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Ego Functions, Defenses, and Countertransference: A Beginning School Social Work Student's Way to Professional and Personal Growth

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Abstract
The school social worker is often challenged by the complexity of the child-school-family paradigm, where the therapeutic relationship is one of the most central parts of treatment. Through this relationship, social workers attempt to recognize their clients' internal conflicts as well as their clients' relationships with others. In this paper the writer examines the perceptions and reality of the versatile role of the school social worker. She reflects upon, describes, and analyzes her therapeutic relationship with Monique, one of her more challenging cases during her first year as a social worker in training placed at an alternative high school in Brooklyn, New York. Monique presented with many internal challenges and external crises that required professional attention, including extensive trauma. The writer also explores her own countertransference, which made the therapeutic relationship personally challenging. Finally, by describing the development of both the professional and personal relationships, the writer illustrates how important it is to continuously reflect on the practitioner's own feelings and experiences. Critical self-awareness, she suggests, can contribute to the strengthening of the therapeutic connection, and further the development of a school social worker's practice skills, such as mindfulness, compassion and competence.

Keywords
transference, countertransference, ego functions, adolescents, school social work intern, school social work clinical practice

Cover Page Footnote
I express my deep gratitude to Dr. Caroline Gelman for redefining mentorship, guiding me during my internship, and continually supporting me through the writing of this article.

Ego Functions, Defenses, and Countertransference: A Beginning School Social Work Student's Way to Professional and Personal Growth

School social work has been practiced in the United States for over one hundred years, operating within a social work ecological perspective, which looks to understand and modify the interactions between an individual and their environment, and serving children, families, schools and communities (Constable, 2016; Essex, Yamano & Massat, 2016; Sherman, 2016). From the early days of the field, school social workers performed diverse roles and tasks, reflecting the ever-changing reality of schools in America (Constable, 2016; Kelly et al., 2015). School social workers' responsibilities vary within schools, evolve over time, and can be unclear at times (Sherman, 2016). The adaptable shifting nature of the specialization has also been responsible for some of the ambiguity and marginalization of school social workers (Sherman, 2016). Another challenge is that school social workers are expected to work with, and are caught between, often competing forces such as students, school administrators, teachers, community, policy and families (To, 2012). School social workers are often solely perceived as direct service providers and are either excluded from leadership roles in schools or end up competing for them with other school support professionals (Sherman, 2016; Kelly et al., 2016,). This paper will explore the multi-purposed role of school social workers in the US as well as internationally, focusing on the importance of in-school mental health services specifically for children and youth suffering the effects of trauma. Through an in-depth analysis of one of my most difficult cases, I will demonstrate the benefits of conducting an inclusive multilayered assessment of students, and the value of the social worker's own awareness in establishing a trusting therapeutic relationship and in promoting positive change.

Presence, practice, standards, qualifications, and role definition for school social workers in American schools and around the world vary greatly due to historical, political, cultural, social, and policy differences (Essex et al., 2016; Huxtable, 1998). While the field has grown and expanded in the US, it has evolved in different ways around the world, and in many countries it is still in advocacy stages (Essex et al., 2016; Huxtable, 1998). Although the literary knowledge base of international school social work is still limited (Essex et al., 2016; Huxtable, 1998), there are a few brief examples to demonstrate these variations. In China, social work has only been recognized as a licensed profession since 2006, and school social work as a specialization is still in the advocacy stage (Liyand & Zhang, 2014). In Hungary, many years of Communist rule led to social problems being denied, and expecting teachers to deal with students' varied issues (Huxtable, 1998). On the other hand, Sweden's education system has been successful in advancing both academic and social emotional development of students. Swedish school social workers are well integrated into the educational system and well established as officially valued and specialized professionals (Huxtable, 1998). In the UK, though school social work originated there as early as the late 19th century, government attitudes devaluing the profession have led to delays in the

advancement and progression of the field (Huxtable, 1998). In Ghana, a developing country with low school attendance and literacy numbers, school social workers have been traditionally responsible for staff welfare as well as the students' (Huxtable, 1998). In Israel, where I grew up and attended four schools between the early 1980s and the mid-1990s, I never personally encountered a school social worker. There was a school counselor, but no in-school social worker. While Huxtable (1998) notes many of the international differences, she also states that the core mission of school social work everywhere is to provide services to children and families, advocate for them and fight with and for them to achieve proper education and high levels of well-being while social workers navigate and coordinate the complexity of all systems and individuals involved. There is value, Huxtable (1998) adds, in extending the school social work client base and mission to children worldwide, specifically, she claims, as children and families become more geographically mobile and the issues addressed no longer remain local.

The Second National School Social Work survey explores the nature of school social work practice, and the role of school social workers, specifically in response to a new national school social work practice model created by the School Social Work Association of America (SSWAA), in collaboration with social work practitioners (Kelly et al., 2015). Its results reveal the expected picture of role variance and complexity. While the data shows that school social workers are effectively utilizing a variety of educational, behavioral and mental health promoting interventions, it also shows that growing numbers desire to spend more time on school wide prevention based primary interventions than they currently do. The survey also shows that as school social workers aim to navigate the complex and varying circumstances of American schools, many of them define their role as providing direct individual intensive services to students (Kelly et al., 2015).

In the last 15 years, following significant policy change in the US, there has been a call for school social workers to use scientifically supported methods to identify students' needs, and gradually place them on a continuum of intervention levels (Kelly et al., 2015). The new practice model suggests that to progress in the intensity of the treatment spectrum, a student must be assessed at every stage and their response to a specific intervention must also be evaluated (Kelly et al., 2015). The data collected also shows that the number of students presenting with complex mental health issues is rising, and that there is a growing need for assistance in identifying and working with children and youth specifically battling mental health issues (Kelly et al., 2016; Kelly et al., 2015). The fact that about 90 percent of American children attend public schools, most for 13 years (National Center for Education Statistics, 2015), creates a reality where schools are the place most children and young adults have access to mental health services, and positions school social workers as the professionals most equipped to target mental health issues (Plumb, Bush & Kersevich, 2016; Kelly et al., 2015; Essex et al, 2016).

Regardless of the type of intervention a school social worker chooses or is encouraged to utilize, it is very important to conduct a primary in-depth assessment.

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Because they are practicing in a multilayered environment, school social workers must create an assessment through the understanding of the student's wide range of internal conflicts, relationships and functioning inside the school, within the family, and within themselves. It is important to assess a child's individual strengths, developmental stage, and coping strategies set up, which could assist or inhibit the work towards positive change (Constable & Walberg, 2016). A full in-depth assessment is also needed when dealing with multiple systems as there is a danger of missing valuable information or the presence of supportive resources (Constable & Walberg, 2016). Once the assessment is complete, a school social worker should be better equipped to determine the level of services needed, as well as whether they should first focus their interventions on helping external elements work better together and promote student progress, or if it is better to initially focus on helping the student develop their own internal resources to better utilize and cope with their environment and the needed changes (Constable & Walberg, 2016).

Recent developments in the field of trauma and its effects on the brain, body and mind have informed the practice of mental health support and interventions both outside and within schools given to young trauma survivors. Childhood trauma affects about two thirds of all Americans (Centers for Disease Control and Prevention [CDC], 2016). Trauma presents as an extreme form of stress on the minds and bodies of survivors (Plumb et al., 2016). While young brains are more vulnerable to the damage caused by trauma, it is noted that trauma comes in different forms and its effects on children's brains also vary depending on the developmental stage of the child and the context of the events (Plumb et al., 2016; Perry, 2007). Plumb, Bush and Kersevich (2016), who presented an evidence based approach for creating trauma sensitive schools, note that many of the symptoms of complex trauma, such as anxiety, difficulty forming and maintaining relationships, social isolation, and other mental health issues, are often mistaken for negative voluntary behaviors. They advise that it is crucial for school social workers to be educated and informed about early trauma and its effects on the body and mind, so that the maladaptive behavior can be identified as the child's activated survival mode, rather than simply disruptive. Kelly et al. (2015) note that while they examined the nature of issues school social workers observed in students, they recognize a range of serious emotional, behavioral and social conditions, such as substance abuse, depression and anxiety.

In addition, with reported numbers of about 92% seeking help for sexual abuse and about 31% for physical abuse, it is shown that the majority of the students school social workers work with have experienced some level of traumatic experiences, and that most students present with a range of mental or behavioral health issues that require addressing. Although more research is needed in the field of trauma and dropout rates, Iachini, Petiwala and DeHart (2016) identified trauma as a critical factor in dropout rates, and suggest that school social workers assess for trauma as part of dropout prevention programs and address trauma related needs of the students. Plumb et al. (2016) also note that with students who have significant mental concern issues, such as the long-lasting effects of early trauma,

priority should be given to mental health concerns rather than academic performance; the effects of trauma in the brain inhibit the learning process and lead to further issues in adulthood. The SSWAA (2013) also recognized the need for high qualified clinical school social workers and clinical supervision in American schools. It is important for school social workers to be informed on the long-lasting effects of trauma and the way to treat them, while keeping in mind that establishing and promoting a trusting connection with survivors is a key element in their success.

One of the most notable ways to bring about change in the people social workers interact with is the development of a trusting therapeutic relationship, and the utilization of the worker's own characteristics and experiences, as they inform the interpersonal connection (Lambert & Ogles, 2004). In her article about the focus of social workers in public schools, Monkman (2016), who played a significant role in expanding school social work beyond the one-on-one clinical intervention, states that although the field should focus on system-wide changes, a school social worker's personal style, characteristics, knowledge base and personal values play a central part in the formation of their role through their interaction with the elements of the system. Lucio and Dixon (2008) examined the role of the social worker's gender in working with teen pregnant and parenting girls, and showed that the worker-student relationship was the most significant factor in positive outcome for the teens. Other influential personal social worker factors on the relationship, they noted, are a non-judgmental attitude, ability to meet the students at their own level, and being available for them (Lucio & Dixon, 2008). DeUrquiza (2014), who wrote about utilizing mindfulness in his school social work practice, noted that when working with students who exhibit signs of insecure attachment, which include problems in interpersonal relationships and poor self-image, connecting with them and helping them make sense of their own life through this connection secures the first steps towards the development of a secure self. He also adds that by connecting with young clients through empathy, a school social worker can connect to the part of the brain where feelings of anger, fear and rejection originate, and work towards healing. Writing about group strength based therapy in a school setting, Troester (2002), wrote about the intensified and multilayered countertransference a school social worker experiences, and the importance of examining the transference-countertransference divide. Although school social workers work in multiple settings, awareness of one's own reality and experience, as well as its effects on the relationships with students, is of great value.

The first chapter in the book *School Social Work Practice, Policy and Research* opens with Goren's (1981) *Alice in Wonderland* metaphor for a beginning school social worker (Constable, 2016). It refers to Alice's experience after she falls through the rabbit hole and finds herself amidst a long, disorienting corridor filled with doors. Some doors are open, others are closed, but all are connected through a mysterious, unpredictable logic holding a variety of surprises behind them. I found this image very close to my own experience on my first day as a graduate social work student, trying to fill the complex, multi-layered role of a

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school social worker. At the graduate school I attended, a social work student's first year internship placement begins within the first few days of the program. It often feels like a "sink or swim" approach. On my first day of graduate school, I was placed at an alternative high school in Brownsville, Brooklyn, a neighborhood known for high poverty and crime rates. As I walked through the doors, I remember feeling a sense of extreme unfamiliarity, a "Wonderland" of sorts. I had never been in an American high school before, let alone an alternative high school. I was also part of a minority group, one of four white staff members while the rest of the staff and all students were people of color, many of whom were also recent immigrants or refugees. I was a young mother, an Israeli immigrant, and a new Brooklyn resident. I possessed no formal school social work or other social work knowledge or intervention skills. What I did possess was intuition, a strong desire to promote positive change, and an open, willing heart. In many ways, my role at the school was as multi-leveled, complex and open for interpretations as the ever challenging and changing role of many school social workers. My internship required that I engage in and lead school wide prevention and psychoeducational workshops, group work, daily attendance family outreach, individual counseling, and crisis management. My supervisor often reminded me that, though I lacked formal field knowledge and intervention skills at the time, my strength was in establishing trusting relationships with the students, and that I should never underestimate the power of that. In the following case example, I discuss one of the more difficult cases I worked with at the school: a traumatized young woman with few resources and a confusing multi-layered assessment, which challenged my ability to connect, and led me on a path of self-exploration and enhanced awareness.

Working with Monique

The client-worker therapeutic relationship is the medium through which help is both provided and received (Goldstein, 1995). An intersubjective perspective sees this relationship as a dynamic connection between two participants, each bringing their own personality, psychology, and experience (Noonan, 1998). The special therapeutic relationship between a therapist and a client is at the core of the healing process and has also been reported as a principal factor in the experience of a positive outcome for clients (Lambert & Ogles, 2004). Monique is a young client I worked with during my first year of internship. She was a consistent member of the "mommy group" I facilitated for approximately eight months, and I also worked with her individually for about four months. In this section, I will provide a summary of Monique's ego-based biopsychosocial assessment, as well as describe the development of our relationship while emphasizing how an understanding of my own countertransference reactions helped promote positive change and furthered the development of my own social work practice skills.

A Biopsychosocial Assessment

Each complex human being is unique, and as thoughtful practitioners,

school social workers must attempt to understand their young clients' ways of perceiving and interacting with the external world as well as their internal conflicts. In this section, I will provide some of the background for Monique and my work with her, as well as a short biopsychosocial assessment. I will also present a brief family history and a social behavior assessment. I will attempt to include elements I felt were important in her life, as well as contradictions and inaccurate pieces of information that she provided. I believe this information adds insight into our relationship as well as into her own experience, thoughts, and emotions. I also explore some aspects of my own life, which influenced the way I felt, reacted and behaved during our work together. As will be demonstrated next, in Monique's case, the actual task of gathering the information for an assessment proved difficult and challenging, and had an effect on the therapeutic work.

Monique was a pretty, petite, young woman who identified herself as Black. She immigrated to the United States from Trinidad four years before we met and spoke with a heavy accent, for which she was often teased. We first began working together when she joined the mommy group I facilitated for young student mothers. In the group sessions, Monique claimed she was 19 years old, was married and lived with a man she called her "husband," whom she sometimes also referred to as her "baby daddy," and their one-year old son. They all lived in a house her family owned. When other members brought their children to activities, she explained her son's absence by sharing that he was being looked after by her "jet-setting" lawyer mother, who lived in Canada and often took him on exotic vacations. A couple of months into our work together, I discussed Monique at the weekly support team meeting, and recommended her for more intensive one-on-one therapy. My recommendation was supported by the school advisor and my supervisor. Around mid-year, when Monique was transferred to me for individual counseling, I was surprised to learn from both her former therapist and caseworker that she was only 17 years old and lived with her abusive father and paternal grandmother. Her external child welfare caseworker reported that Monique's mother lived in Canada with her younger brother, and that Monique was separated from her for reasons that were not known. I discovered later that her grandmother told Monique's previous therapist, an in-school social worker from an external non-profit organization, that Monique's mother did not want Monique to move with her because she was "trouble." The most confusing revelation to me was regarding her young child, whose pictures she often shared. She told her previous therapist that the child lived with his father, and her caseworker insisted that she did not have a child. During the second half of the school year, Monique also shared with the group that she was expecting another baby.

Monique exhibited social difficulties and challenges relating to others. She did not carry herself with confidence, she was isolated, and claimed to have no friends by choice, saying she did not want "anyone in her business" and that she "doesn't need anyone." The only time I saw her engaged in socialization was within our mommy group sessions. Other times, when I saw her around others, she was always sitting alone quietly. Monique claimed to still be in a relationship with her

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"baby daddy," who seemed to be a significant figure in her life, although she usually avoided answering any questions about him posed by me or the other young women. However, she did mention that he was the one paying her phone bill, bought her a birthday cake, and prompted her to report her father's sexual abuse, which she revealed to me after I started seeing her individually. I was also told that her grandmother suspected that she prostitutes; this information worried me because Monique seemed very vulnerable and was desperately looking for a connection. I was concerned that this attitude would create a position for someone to take advantage of her. Though much of what she said and how she moved in the world confused me, Monique's difficulty in establishing and maintaining authentic meaningful relationships was apparent.

As can be seen from the amount of contradictory, confusing, and sometimes untrue pieces of information, getting a complete understanding of Monique and her background, at least in the beginning, was not easy. These difficulties and inconsistencies infused the therapeutic relationship with feelings of mistrust and judgment, and interfered with the therapeutic alliance. The untruths, however, also provided valuable information regarding Monique's state of mind, defense mechanisms, and relationships. Lies come in many forms and levels of visibility, and for the most part, infuse relationships with negativity (Curtis & Hart, 2015). Being a close relational connection, the therapeutic alliance can be easily undermined by deception (Marcos, 1972; Curtis & Hart, 2015). In therapy, however, most, if not all, lies are protective, and "defensive lies" (Marcos, 1972, p. 198) are often told to preserve and protect an inner state of equilibrium and prevent the client from discussing or confronting painful internal conflicts and unpleasant realities. In the case of Monique, as will be discussed in more detail later, some of the lies were possibly part of a complex dissociative defense mechanism that was responsible, in part, for her ability to survive the horrors of her life, both past and present. By lying to me, Monique protected herself from a direct confrontation with her own painful reality and an exportation of her feelings.

In addition to the benefits of this defensive internal disconnect and avoidance, a client attempts to avoid an interaction with the therapist's countertransferential thoughts, emotions, and acts by lying (Marcos, 1972). Like most people, many therapists dislike being deceived (Miller et al. 2007; Kottler & Carlson, 2011), thus countertransferential reactions are often unavoidable. While the basic values of ethics in the social profession embrace honesty (National Association of Social Workers [NASW], 2008), it is understood that therapists also bring their own personal beliefs, attitudes, and values into the relationship, which are then embedded into their professional identity (Rønnestad & Skovholt, 2003). Some have even taken this concept further and argued that the therapist's attitude has a central role in the occurrence of lying in the therapeutic relationship, and that actions made by the therapist, such as cross questioning, greatly increases the appearance of lies (Marcos, 1972). Marcos (1974) adds that since the lying act in therapy is primarily defensive and motivated by fear, a punitive or judgmental therapist will likely induce the introduction of more lying into the system.

Recognizing the valuable role of untruths told by clients in therapy, in exploring Monique's background, I found that attention should be paid not only to the factual information, but also to the confusion and discrepancies and how they were communicated, as well as to my own emotional and behavioral reactions. Though I use the traditionally negative term "lies" in this paper, I am aware of the important role these acts play within the nature of the therapeutic relationship in general, the specific value it played in our communication, and how it contributed to my understanding of her and of our relationship. In the next section I will provide an ego-based assessment of Monique's most apparent ego functions, which I believe played a great part in our therapeutic connection.

The Ego-Oriented Assessment

"Ego functions are the essential means by which an individual adapts to the external world" (Goldstein, 1995, p.53). Thus, when working within the complexity of the school social work systems, one should assess for these functions. Evaluating a client's ego functions, strengths, and weaknesses is important to developing an understanding of their motivation, capacity and opportunity to work towards problem solutions. Thus, in a well-rounded ego functions and defenses assessment, an attempt is made to evaluate present and past functioning as well as individual capacities and contributing external factors (Goldstein, 1995). In this section of the paper, I will briefly explain the basic concepts behind an ego assessment and provide a short assessment of a few of Monique's ego functions, which played a role in our work together.

Ego psychology is an analytical model, which focuses on the Ego and on how it presents in development, functioning and treatment (Fleischer & Lee, 2013). The Ego is defined by its functions, which refer to mental operations that set the tone for how a person adapts to the outside world and how they handle internal conflict (Goldstein, 1995). Traditionally, the ego-oriented assessment provided a biopsychological perspective that examined both an individual's functioning and the internal and external forces which affect them (Fleischer & Lee, 2013). A contemporary approach attempts to also incorporate the influences of neuroscience, human development trauma, environmental trauma and interactions between these elements, as they too have been shown to have great impact on how a person perceives herself and the world (Mishne, 1996). The Ego facilitates self-regulation and adaptation of conflicts between internal motivations and internal and external demands, and integrates mental processes and experiences into a complete functioning self (Goldstein, 1995; Auchincloss & Samberg, 2012). Some examples of important ego functions are: reality testing; judgment; object relations; thought processes; and regulation and control of drives, affects, and impulses (Goldstein, 1995). Though ego functions are individually labeled, it is important to note that humans are complex beings. Because ego functions are interrelated, a disturbance or change in one is very likely to affect another, while some can have isolated disturbed functions at the same time others are intact (Bellak & Meyers, 1975). Ego functions work together as a system that attempts to sustain a person's daily living

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within themselves and within their environment (Zayas & Katch, 1989). An understanding of this complex system of functions can shed light upon how a person operates both internally and with their environment.

From the beginning of our relationship one of the elements, which stood out most to me, was Monique's underdeveloped thought processes. Mature thought processes consist of a person's thinking and interpretation abilities, such as the ability to perceive and attend to stimuli, concentrate, remember and reason. Autonomous functions relate to similar abilities; these functions, however, refer to the ones that are independent and separated from environmental influence, and for the most part are innate (Goldstein, 1995). Assessing thought processes is very important since many ego functions are closely connected to cognitive thought processes (Goldstein, 1995), and if diagnosed officially, could play a crucial part in eligibility for services and assistance. Monique often had difficulty understanding questions, following instructions and remembering events. While in both a group setting and individual meetings, I had to rephrase my statements or questions a few times before she understood and responded. During the maturation process, primary process thinking, which follows the pleasure principle and can be expressed by wish fulfillment fantasies, develops into secondary thought process, which is oriented towards goals that are anchored in reality (Goldstein, 1995). One example of Monique's underdeveloped thought processes was when she stated her goal of getting an internship within the school to save up for a plane ticket to move to Canada with her mother. She expressed this wishful fantasy as a real goal while ignoring the many actual barriers and challenges to making enough money and making such a move happen.

Along with many other ego functions, good judgment and the ability to control impulses build gradually during the early developmental stages, and depend on a maturation of complex cognitive thought processes (Goldstein, 1995). It is also worth noting that teenagers, by definition, often exhibit deficits and immaturity in ego functions, such as judgment and impulse control (Zayas & Katch, 1989). Like many of the young students I worked with, Monique seemed to lack good judgment, which is essential to effective problem solving and is closely related to an ability to accurately perceive the environment (Goldstein, 1995). Monique did not know the appropriate way to interact with others, and though it sometimes seemed that she was trying to fit in and socialize, it often backfired as she behaved inappropriately in each context. For example, when I mentioned a friend who gave birth to a 10-pound baby, she replied loudly, "She must have a really big pussy!" Her comments led me to believe she was not assessing the environment well, might not have understood the effect of her behavior, and had impulse control issues. It also made me uncomfortable around her, as her reactions were often unpredictable. The ability to regulate and control impulses is closely related to judgment, an area where Monique had demonstrated difficulties as well. She often had unpredictable outbursts reacting to comments made by group members that were not aggressive or offensive. This caused me to feel a little anxious whenever she spoke. For example, when another group member asked something about her mother, Monique

exploded and threatened her, saying, "Don't you ever fucking speak about my mother!" This outburst also exposed Monique's sensitivity regarding her mother. Monique's inappropriate behavior with the other girls could also suggest a possible impairment in her object relations ego function, which relates to an internalized sense of self and ability to establish and maintain mature, meaningful relationships (Goldstein, 1995). Though some of the less developed ego functions I identified in Monique could be attributed to her age, I believe that to fully understand Monique's difficulties, we need to take the traumatic circumstances of her childhood into consideration, as well as her socioeconomic and cultural background.

When evaluating Monique, as with any school based assessment, many factors, both internal and external, need to be considered. Monique turned 18 mid-year, and her sense of self did not seem fully developed, which suggested the need to reflect on some of the unique circumstances of her life that possibly influenced her development. Ego development is a gradual process, and follows the maturation process. However, early traumatic experiences, as well as other external events, can have great impact on this formation (Fleischer & Lee, 2013). When a child experiences an overflow of internalized negative experiences, she carries it into adulthood and it can cause distortions in adult relationships, which are now evaluated through a specific biased lens (Zosky, 1999). A past of abuse, such as Monique's, must have great influence on her development as a person, as well as how she carries herself in interactions with her environment. Monique's early sexual abuse by her father, and possible early disrupted attachment, probably affected her development and held her back from mastering Erikson's "identity versus role confusion" stage (Boyd & Bee, 2012, p.27). There also seemed to be difficulty mastering previous developmental stages, such as the very early "trust versus mistrust" stage (Boyd & Bee, 2012, p.27). These developmental issues also might have led to some of the interpersonal and intrapersonal conflicts between Monique's actual behavior, her biological age, and what she or others expected from her.

In addition, it is hard to consider her ego functions and sense of self without considering the experiences of young immigrants of color from a low socioeconomic background. Social constructions are complex and affected by factors such as socioeconomic status, ethnicity, and historical conditions (Freud, Sophie, 1989). Definitions of "normality" are ever changing and shifting; thus, there can be many social constructs depending on who defines what is "normal" at a given time for a given group (Freud, Sophie, 1989). I believe that there is a connection to their developmental stage as well as the sociocultural environment the students live in where most develop behaviors and defenses that are crucial to their survival in the context of their lives. The above factors, as well as others, must be taken into consideration when an in-depth ego assessment is done in a complex case such as Monique's.

Defenses, Coping Mechanisms and Strengths

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Ego defenses are the mechanisms that protect an individual from internal and external threats that can lead to anxiety infused emotions (Zayas & Katch, 1989; Goldstein, 1995). They operate in the unconscious realm, and protect an individual by keeping intolerable or unacceptable thoughts and emotions out of conscious awareness. All defenses have a certain element of distorted reality to them; however, the level of distortion is lower in high functioning individuals, and in these cases, there is not much affect on reality testing abilities (Goldstein, 1995). All people use defenses as part of their lives, but higher functioning individuals tend to use defenses that are flexible and adaptable rather than rigid and stern (Goldstein, 1995). Many survivors of early abuse tend to develop defenses that are directly responsible for their early survival; these defenses, however crucially useful in the early life, tend to develop into rigid maladaptive patterns of behavior as the survivors mature (Howell, 2005). Some of these defenses have also been traced to brain changes in structure and function, which originate from early traumatic experiences (Schore, 2009; Perry, 2011; Divino & Moore, 2010). In short, ego defenses are there to help the self make sense of the contradictions which scare or threaten them, and specifically the ones with which they simply cannot consciously live. In the next section, I will discuss some of the more dominant defenses, coping mechanisms, and strengths I identified in Monique during our work together.

As was shown earlier, a history of trauma as it is connected to the self and its functions and defenses should also be considered while conducting an in-depth assessment. One of the most identified and discussed defenses prevalent in survivors of early relational trauma is dissociation (Howell, 2005; Davies & Frawley, 1994). Dissociation, as has been termed by Davies and Frawley (1994), is a process through which links of mental events are disconnected. These links can be between actual events and their emotional significance, between events that seem unacceptably contradictory, or between real events and their cognitive meaning or mental symbolic representation (Davies & Frawley, 1994). After learning about Monique's family history, it was clear to me that she had a past of substantial abuse. I did not know many of the details, but the abandonment, rejection, and sexual and physical abuse I became aware of touched me deeply. Children who have been affected by relational trauma, especially when they were young, are prone to developing strong dissociative defenses that are extremely beneficial, even crucial, in helping them survive the reality and pain they cannot face. For example, by detaching from a real event or in other words, by dissociating, these individuals mentally separate themselves from the event and sometimes even from their own physical experience of being (Howell, 2005). By doing this, they protect some part of their sense of self that can keep going and survive. However, these same defenses are very rigid and tend to shape and limit navigating life emotionally and relationally as an adult with a whole and complete sense of self.

One of the ego defenses through which Monique's dissociation mechanism came through was her isolation of affect. This ego defense is categorized by the repression of feelings associated with certain events (Goldstein, 1995).

Dissociation can also manifest in a disconnect of the actual experience from emotional meaning or significance (Davis & Frawley, 1994). Whenever Monique mentioned events from her past that were emotionally traumatic or disturbing, such as the ongoing sexual abuse by her father or being kicked out by her grandmother, she showed no emotion. Her affect was flat and her voice chillingly stable. When probed for emotion, she would say things such as, "I don't care" or "it doesn't bother me." In addition, whenever Monique spoke of her mother or aunt, whom she loved greatly, she described her relationship with them as "good." However, both women have rejected her in the past, and I believe that Monique used denial in addition to isolation of affect in order to avoid confronting the reality of having no one on her side. Living her life would have been unbearable if she truly experienced how alone and abused she was. In a way, showing no emotion about it meant she also avoided the strong anxiety-enhancing emotions.

As discussed earlier in this paper, lies told in therapy have a major protective function, and exploring them and the purpose they serve hold great meaning to the understanding of a client and the therapeutic relationship. According to Ego Psychology, one of the main differences between defense mechanisms and coping mechanisms are that defenses are mostly unconscious, and coping mechanism are, to different extents, intentional (Goldstein, 1995). I believe that a large part of Monique's lies developed as a coping mechanism, which protected her from constantly living her souring reality of abuse, neglect and abandonment in both her and others' eyes. It might have also represented the type of a life she wished for. As with other defenses mentioned earlier, although this might have started as a very powerful protector, her lies often become an inhibitor of relationships in the present. In Monique's case, lying both served her and held her back at the same time. Though this coping mechanism was maladaptive at times, as she was often thought of as an untrustworthy liar by her caseworker and classmates, I think it was also a creative way to survive and engage socially. Creating an "alternate fictional reality" as a daughter, mother and a wife, which she perceived as "normal" and admirable, allowed her to continue "living." This alternate life also helped her connect with me and the other girls in the group through a common interest: our children. In our group, she created relationships based on "belonging," rather than feeling different and isolated as she did in most other cases. Like her defenses, which served her well as a child, Monique's lies, although they might have helped her survive and function within her daily reality, hindered her ability to establish meaningful relationships.

An inclusive assessment would not be complete, or ethical, without an evaluation of a client's strengths. I knew that, despite her severe missteps in her presentation of self, Monique was a strong person. Being a survivor, being able to cope with her reality, and being able to ask for help are some of Monique's most prominent strengths. Considering what she has gone through in her short life, I appreciated her resilience and ability to re-focus on goals and work towards changing her circumstances. Though she was not always able to plan productive solutions to problems on her own, she made an official complaint about her father's

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abuse, and asked me to assist in finding her a way to move out of her grandmother's home and into a shelter. Another one of Monique's great strengths is that she came to school very early every day, a trait that is rare among her peers. This fact initially allowed me to relate to her better, as I also had found ways to escape my disorganized childhood environment by setting my own rules and regulations. As I got to know Monique better, I realized that this strength is one that has also helped her survive her life in this new country. Spending more hours at school meant that she spent less hours at home in danger of being abused. It also touched me on a personal level, allowing me to engage with her and be part of her support system. I rarely felt engaged or useful on this level while I interned at the alternative high school. Some of the challenges of my practice at the school where related to the previously mentioned systemic limitations on social workers' roles in school settings. My sessions were usually only about 20 minutes long, were considered low priority by teachers and administration, and with low attendance numbers, students often not present on session days. Being able to consistently meet with Monique, and the realization that I am part of an active positive element in her life, was encouraging and comforting.

Transference and Countertransference

For almost a century, clinicians have developed their understanding and appreciation of the concepts of transference and countertransference as valuable tools at the center of the therapeutic relationship (Davis & Frawley, 1994; Gil & Rubin, 2005). A central part of the therapeutic work is done within the transference-countertransference dyad, which deepens the relational client-therapist connection and provides great opportunities for rupture, reenactment, and repair (Noonan, 1998; Gil & Rubin, 2005; Davis & Frawley, 1994). Transference is the experiencing of emotions, thoughts, and defenses towards a person or a therapist in the present that are repeating reactions and feelings experienced towards figures during the past, typically during early childhood (Greenson, 1965). In other words, transference refers to everything the client brings with them into the room and into the therapeutic relationship, including what part they need the therapist to play. Countertransference, or a worker's subjective reactions to a client, is influenced not only by their own unresolved conflicts, but also by the way the worker experiences the client and their conflicts (Brandell, 1999). Brandell (1999) adds that working with children and adolescents tends to evoke even stronger feelings in workers. In the next section, I will describe some of the countertransference reactions I experienced towards Monique, which were strongly influenced not only by my own past experiences and perceptions, but also by how I experienced Monique's own ego functions, defenses, and history.

In December, following her caseworker's visit to the school where the inconsistencies in her story were revealed to her therapist, Monique did not attend school for two months. As I described earlier, having gone through a difficult process with her in the group, there was admittedly some part of me that felt relief. Upon Monique's return, her therapist, who was leaving the school, approached me

about seeing Monique individually. I saw this as a compliment to my abilities because she said Monique specifically asked for me. However, the realization that I did not know how much of what she says is true overwhelmed me. I also questioned why she actually chose me. Was it because she felt close to me, and safe to open up? Or was it because she felt I was an inexperienced intern who could be easily manipulated, and with whom she would be safe since I would not see through her lies? In other words, should I be flattered or offended? I decided that either way, she chose me because she believed I could help her, and I had an obligation to do my best. During the first few sessions, I tried to engage Monique with minimal success. I felt she neither showed no emotions nor revealed any parts of her true self or experiences to me. I was confused; I assumed she felt I could help her (she asked for me after all), but I did not really know how to help, what her expectations were for me, or what I expected of myself. I felt stuck. The turning point in our relationship came when I began to be more aware and analyzed my own countertransferential feelings to some of her behaviors.

One of the most prominent elements in Monique's background was her disrupted relationship with her mother and other close female family members. She told me that, even though her father had forced sexual acts on her since the age of nine, neither her mother nor her grandmother ever believed her. She made a point of providing me with phone numbers of people she had disclosed to and who did believe her, exhibiting her great need to be believed and trusted. She missed her mother greatly, and I could tell she felt abandoned by her. During our relationship, Monique contacted me via text message letting me in on little personal accomplishments such as her first time voting and her upcoming birthday. In addition, she had come to me for "motherly advice" on a few occasions, with questions such as how to understand the doctor's instructions regarding her urinary tract infection. In terms of Monique's transference to me, I believe that she looked to me as playing a motherly role in our relationship. While I attempted to model a loving caring relationship to her, I was constantly aware that transference reactions might also have negative impact on the therapeutic relationship (Goldstein, 1995). I needed to monitor their development and not let her become dependent upon this perceived reality of our connection. While Monique needed me to be a good mother, she also experienced abandonment and abuse from her own maternal figures, and I was aware that she might, at some point, come to see me as abandoning her. I noticed that as the conclusion of our meetings approached, Monique made a point of ending it herself a few minutes before the actual time. I interpreted this as her need to protect herself and not allow herself to be abandoned by me. I let her do this in an attempt to help her gain control, as well as model positive reactions to endings. Due to her history of not being believed or trusted, I also noted that I should be careful in expressing disbelief, and that regardless of my actual expressions, she still might interpret my reactions as disbelief.

Traditionally, countertransference has been thought of as the relationship between the client's transference processes and the therapist's unconscious processes and responses. It is no longer considered a simple relationship, and its

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implications have also been expanded and researched into complex work with young clients. The definition has been extended to include a therapist's conscious responses and reactions to characteristics of the client, and, moreover, the value of awareness of the counter transference process that manifests in the therapeutic relationship has been considered specifically meaningful in child and adolescent work (Bernstein & Glenn, 1988; McCarthy, 1989; Wright, 1985). The understanding of the therapeutic impact of countertransference has also been expanded beyond analytic work with adults to working with children and adolescents in a non-analytic environment. It has been claimed that countertransference responses are often stronger when working with children and adolescents rather than adults (Metcalf, 2003). Landreth (2002) traced the source of the intensity of countertransferential behavioral responses to young clients, therapists' own blind spots, and unrecognized emotional needs that originate in their past, and are triggered by working specifically with children and adolescents. Brandell (1992, 1999), attributed the strong reactions when working with young clients to the fact that the clients often lack motivation in treatment, are much more action oriented than adults, are easily frustrated, and are, by nature, regressive. He adds that by often acting out and focusing on immediate gratification of instinctual demands and drives, the therapeutic relationship awakens therapists' own defenses, which evokes powerful countertransference (Brandell, 1992). Working with young clients can evoke strong reaction, and working with Monique proved to be no exception for me.

During our relationship, one of my strongest emotional reactions to Monique had been to her various lies and contradictions. During the first semester, I had intuitively questioned the truth behind Monique's stories. However, I felt guilty and attempted to be mindful about questioning some of her stories, thinking that I might be unconsciously doing so because she is from a different sociocultural background ("why wouldn't her mom be a jet-setting lawyer who is always on international vacations with her young grandson?"). I did probe at times, trying to figure out her "real" story, but I also felt limited by the group setting. After Monique's return to school, and my discovery of the untruths behind her stories, I noticed that I had a strong reaction to her sharing in the group. Though I tried to stay composed, I felt offended and angry when she spoke. I felt that she was misleading us all and betraying the trust we had put in her. One day, I even impulsively changed the subject while she spoke, in what I believe was an attempt to "protect" the other members of the group from her lies. McCarthy (1989) suggests that one of the ways countertransference manifests within the therapeutic relationship is by avoidance of the therapist of their own anxiety, or their clients' anxiety, which leads to avoidance of issues that touch on these anxieties. I was startled by my own reaction. Realizing the atypical intensity of it, I was flooded with guilt and I began to actively search for the meaning behind it. I recalled my hatred of lying and that I attempted to hold myself, as well as my friends and family, to high moral standards. Up to this point I considered this a strong strength of mine, and did not attempt to trace its origin. However, trying to understand what lay behind this hatred of lies and my reaction to Monique led me to thinking about my

own relationship with my father.

My parents were divorced when I was four years old and I grew up under great financial difficulties with my mother. I have always had a close relationship with my father, who was an abusive partner and an alcoholic. As a child, even though my mother kept saying that he constantly lied to me, I stood by him and was angry with her. However, I did intuitively know that he was deceiving me and hiding information from me about himself and his life. These lies always came through in small inconsistencies and contradictions that I always avoided or ignored. When I was 14, and he was in recovery, my father asked me to come to a therapy session with him. I do not remember any details from this meeting other than one short exchange. His therapist asked him if there was anything he would like to tell me at this point, and he admitted to being untruthful with me for years about his finances and other details in his life. He said he lied fearing I would give the information to my mother. Remembering this event, I realized that even though it was hidden from my day-to-day consciousness for over a decade, it had a great impact on me.

Realizing the source of my reactions to Monique helped me see our relationship differently. It helped me view and experience the "lying" as a communication tool rather than a negative act personally directed toward me. Through her actions, she communicated to me the dire pain and constant survival state in which she lived. The lying allowed her to reveal to me all that she has in fact hidden. As I processed our sessions and my reactions in my head as well as with my peers and clinical professor in class, I realized that these strong reactions to her behavior might also be a part of her experience with others, and that she might feel rejected much of the time. When I saw Monique for our first individual session following my own self-revelation, I could empathize better, notice her non-verbal cues of distress when I asked about her mother, and was able to adjust accordingly. I saw emotions in areas where I had missed them before, and the painful truth was not masked anymore by the lies. I was also able to open up to the maternal caring role she needed me to play. I stopped focusing my efforts on searching for the truth, and was no longer personally offended by her behavior. I experienced her as vulnerable and young, and saw her behavior as a coping mechanism that is at times adaptive and others maladaptive. Monique responded well to my empathy, care, and attention, and directly asked for help as she opened up about her father's ongoing abuse in detail for the first time. She also requested to start seeing me twice a week.

Work Plan, Termination and Closure

Winnicott described a holding environment as one that is consistent, reliable and safe from internal and external anxiety provoking affects (as cited in Applegate, 1993). One of my primary goals when working with Monique was to create a holding environment where she would feel safe and protected from harm and abandonment. One of the challenges to this was that I had very limited time working

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with her, and that creating a holding environment is a gradual process (Brandell, 1999). When working with clients' coping mechanisms and defenses, especially with adolescents, care needs to be taken not to threaten or challenge them too quickly without leaving the client an alternative to engagement (Brandell, 1999). I did not want Monique to bring all her defenses down too quickly, because it could lead to feelings of abandonment when I left my placement. I did think that she could benefit from me modeling a loving connection and creating a corrective repairing experience. Realizing that I need to be aware, flexible, and creative in our work, I built the relationship slowly, attempting to be aware of both her emotional and practical needs.

While supporting her through the creation of a holding space and relationship, I remained aware that Monique was in the middle of a crisis, one that transcended her internal issues. I felt that my goal was to simultaneously provide her with emotional support and to work towards more practical support, such as stable housing, once my placement ended and school was over. Through our relationship, I hoped to be able to mobilize resources for her and connect her to a supportive person, such as an out-of-school clinic or agency or through the school. Thus, one of the first actions I attempted to do was to get Monique formally assessed outside of school for what I believed was her low-functioning thought processes and autonomous functions. This would allow her to apply for related services. In addition, I began to work with her on modifying her environment by creating an alternative, safe living arrangement. At the same time, I tried to focus with her on identifying her own strengths, abilities, and internal and external resources, which I believed would provide long-term support for her. One of my greatest challenges was that many of the decisions and actions needed to actually be carried out by Monique herself. During our time together, I learned to let go and put the control in her hands, allowing us both to realize that she is the one in charge of her own life.

In late April, Monique called to inform me she would miss a day of school because she was on her way to the one stop shelter and service center for homeless youth that I had been encouraging her to go to for some time. Unfortunately, she did not return to school, and I did not hear from her after that phone call. In late August, I met her on the subway and I hardly recognized her. She looked healthier and had completely changed her appearance. She told me she was still at the center, where she was taking classes towards her GED and was seeing a mental health professional regularly. Though not the traditional termination session, this chance encounter did provide me with some closure, a sense of completion, and gratitude.

Conclusion

The therapeutic relationship is a complex one, where there are more elements involved than just two people. This is specifically true when school social work is discussed, as the work involves multiple pieces connecting and influencing each other, and the role of a school social worker is constantly changing and

adapting to new system-wide input. Will there ever be an internationally and nationally agreed upon and proven set of roles and practices of the school social worker? I am not sure. However, the importance of creating a trusting therapeutic alliance should never be overlooked, as it is central to every intervention we use, especially when working with child survivors of trauma. In her article, Goren (1981) argues that although she starts her journey in a corridor lined with mysterious doors, Alice uses her own characteristics, personality and values to work through and navigate the many relationships and experiences along her way. My experience as a fresh social work student, working through the often confusing and ever complex maze of school social work was no different. Though I possessed neither the deep understanding nor the skills of a seasoned school social worker, I utilized the tools I had at my disposal. I conducted an in-depth inclusive assessment, looking into internal issues, immediate environment and the interactions between them. I also assessed her experience with trauma, which led me to reframing some of her maladaptive behavior as a survival mechanism. I worked with her on the school preventative level, on the group level and individually through an intense clinical therapeutic intervention. Lastly, I used my own feelings and reactions, in order to establish a trusting relationship with Monique, to meet her where she was, and promote positive individual and systemic changes.

Both Monique and I brought into our relationship, and triggered in each other, memories and emotions regarding past experiences. The young people school social workers work with come from all parts of life and are usually in need of great help. Helping to motivate and nurture them internally is just as important as assisting them in dealing with external difficulties and demands, and clinical interventions can be helpful in both contexts. My work with Monique showed me the great value in ego-based assessments, and I have become very aware of how my own history and feelings directly affect my relationships with my clients. I have also learned to identify the role my client needs me to play based on assessment and her interactions with me. I may never know how much was “true” regarding Monique’s story. However, I am not bothered by it anymore. I attempted to meet my client where she was at the time, and my work with her focused on what she wanted to achieve. Most of all, I learned about myself. Monique has been one of my more complex cases, and I feel lucky to have known her. She has shown me great things about human nature, resilience, creativity and relationships. Our interactions and my own reflection have been very meaningful to me. Though I have been out of school for a couple of years now, I am still a beginner, and I often feel confused. However, I am grateful for choosing this path and for all the previous ones that led me here. I know that if I remain self-aware and open to new explorations, I will continue to grow and progress on my way to being a well-rounded, mindful social worker.

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