read funny books (George Carlin for example), watch comedies.
8. Getting enough sleep, no matter how, can change the way you view the world. It’s the first thing you 'must do'.
9. Find what you like to do and do more of that. Sooner, or later, you’ll find a way to make money out of it. Don’t punish yourself with a job you don’t like.
10. Clear relationships and communication. Speak up how you feel. Don’t attack the other person. Any unresolved issues must be cleared.
11. Stop worrying. Anxiety is #1 reason for any disease. You have two options, either change the things you are worrying about (if you can) or accept that you can deal with anything that comes on your way in the future. You can’t change anything by worrying.
12. Live more in “here and now”... Don’t worry about future. You don’t know what will happen in the future.
13. Forgive yourself and forgive the other people. Forgive the past. There is nothing you can do about that. Whatever happened, you did the best you knew how at this stage of your life. Consider other people innocent: they did or didn’t do something because of

their own reasons, which probably have nothing to do with you. They also did the best they knew how at this point. This became my “life philosophy” and saved me from many mental tortures I was causing myself.

14. Don't question your feelings about people, situations, or circumstances. You feel what you feel. Your body is telling the truth. Trust your intuition.
15. No matter what others tell you or want from you, the most important thing is what you want and how you feel.
16. Sometimes, you have to make really tough decisions, but something good will come out of them sooner or later. There is no wrong decision.
17. If you don't see a way out, stop and give yourself a good amount of time. Calm your mind, meditate and look at your soul. The answers to your questions are there. Change the questions, if you have. There is always, always, a way out, and in most of the cases it is under your nose!
18. “Stop acting” and just listen to what's going on. Sometimes, it is better than “being proactive”. You can be brave not only in your actions, but also in your non-actions.
19. Your ego and your soul are two different things, but the soul is always more important! Never ever betray it!
20. Consider incorporating in your life one or more of the alternative and complementary methods

discussed in this book. They'll help and support the mental work and life changes you are implementing in your life.

21. Avoid stressful situations to the best you can. That also means to give yourself enough time for different projects, so you don't feel pressured by the time. If you feel time is not enough, then you should consider dropping or delegating some of your activities.
22. Simplify your life. That means also de-cluttering-physically and emotionally. Accept "less" instead of looking for "more".
23. The more you speak about how you feel, the better is for you and your thyroid.
24. Love your disease and love yourself even more. You are enough of what you are right now; you don't have to prove anything to anybody. You don't have to change for anybody either. You are perfect the way you are.
25. Know that everything is exactly how it is supposed to be. There is a "bigger" plan for you.



## Appendix

### Psychological self-test for people with Thyroid disorders

No.	Psychological Characteristics of people who are likely to develop thyroid disease	Do I have that? Yes/No
1	I am engaged in a lot of activities	
2	I am not taking care of myself and I don't know how	
3	I am restless	
4	I work something that I don't like	
5	I have a lot of stress at work	
6	I have a lot of stress at home	
7	My family's and friend's needs are ahead of mine	
8	I don't love myself and I don't know how to love myself	
9	I am doing a lot of things for other people to receive their approval	
10	I am afraid that people won't like me if I don't do things for them	
11	I am constantly worried about a lot of things	
12	I don't have hobbies and favorite things to do	
13	I don't do any physical activity, or very little	
14	I don't know what I want to do	
15	I don't remember when was the last	

	time I did something for myself	
16	I feel overwhelmed with things	
17	Time is never enough for me	
18	I am a workaholic	
19	I am a center of attention in social settings	
20	I do a lot of volunteer work	
21	I am a perfectionist	
22	I am over committed and overachiever	
23	I don't believe that I deserve what I want	
24	I don't believe that I am good enough	
25	I am anxious about the future	
26	I am easily disturbed	
27	I change my mood very often	
28	I get irritated easily	
29	I get stressed out easily	
30	I get upset easily	
31	I have frequent mood swings	
32	I often feel blue	

It's hard to say without further analysis, but if you find yourself in the above table and you checked more than three items, then it is probably time to reconstruct your life- psychologically and practically.

**4 most important psychological questions for  
people suffering from thyroid disorders**

**(That can help you figure out your path to healing or the  
origin of your disease)**

**1. If you could, and you knew that there is no way to  
fail, how would you change your life?**

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**2. What is your illness preventing me from doing or  
having?**

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**3. What is your soul craving for?**

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**4. How could you take better care of yourself?**

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## Exercise: Advantages and Disadvantages making changes in your Life

Ok, so you know that you need to make some changes in your life, but you are still not sure where to begin. Changes in life style are difficult; I know that from personal experience, especially when you are their initiator. You can use the table below to make this process easier (use more space if necessary):

Advantages of making changes	Disadvantages of making changes
Disadvantages of not making changes	Advantages of not making changes

### Three psychological strategies to manage stress

1. The first is the action-oriented approach. With this method, the problems that cause stress are identified and necessary changes are made for a stress-free life. The changes could be either avoiding the stressor or altering the stressor. For example:

**Problem:** staying in traffic on my way to work every day causes a lot of stress in my life.

**Solution:** I'll look for a job close to my home, even if I have to take a less paid job.

2. The next approach is emotionally oriented. The person may overcome stress by using different approach to the experience that caused stress. That situation causing stress is seen humorously or from a different angle. I especially advocate this approach to stress management. Sometimes, if you don't laugh at a situation, you'll cry-uncontrollably. That's no solution. So, learn to see the humor instead of the doom.

3. The third way is acceptance-oriented approach. You are accepting and tolerating the situation because any other change may cause greater stress. Adapt to the stressor and accept the stressor.

### Creative Expression Exercise

The resolution of any problem or condition regarding the throat chakra is found in expressing your energy in an effective, but safe manner. Any creative artistic occupations will do the job- as long as the focus is on the activity itself, rather than on the final product. Such activity is a release

of excess energy, and if a masterpiece of art is the end product, this is a bonus, but it is not the intention. Not to be expressive simply because you believe that you just “can’t paint” is just reinforcing the same repressive values that have probably caused the problem in the first place. Examples of things you can do and be creative:

- Writing
- Painting
- Gardening
- Knitting
- Anything you like to do with your hands

There are strategies to help you loosen artistic hang-ups that are well worth trying. One is to draw on pages from magazines or newspapers—a clean white piece of drawing paper can be intimidating. Draw with felt tip pens with broad tips. This prevents you from getting caught up with timid little lines. Alternatively, use very small pieces of paper and very fine pens— it is much easier to see your whole design and make an effective image. Set out to use all parts of the paper right up to the corners.

A book that I found very useful for boosting the creativity process is *The Complete Artist’s way* (2007) by Julia Cameron. The book itself is a practical guide of creativity, whether or not you consider yourself an artist. I’ve had this book for many years, and I use it on a regular basis when I feel stuck or when I cannot find my way out. It’s my creativity bible, always available for me when I need it.

When I decided to find out how I can be creative to channel this energy outside my body I found, for the first time in my life, that I like writing. I always had some kind of journal (not officially) and liked to put my thoughts in paper, but I never really did anything in that direction. This is how my first book, *Life Manual for 21st Century Women*, was born. This book is a compilation of twenty two authors, only women, contributing chapters about their life experience, wisdom, and what is really important in life. Writing this book and collecting all these stories was unforgettable experience, which contributed a lot to my healing process. Writing became an expression of everything that I never said before.

It is obvious that if you want to add something new to your life, you have to drop other things and this pertains not just to activities, but attitudes, feelings, and emotions. Be disciplined in that activity.

### **6 ideas for activities that can help you restore the balance of the throat chakra**

**(the list is not complete)**

1. Singing
2. Chanting
3. Playing a musical instrument
4. Dancing
5. Drum banging

6. Toning (making extended vocal sounds out loud for as long as your breath allows)

The sound is less important than the quality of the vibrations created through your body. Toning can be effective at releasing physical and emotional tensions. Just allow whatever sound to come up and let it go. My way was to sign up for dancing classes. I always liked dancing, just never had time for myself. Finally, after many years just longing for it, I started going to tango classes. Tango classes helped me tremendously in my healing process not only as a physical exercise (I hate going to gyms), but because I was doing something that I really loved to do. It was a pleasure and still is. Because the healing of any thyroid disorder includes also realizing what you like to do and once you realize what you like doing you should do more of that, because you need it for your healing. What's your favorite thing?



## 5 Methods to improve your Self-esteem and to deal with the Impostor Phenomenon.

1. Create your ‘Achievement List’. Look at what you've already achieved. Make a long list of all your achievements up to date: personal, professional, social, and physical, anything that comes to your mind. Try not being humble, that’s not the place or the time for it. If you experience difficulties, and you probably will, call friends and family members for help, go over your family pictures because usually people tend to take pictures of their most glorious moments and then tend to forget about them. Put this list into a nicely formatted, paper frame if you need to and hang it somewhere where you can look at often. And then, spend a few minutes each week enjoying your achievements, there is nothing wrong with that!
2. Think about and write down your strengths, abilities and talents. Write at least twenty one skills- this is a “magic” number to push your self-esteem.
3. Low self-esteem can be traced back to childhood, so don’t be afraid to go there, if you have to. Then forgive and let go.
4. It is strongly recommended during this process to avoid the following people: bulldozers, brown nosers, gossipmongers, whiners, backstabbers, snipers, people walking wounded, controllers, naggers, complainers, exploders, patronizers, or sluffers. All these kinds of people will pose bad vibes for your self-esteem, as well as to your self-improvement work. If it will be easier for you, list the people who

do not make you feel good, and then assign the above labels, that way it will be much easier to avoid them.

5. Know and draw your boundaries. List the things that you shouldn't be doing or don't like doing, if you were just able to say "no". Practice saying "no" in front of the mirror. (Tip: if you are planning to say "no" to someone, first come up with some kind of validation, and then follow up with a rejection. For example: "Look, you are my best friend, and I love you very much, but I can't come to this soccer game because I don't like soccer, and I'll be losing my time". Or: "Kiddo, this is a very beautiful picture, but you should clean your room after that because I don't have the time", etc.).
6. Create a short list of positive affirmations and practice them every day in front of the mirror, for example: "Julia, you are a very intelligent person", "Jack, you are so handsome", etc. It may be difficult, and it may feel strange at the beginning, but it is a helpful exercise.

## 45 Simple things you can do to improve your life right now

(Check all that you believe that can be implemented immediately)

1. Cultivate gratitude
2. Carve out an hour a day for solitude
3. Begin and end the day with prayer, meditation, reflection
4. Keep it simple
5. Keep your house picked up
6. Don't overschedule
7. Strive for realistic deadlines
8. Never make a promise you can't keep
9. Allow an extra half hour for everything you do
10. Create quiet surroundings at home and at work
11. Go to bed at nine o'clock twice a week
12. Always carry something interesting to read
13. Breathe deeply and often
14. Move- walk, dance, run, find a sport that you enjoy
15. Drink pure spring water. Lots of it.
16. Eat only when hungry
17. If it is not delicious, don't eat it
18. Be instead of DO
19. Set aside one day a week for rest and renewal
20. Laugh more often
21. Luxuriate your senses
22. Always opt for comfort
23. If you don't love it, live without it

24. Let Mother Nature nurture
25. Don't answer the phone during dinner
26. Stop trying to please everybody
27. Start pleasing yourself
28. Stay away from negative people
29. Don't squander precious resources: time, creative energy, emotion
30. Nurture friendships
31. Don't be afraid of your passion
32. Approach problems as challenges
33. Honor your aspirations
34. Set achievable goals
35. Surrender expectations
36. Savor beauty
37. Create boundaries
38. For every "YES" let there be a "NO"
39. Don't worry, be happy
40. Remember, happiness is a living emotion
41. Exchange security for serenity
42. Care for your soul
43. Cherish your dreams
44. Express love every day
45. Search for your authentic self until you find it

## Declaration of Imperfection

*This is my own Declaration of Imperfection, feel free to use it as you find appropriate!*

**I am not a perfect human being...That's why:**

*I can't deal with every situation or every problem.*

*I can't cure all pains or I can't always cure them (especially my own).*

*I can't immediately and always forgive; sometimes I need more time for my anger and rage to settle down. I have to allow some time for myself to be alone.*

*I don't forget easily, I remember things for a long time, especially when I am hurt.*

*I can't give everybody a piece of myself, my time, my money and my energy.*

*I can't always smile, and I don't even want to always smile.*

*Because I am not perfect, I can sometimes be vicious and harsh.*

*I can't always have my sheets and clothes ironed.*

*I can't be beautiful and charming every day.*

*I can't cook from scratch every evening.*

*My house cannot be neat and perfect all the time, because remember, I am not perfect....*

*I can't be friends with everybody, because I don't like everybody equally.*

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*I can't share my soul and my feelings with random people.  
That's why I can't love random people; they have to be very  
special.*

*I can't shine every day, because my job is not "The Sun".*

*And let me be clear: I can't, I don't want to and I will not  
satisfy every expectation!*

*I am not perfect. I just discovered that. That's why I put all  
cleaning supplies and my broom deep in the closet. I took  
out my dancing shoes instead. I left behind all the cruel  
expectations I had for myself, because they were killing me,  
day by day, and then guess what?*

*I felt the butterflies in my stomach and they spread their  
wings!*

*My perfectionism may show its ugly face occasionally in the  
mirror, because I can't turn overnight from Super Woman  
to an Imperfect princess. I look at that Non-Human-  
Super-Woman I used to be once, and she looks so perfect  
and so sad...*

*But you know, I am not perfect, so I can be very happy  
every now and then, right?*

## Bill of Rights of Thyroid Patient

*You have the right to:*

1. Put yourself first.
2. Ask for help and emotional support.
3. Protest against unfair treatment or criticism.
4. Have your own opinion and beliefs.
5. Make mistakes when you don't know which path to take.
6. Give other people the right to solve their own problems.
7. Be able to say: "No, thanks", "Sorry, but no, thanks..."
8. Follow your own judgment and instincts and not take advice from other people.
9. Be alone, even when someone needs your company.
10. Have your own feelings, whether or not people around you understand them.
11. Change your opinion and actions if they are not serving you anymore.
12. Love yourself unconditionally.

13. Forgive yourself and others.

14. Move on with your life, when you feel you should and when it's time.

*You are never obliged to:*

1. Be 100% faultless....

2. Be responsible for everybody, for their actions and behavior.

3. Do good things to people whom you don't like.

4. Love or respect people causing you harm.

5. Apologize to someone because you behaved as "yourself".

6. Exhaust yourself for the sake of others.

7. Feel guilty, because you have your own needs and desires.

8. Tolerate people and situations that are unpleasant and toxic for you.

9. Sacrifice your own inner peace, time or energy for anybody.

10. Stay in and keep relationships that have become abusive, insulting and offensive.



## **Mental, Emotional and Psychological Aspects of Thyroid Disorders**

11. Do more than your time or abilities allow you to do.
12. Do things that you're actually not in a condition to accomplish or you don't have the capacity, ability or desire to do.
13. Fulfill unreasonable demands.
14. Give something you actually can't give or you don't possess on a first place.
15. Bear the brunt of someone's misbehavior.
16. Abandon your own "self" for the sake of something, or someone who doesn't deserve it.

**Enjoy Your Life!**

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## **Online Resources**

National Center for Complementary and Alternative Medicine

<http://nccam.nih.gov/health/whatiscam>

Health Topics: Scientific Research on Alternative and Complementary Methods in Alphabetical Order

<http://nccam.nih.gov/health/atoz.htm>

Feldenkrais Method

<http://www.feldenkrais.com/>

Rolfing:

<http://www.rolf.org/about>

Clinical Trials and Scientific Research by Topics

<http://clinicaltrials.gov/ct2/search/index>

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Native American Healing Practices

<http://americanindianhealth.nlm.nih.gov/trad-healing.html>

Traditional Chinese Medicine

<http://www.tcmworld.org/>

Association for Applied Therapeutic Humor

<http://www.aath.org/>

Trager Method

<http://www.trager.com/introduction.html>

Graves' Disease and Hyperthyroidism Natural Treatment  
Methods

<http://gravesdiseasecure.com>



## Mental, Emotional and Psychological Aspects of Thyroid Disorders

Psychological Anatomy of Thyroid Disorders. Your body reads your mind!

Svetla Bankova is a former Graves' Disease and hyperthyroidism patient and author of five books about Graves' disease, hyperthyroidism and Thyroid eye disease. She was able to reverse her disease even though the condition is considered "incurable", applying methods and techniques, that are not only natural, but include a deep understanding of the Human Nature and Psychology, as well as a profound psychological approach to our everyday life challenges.

She passionately insists that thyroid disorders are psychosomatic by origin and should be 'treated' not only physiologically with medication, thyroid surgery or Radioactive Iodine Treatment (RAI), but also psychologically, through understanding what caused the thyroid disorder, by changing the way of thinking, exploring repressed feelings and blocked emotions, and applying healthy, stress-free style of living. Svetla Bankova's new book *Mental, Emotional and Psychological Aspects of Thyroid Disorders* includes information about:

The Hierarchy of Needs Theory and thyroid disorders

The concept of Self- Esteem and Self- Love for thyroid patients

Personality Traits of people suffering from thyroid disorders

Anatomy of stress and emotions and their role in the onset of thyroid disorders

25 Alternative and Complementary Methods, worth trying

Psychological exercises, tests and practical instruments that will help your thyroid gland

....and much, much more

Svetla Bankova has a Master's degree in Psychology from the American Public University and a Bachelor's degree in Counseling Psychology from Westdeutsche Akademie, Switzerland. She is also a Certified Life and Health Coach through Coach Training Alliance, USA.

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What your thyroid gland is trying to tell you? Decode the language of thyroid disorder and symptoms!