

Chapter 7: Long Days on the Couch

Okay in the last few chapters have been purposely set to make you the reader think and prepare you for the next step in transforming your life. This is a step that in each chapter I called for time and time again and will always state to anyone who comes out to me with the thought of being transgender. While the first steps are coming out to yourself, family and learning about what you are getting into, the first big step to transitioning is sitting in a room with a professional therapist. Its at long last time we discuss what is involved with therapy, the goals that should be set in therapy, the topics that should be discussed, and the best ways to be open about this in that environment. Along with examples from my own life and a exercise in being open with yourself. I will also be going through the latest version of Standards of Care for transgender people explaining the parts that fall on the patient and the therapist.

Therapy is a vital early step in dealing with the issue of being transgender. Not only do they help with handling the stress and problems that arise along the path but they also are a key person in getting medication legally, legally getting name and identification changes done and even a help in assisting families through the issues that can and will develop as you go.

Part 1: How to Spot transgender issues in a client

While hopes of the future that having to sit through these long days can be demised thru some testing or means of advance detection, we go forth and show up for these meetings to gain not only a better understanding of where we stand but also help with issues as they arise. While many Transgender books and stories talk about the importance of this step, they often gloss over what goes on in the room as much of it brings forth very private issues of family, friends, work, self and environment. In some ways I was and will be the same way. While times of my therapy had me going in with gaining advice on my family issues I will not go into great details to protect those involved. I will however share other issues that had arisen in my time.



In 2007 I had lost a job over stupid issues, as I explained in the past chapters I had great anger and this showed greatly at work where I was being underpaid for my title. Do to my anger I got into trouble once a transfer due to the closing of my locations closing. The transfer was suppose to include a pay increase that never came and instead of giving me that work they focused more on having me focus on tasks outside of the task I was hired for which was the major income of money for the location and pulled me from my work of which no one on staff had the skills to accomplish thus once my work feel behind I had no way to catch up and do to this they started to reprimand me, in turn my temper got the better of me and I would constantly argue with the management over the guarantee from corporate that I was to get a raise with my transfer a raise I was never given and my hours of work were thrown out and being able to handle my job as well. This argument led to my being terminated once they could find a quote mistake in my work, mistakes which upon later review showed that the management was in the wrong. But the damage was done I was unemployed. I was depressed and my anger brought me to a very dark place. I didn't want to deal with any thing in this state. I barely woke up long enough to head out to do anything. The only times I left my dirty trashed apartment was to go hang out with my friends or go out for food. But my depression would not leave me. Ultimately by August it got so bad, my car died leaving me trapped in my home and I threaten several times to commit suicide to my family, it got to the point where my family began to take efforts to possibly commit me to get better. As a last stitch effort they sought out for me to see a therapist. While it took a few days, even being turned down by my old college, to stand in as a case study for students in training. We found a therapy office that would take me. It was a small office that specialized in Jewish family help. I had my doubts that they could help me at all. I had given up all hope, by this point I was just waiting. Waiting for the right time to die.

Most cases of Gender Dysphoria, A patient holds that part of them in so deep that they hide this problem from themselves causing other mental or social issues to arise. As I stated before many cases of Gender Dysphoria tend to be Agoraphobic or even hold other issues that require a skilled professional at handling and identifying one issue from another. Gender Dysphoria can cause the patient to hide their feelings, and emotions, it can build up self hate and rage, which leads to depression and suicidal thoughts and actions. Some of tell tale signs are as follows:

- Depression
- Self Mutilation
- Thoughts of Suicide
- Fear of not fitting in
- Fear of not being accepted in society
- Self Hate
- Rage
- Intolerance of others
- Hording
- Fear of the Outdoors
- Trouble keeping relation

Trouble performing in bed
Fear of ones sexual interest
Fear of sexual intercourse

Most often people that have this issue tend to be the very same individuals that have come out as transgender. Mind you in a professional way it up to the patient to come of this mind on if they feel this way. While some may be more upfront on this as a conclusion others may never come clean on this if they possess many if not most of these issues. But a skilled therapist needs to work through the defense the patient will put forth. There are many ways to try and get people to open up.

Therapy was not a new thing to me. In fact I had been in and out of therapy since I was five, by this point I was 29 and knew very well how to handle myself in therapy. That way was to sit there answer question asked with yes no or I don't know. Just sit there quiet waist time. I knew I'd be stuck with some old professor type that would poke and prod at my life and tell me there is nothing wrong, while my parents would make claims of my former status of ADHD and think I was Bipolar (Later medical tests would prove that I was not Bipolar). I hid my true reason well. Hid it even from myself in a small box, deep behind other boxes, under my bed. But things where not as they where in the past. Do to my not having much money and the fact my sessions started out at 1 session a week. The therapist was not a old man but a young man my own age, an intern fresh out of his studies. This helped me open a bit more then I thought I would. At the time I would pass it off as nothing more then just a feeling of comfort in dealing with someone my own age to better understand me. I would later see its also helped that he was in my mind quiet attractive to me. Despite this issue the first month went on much the way I had done in the past of quietly shutting down and waiting for the hour session to come to an end. I would follow what advice he gave in the sense of getting up early, eat a breakfast, and to get some kind of physical exercise to help improve my mood. Yet my mood didn't change. By September a decision was made to take out my life savings to help fund my living expenses but I still made no effort towards seeking new employment or even finding a way to improve my life. I just kept living a life in filth and depression. By the end of September my Therapist started a new way of handling me in the sessions. We would just talk about anything and everything but I was not allowed to make "Politician decisions" as he called them, these where decisions I would make and argue on both ends with. In the end he told me that my case seemed to be an issue of me struggling with my own identity. Once I heard that I knew what he was talking about in my mind even though he did not. I went home that night furious at him. Given a homework assignment to make a pro's and cons chart to find my identity (the very exercise I give in chapter 1).

Having a Therapist that can speak on equal level is a very good and key thing, while there is many skilled individuals with highly respected degrees, each time you meet a new patient you have to start out on floor one and bring the current issue that brings them in to have them join you to progress. To do this one must understand that forcing them forward too much might cause the patient to lock up and not want to pursue forward. While once a given answer to being trans is given to the therapist its important to walk

things through their past coming to what brings them to such a decision in their life and how this stands as an answer in to their problems. (It is important to note at this point the only one who has claimed their diagnosis of being transgender is the patient) Things to note as signs of this not being a completely honest or can lead to further dangers down the line are as follows:

I have dreams about it
I have a great sexual desire for sex as the opposite sex
I think it might be fun to try things on the other side
My Friends / Family/ other says I look like a member of the other sex
I was a tomboy/ sissy

The reason not to place these as strong reasons for the diagnosis is that far too often people don't understand the pain, ridicule, or even the strain that it takes once one starts the process of going through the transition. Most cases of people who second judge or even suffer from later depression and suicidal thoughts and actions are in that way because they jumped at the chance to transition on these terms without looking deeper at themselves. While it is not my place to say no one should transition without having suffered, I can state having gone through so much in my life that the transition is not an easy path, it's not even a fair path it's only the hard path. You will have times where you get insulted, harassed, discriminated against perhaps even face violence towards you. Transitioning should be a last resort between living a life you can get up in the morning and suicide. You will find many in this day and age not accepting no matter how well you pass.

That night I felt betrayed, things I tried to hide so well in my life was out in my mind. Yet doubt in my mind caused my mind to go worse. I couldn't take it. This had to end. It was the time I knew would come, it was time to kill myself. Instead of the homework I sat there and began to work on my final words.

It's important in the treatment of a patient to set tasks outside of therapy for the patient to perform. If nothing else this gives them something else to put on their mind and works in making them think through and break down their walls themselves. It also helps since most cases therapy is simply 1 hour out of their lives while the task outside can take much more of their time. As I stated earlier when I went through therapy the first steps my therapist told me to do, was get up early, eat breakfast and exercise. The reason for this is in multiple folds. Studies show the more daylight one has in their life the better their stress, likewise a strong meal at the start of the day helps builds the energy in them to take action in the day, Exercise meanwhile helps in two ways. The first is that a strong work out releases endorphins in the body that take stress form the mind and puts it in the body to handle the work out, the other is simply in many ways because of the release of endorphins the client can work out some of the stress from their mind completely giving them time to think things through with a more calm and reasonable way it gives them time away from the stress. Granting these or other exercises gives the patient, a chance to think through their answers as well on future subjects that arise.

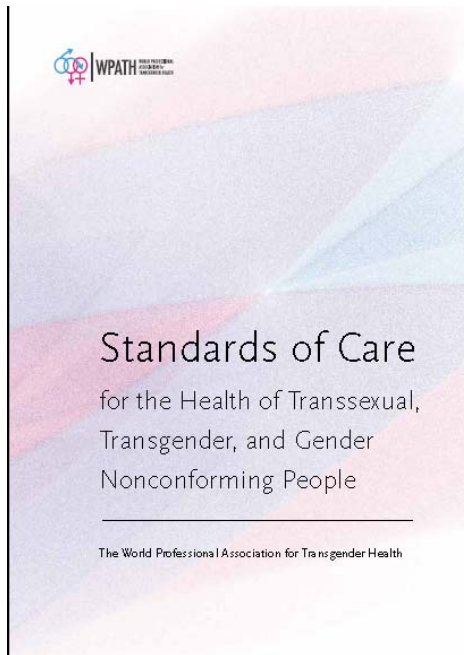
As I stated before I didn't go through with suicide. Instead for the first time in my life I listened to the voice inside myself and let it speak on the outside as well. Once I came clean with this to my friends and family that week I came clean at therapy and found new warmth going inside. No my life's problems were not solved, yes my temper would arise again and again at times. But since coming clear the thoughts of suicide began to diminish, I would threaten it only once more as I was about to be threatened to forcefully be removed from my home but I did not think it thru, and twice more I had dark thoughts that brought me close to that point, one time when I was treated badly at my new job at the time, another in an argument with family, but the more time past the less the dark thoughts could effect me. I was growing stronger. To put it in the way my therapist put it I had to crack the strong outer shell I put around me from the world to become strong and stand on my own.

When asked, what is the best way to tell a transgender person is truly transgender all I could say was, time. If their statement is true then they will stand unwavering in this decision over time. This is why the best part of therapy is not only the way the sessions go but the fact that they go on. For going on and off meds will not be helpful to a client at any time. Given there are times in a persons life where the cost of meds might not be reasonable. For this there are many medical options. The best stands with the aid of many free clinics in the world. The added bonus of discounted pharmacies such as the ones provided by Walmart where a people with a prescription can fill certain prescriptions with a mere few dollars. While there are other ways of getting drugs often they are not safe as they are acquired through illegal means so it's best that the client is well informed on how to go about acquiring the medication in a safe way and understand the dangers that the medicines can bring forth.

In time I would have to retell my story over and over again as I would spend time with 4 inters in total till my therapy finally came to an end. Each time I would discuss issues some about my life at work and the frustrations it brought, some about family issues, money issues, but most of the time it would be about my transitioning and how it was going physically, mentally and socially. It wasn't till the end of my time with my third therapist that I finally started on medical grade Hormones. 3 years of therapy and finally I was ready to begin the journey. In time it would be discovered by me ways to better handle my issues in life, better approaching difficult tasks before me. Straightening out my life to bring in a steady income, letting the small problems wash over me and think ways to handle the large problems. Accepting things I previously did not like and trying new things as they come along. Learning to be open and willing to speak my mind and share my opinions with out being of the mind to just let things happen in my life. While my life currently doesn't stand as a model example of the normal persons wish. I have come to better except what comes my way and find logical ways of seeing it thru. These days I do often get angry. Some who didn't know me before this time swear I don't get angry and argue in great tones, but those that have seen me before hand can easily state otherwise in my life.

It's important also to get across to the patient that traversing this path is not a easy one. That many things in ones life may bring forth issues towards the change. Most noted

is issues brought up in the family. As I previously discussed in Chapter 3. More likely on top of personal therapy family therapy might be needed to handle the issue. While you could try to blend the two together, more often it's better to choose an outside source for this. Specialist in Family therapy, are better set to handle on being a middle man trying to bring the two ends to a neutral ground. Once again it takes time. I personally have lost count with how many trans people came to me about the problems that has arisen from coming out to family only to hear after time things start to clear the air and they can take steps to move back to having a relationship with each other.



Part 2: Standards of Care

Highlighted sections in this part are direct copies of the words as they appear in Standards of Care 2011 edition

In many ways when I started to work on my research for this chapter I lucked out. As a member of many a mailing list on the subject I was sent the latest voted on Standards and Care moments before starting my research. The importance of this study by professionals is two fold. One is so the Transgender individual gets treated with proper dignity while getting the treatments they need. The other is to offer information on research and education of transgender care in medical society. It is release by WPATH which is a transgender study group that has set the standards of treatment for

Transgender client's world wide. As it stands the current take that SOC gives in its studies. Is that close to 90% of all cases that become identified properly as trans that the subjects issues that have developed along with this Dysphoria have show some if not greater improvement in time once the patient was receiving treatments of hormones and or surgery, Such has been the case from study after study for the last 60 years since case studies have been started. The more noted issues being high anxiety and clinical depression. Through we know of science and how the body and mind affect each other through puberty states this should not be the fact. But still the numbers do not lie. It is stated that through the case of therapy it can be discovered on if the patient is suited for going further with hormones or is just suited towards wearing cloths of the opposite gender. This decision is made through a study of the client's thoughts, actions, feelings, and past experiences in life.

The SOC states the practices upon identity is made should take part in the follow two subjects.

Changes in gender expression and role (which may involve living part time or full time in another gender role, consistent with one's gender identity)

Psychotherapy (individual, couple, family, or group) for purposes such as exploring gender identity, role, and expression; addressing the negative impact of gender dysphoria and stigma on mental health; alleviating internalized transphobia; enhancing social and peer support; improving body image; or promoting resilience.

The SOC also offers the info on helping dealing with the issue in adolescent clients as follows

Competency of Mental Health Professionals Working with Children or Adolescents with Gender Dysphoria:

The following are recommended minimum credentials for mental health professionals who assess, refer, and offer therapy to children and adolescents presenting with gender dysphoria:

1. Meet the competency requirements for mental health professionals working with adults
2. Trained in childhood and adolescent developmental psychopathology;
3. Competent in diagnosing and treating the ordinary problems of children and adolescents.

Roles of Mental Health Professionals Working with Children and Adolescents with Gender Dysphoria:

The roles of mental health professionals working with gender dysphoric children and adolescents may include the following:

1. Directly assess gender dysphoria in children and adolescents (see general guidelines for assessment, below).
2. Provide family counseling and supportive psychotherapy to assist children and adolescents with exploring their gender identity, alleviating distress related to their gender dysphoria, and ameliorating any other psychosocial difficulties.
3. Assess and treat any co-existing mental health concerns of children or adolescents (or refer to another mental health professional for treatment). Such concerns should be addressed as part of the overall treatment plan.
4. Refer adolescents for additional physical interventions (such as puberty suppressing hormones) to alleviate gender dysphoria. The referral should include documentation of an assessment of gender dysphoria and mental health, the adolescent's eligibility for physical interventions (outlined below), the mental health professional's relevant expertise, and any other information pertinent to the youth's health and referral for specific treatments.
5. Educate and advocate on behalf of gender dysphoric children, adolescents, and their families in their community (e.g., day care centers, schools, camps, other organizations). This is particularly important in light of evidence that children and adolescents who do not conform to socially prescribed gender norms may experience harassment in school, putting them at risk for social isolation, depression, and other negative sequelae.
6. Provide children, youth, and their families with information and referral for peer support, such as support groups for parents of gender nonconforming and transgender children.

Assessment and psychosocial interventions for children and adolescents are often provided within a multi-disciplinary gender identity specialty service. If such a multidisciplinary service is not available, a mental health professional should provide consultation and liaison arrangements

with a pediatric endocrinologist for the purpose of assessment, education, and involvement in any decisions about physical interventions.

Psychological Assessment of Children and Adolescents:

When assessing children and adolescents who present with gender dysphoria, mental health professionals should broadly conform to the following guidelines:

1. Mental health professionals should not dismiss or express a negative attitude towards nonconforming gender identities or indications of gender dysphoria. Rather, they should acknowledge the presenting concerns of children, adolescents, and their families; offer a thorough assessment for gender dysphoria and any co-existing mental health concerns; and educate clients and their families about therapeutic options, if needed. Acceptance and removal of secrecy can bring considerable relief to gender dysphoric children/adolescents and their families.

2. Assessment of gender dysphoria and mental health should explore the nature and characteristics of a child's or adolescent's gender identity. A psychodiagnostic and psychiatric assessment – covering the areas of emotional functioning, peer and other social relationships, and intellectual functioning/school achievement – should be performed. Assessment should include an evaluation of the strengths and weaknesses of family functioning. Emotional and behavioral problems are relatively common, and unresolved issues in a child's or youth's environment may be present.

3. For adolescents, the assessment phase should also be used to inform youth and their families about the possibilities and limitations of different treatments. This is necessary for informed consent, but also important for assessment. The way that adolescents respond to information about the reality of sex reassignment can be diagnostically informative. Correct information may alter a youth's desire for certain treatment, if the desire was based on unrealistic expectations of its possibilities.

Psychological and Social Interventions for Children and Adolescents

When supporting and treating children and adolescents with gender dysphoria, health professionals should broadly conform to the following guidelines:

1. Mental health professionals should help families to have an accepting and nurturing response to the concerns of their gender dysphoric child or adolescent. Families play an important role in the psychological health and well-being of youth. This also applies to peers and mentors from the community, who can be another source of social support.

2. Psychotherapy should focus on reducing a child's or adolescent's distress related to the gender dysphoria and on ameliorating any other psychosocial difficulties. For youth pursuing sex reassignment, psychotherapy may focus on supporting them before, during, and after reassignment.

Formal evaluations of different psychotherapeutic approaches for this situation have not been published, but several counseling methods have been described.

Treatment aimed at trying to change a person's gender identity and expression to become more congruent with sex assigned at birth has been attempted in the past without success, particularly in the long term. Such treatment is no longer considered ethical.

1. Families should be supported in managing uncertainty and anxiety about their child's or adolescent's psychosexual outcomes and in helping youth to develop a positive self-concept.

2. Mental health professionals should not impose a binary view of gender. They should give ample room for clients to explore different options for gender expression. Hormonal or surgical interventions are appropriate for some adolescents, but not for others.

3. Clients and their families should be supported in making difficult decisions regarding the extent to which clients are allowed to express a gender role that is consistent with their gender identity, as well as the timing of changes in gender role and possible social transition. For example, a client might attend school while undergoing social transition only partly (e.g., by wearing clothing and having a hairstyle that reflects gender identity) or completely (e.g., by also using a name and pronouns congruent with gender identity). Difficult issues include whether and when to inform other people of the client's situation, and how others in their lives should respond.

4. Health professionals should support clients and their families as educators and advocates in their interactions with community members and authorities such as teachers, school boards, and courts.

5. Mental health professionals should strive to maintain a therapeutic relationship with gender nonconforming children/adolescents and their families throughout any subsequent social changes or physical interventions. This ensures that decisions about gender expression and the treatment of gender dysphoria are thoughtfully and recurrently considered. The same reasoning applies if a child or adolescent has already socially changed gender role prior to being seen by a mental health professional.

The further standards for therapy, for all gender dysphoria clients, is listed here:

Competency of Mental Health Professionals Working with Adults Who Present with Gender Dysphoria:

The training of mental health professionals competent to work with gender dysphoric adults rests upon basic general clinical competence in the assessment, diagnosis, and treatment of mental health concerns. Clinical training may occur within any discipline that prepares mental health professionals for clinical practice, such as psychology, psychiatry, social work, mental health counseling, marriage and family therapy, nursing, or family medicine with specific training in behavioral health and counseling. The following are recommended minimum credentials for mental health professionals who work with adults presenting with gender dysphoria:

1. A master's degree or its equivalent in a clinical behavioral science field. This degree or a more advanced one should be granted by an institution accredited by the appropriate national or regional accrediting board. The mental health professional should have documented credentials from a relevant licensing board or equivalent for that country.

2. Competence in using the *Diagnostic Statistical Manual of Mental Disorders* and/or the *International Classification of Diseases* for diagnostic purposes.

3. Ability to recognize and diagnose co-existing mental health concerns and to distinguish these from gender dysphoria.

4. Documented supervised training and competence in psychotherapy or counseling.

5. Knowledgeable about gender nonconforming identities and expressions, and the assessment and treatment of gender dysphoria.

6. Continuing education in the assessment and treatment of gender dysphoria. This may include attending relevant professional meetings, workshops, or seminars; obtaining supervision from a

mental health professional with relevant experience; or participating in research related to gender nonconformity and gender dysphoria.

In addition to the minimum credentials above, it is recommended that mental health professionals develop and maintain cultural competence to facilitate their work with transsexual, transgender, and gender nonconforming clients. This may involve, for example, becoming knowledgeable about current community, advocacy, and public policy issues relevant to these clients and their families.

Additionally, knowledge about sexuality, sexual health concerns, and the assessment and treatment of sexual disorders is preferred.

Mental health professionals who are new to the field (irrespective of their level of training and other experience) should work under the supervision of a mental health professional with established competence in the assessment and treatment of gender dysphoria.

Tasks of Mental Health Professionals Working with Adults Who Present with Gender Dysphoria:

Mental health professionals may serve transsexual, transgender, and gender nonconforming individuals and their families in many ways, depending on a client's needs. For example, mental health professionals may serve as a psychotherapist, counselor, or family therapist, or as a diagnostician/assessor, advocate, or educator. Mental health professionals should determine a client's reasons for seeking professional assistance.

For example, a client may be presenting for any combination of the following health care services: psychotherapeutic assistance to explore gender identity and expression or to facilitate a coming out process; assessment and referral for feminizing/masculinizing medical interventions; psychological support for family members (partners, children, extended family); or psychotherapy unrelated to gender concerns or other professional services.

It is under these actions it is in the hands of the therapist to proceed to aid the client in seeking further help towards finding medical assistance and getting treated towards the ways the client sees fit.



Step 3: The tough questions

Okay now we reach a more important part of this chapter and one not discussed at all. That is what questions the client and the therapist should be asking. These are questions that help bring forth both a closer understanding of where the client stands in their sessions. In this part I will color the questions text. Text in blue is for the client and text in red is for the therapist to be asking. While I will be giving you lots of questions to ask it's not my place to answer as each person's answers to these questions are different.

What is your first memory of what gender means?

Does stating this mean I'm prone to mental disorders and possibly clinically insane?

If you knew you never could get surgery, how would that make you feel?

What should my first steps be?

If you knew you never could get medicine to alter the body, trapping you in the form you have now, how would you feel?

What are the risks I can look towards if I start (medication, surgery)?

How do you think you would act if someone discriminated you for who you were?

I came out to my (Family, Friends, Lover, Children), yet they are having trouble with my decision, is there a way you or someone you know can help us work through this together?

How do you think you would act if someone threatened violence for who you were?

I want to come out to my (Family, Friends, Lover, Children) how do I best go about doing this?

How would you act if an act of violence is being directed at you? What steps would you take to prevent it?

Is it normal to have these feelings?

What does it mean to be your chosen gender?

Do you have knowledge of where I could seek medical help on this issue? And if so would you be willing to offer your approval for me to seek it out?

Have you tried disguising this with your friends or family?

Do you have former knowledge or experience in dealing with this issue?

If someone close to you doesn't accept it, how would it make you feel?

How long will I have to be treated for this issue in my life?

What would you tell a person who chooses not to accept you? How would you react if things worsen after your first action?

Do you find that I have other issues as well not tied to this or do you think that this issue will help deal with all my issues?

Are you prepared to face the aftermath that this issue will bring in your (Family, Friend, Work, Social) environment?

Am I too (old, young, Masculine, Feminine) to go through with this?

Did you face bullying and/or name calling that fits derogatory terms towards being transgender as a child?

I'm worried that if I come out at work I'll be (discriminated, fired, assaulted) is this a logical fear?

Did you try to hide this from yourself? If so, how long, and why?

If I go through with this and find it's not who I am was it all just a mistake?

Are there parts of you, that you think will prevent you from passing as the other gender?

Will I learn to love myself if I (Go through with it, don't go through with it)?

How does this affect your love life?

Do I have a hope for finding love if I go through with this?

Are you aware of the risks of (Hormones, Surgery) if you chose to go through with this?

How much is all this going to cost me if I proceed?

Will this truly make you feel better about yourself?

Is there hope for me going down this path at feeling better for myself?

Okay all said and done most of the questions should be easy for a transgender client to answer / ask in any session.

So let's review the importance of what we covered in this chapter shall we. First we explained the importance in finding a therapist that will help in break down barriers the client places up and that will help work with the client on their treatment. Good ways is to find a therapist that can speak on level terms and has a good understanding of Standards of Care. But ultimately the best way to break the defense they build is by providing tasks outside of therapy and granting it time to slowly crack away. In part 2 we learn what exactly the Standards of Care are. And finally we sit down with vital questions that should be being asked by both client and therapist.

Resource for this Chapter

First and for most the one we spent 1/3 of the chapter covering just the mental health issues of (we will return to it when we get to medical part of transitioning in later chapters)

Standards of Care 7th edition 2011

<http://www.wpath.org/documents/Standards%20of%20Care%20V7%20-%202011%20WPATH.pdf>

Transforming Gender: Transgender Practices of Identity, Intimacy, and care

By Sally Hines

<http://www.amazon.com/gp/search?index=books&linkCode=qs&keywords=1861349165>

Mental Healthcare for transgender people: An Elusive Dream?

By Bobby Ramakant

Featured in the American Chronicle

<http://www.americanchronicle.com/articles/view/218641>

And finally we reach this chapters exercise

Exercise:

When I first went to therapy about this subject a repeated subject came up along with my transgender lifestyle and its something just about every person does in one way or another. It's building a defensive shell of words and actions. This chapter's exercise will focus on turning either a weak defensive or strong defensive nature into a more adaptable "Eggshell Defense". Why an eggshell, its simple the shell is a great strength to handle day to day issues yet at the same time fragile enough to break and let one be effected emotionally with bigger issues. The basic idea is to be able to close your self off to the opinions of people and strangers yet leave an open mind to be willing to open up if you have to. So how do we practice this exercise? Well in using previous chapter's exercises we have an idea of where we stand on issues, how to form an opinion on hate spew at us, and who we are. This time we take the info we gathered and combine it along with simple exercises used with children on how to handle bulling. This is an exercise to work along with your therapist and tackle in ways they feel might aid in the building of a defense.

For building a Defense: (All below are standard exercises each therapist should be able to use and teach you to use on your own)

Visualization exercises

Learning to ignore words and Opinions of others

Learning to keep calm

Breathing Exercises

Relaxation Exercises

Personal Daily Journal

Note I said "BUILDING" a defense. If you stand as a person like I was when I got though you might have to do the opposite and break down the defense.

As I stated earlier in this chapter I built a defense of mentally shutting myself down when I was uncomfortable. I would just sit there quite and unresponsive answering questions in the most basic ways if at all. If this is the case. It's best to break down the defenses, to be more open, and opinionated on different things. This can be as simple as going out and trying new things. But it doesn't quite break the defense well. So here is what you do.

For weakening a Defense:

While trying new things, keep a journal with you and make it a personal requirement to write no less then 4 sentences on your opinion of the new thing you try. Why 4 sentences? Typically in the way that people act most people can list three things off their head towards any opinion but writing them out in a way that forces them to write a minimum of 4 sentences causes them to really have to think out what they are saying. Don't believe me check out social sites like Facebook. Many people will post an opinion in a stronger and longer format when the subjects bother them or hit a nerve. While the average post is no longer then three sentences long on average. Why? Any time a person mentally focused on writing their mind can form the first three sentences also as instinct. Making the fourth when the brain actually is stuck thinking towards the subject they are writing about.