"Understanding...": Processing Information and Values in Clinical Work

Edwin H. Greenebaum
Indiana University Maurer School of Law, greeneba@indiana.edu

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Recommended Citation
https://www.repository.law.indiana.edu/facpub/1026
As professionals and clients, we act in discriminating ways in response to our experience of events in the environment, including our experiences of each other. We sometimes have the subjective experience of making choices; at other times we discriminate in our responses unconsciously. The processes which enable us to respond differentially to our experiences is what I am referring to as “understanding.” In vocabulary which appeals to me as expressing my experience of this phenomenon, “understanding” is the process of attributing meaning (from within ourselves) to our experiences.

The subtlety of the matter is reflected in the use of “understanding” in our language. An understanding can be our conception of something. An understanding can be an agreement in which two or more persons conclude they share conceptions of the world and of their intentions regarding it. We may nonjudgmentally try to understand the life situations of others from their viewpoints; but we also imply when we say we understand a thing that we know its implications for our values.

The information and values which professionals and clients need to understand as best they can as a premise for their choices include the circumstances of clients’ situations, the relevant content of the professional discipline, the relationship between the professional’s discipline and the client’s situation, and the interactions between professional, client, and others. Professionals’ and clients’ understanding of information, of values, and of theirs and others’ behavior determines how productively and responsibly they work together.

“Understanding” is a recursive matter: How do I understand
“understanding . . .”? This is actually the subject of this article.¹ I first discuss the premise of my argument that our contact with reality is tenuous. We will then examine how dealing only with what we make of our experience, rather than with objective realities, influences our management of our mental boundaries. With this as background, we can then try to understand the processing of information and values in clinical work.

I. Reality Testing

Having a functioning relationship with the people, things, and processes which are our environment requires creativity. Our understanding of the world must be a creation within us, because the processes of perception and conception do not literally take anything of the world into us. Our understanding is limited to what our minds² can make of the sensations which result from stimulation of our nerve endings at our physical boundaries. Our understanding may be unconscious as well as within awareness, but physical and emotional responses of which we are aware can give us clues to the unconscious dimensions of our understanding.³

1. I have discussed this topic briefly in Greenebaum, *The Professional School as a Focus for Clinical Education*, 8 J. LEGAL PROF. 101, 103-104 (1983) (hereafter Greenebaum (1983)). The critical features of a clinic are an individual or group needing help to achieve, avoid or mediate a change, professional helpers with specialized knowledge and skill which may help obtain that goal, and an organizational context in which professional and client come together in a helping relationship. This definition includes professional schools as well as the firms in which practitioners serve lay clients, and much of the illustrative material for this article is drawn from legal education. See also Greenebaum, *A Clinical Experience*, 9 J. LEGAL PROF. 101 (1984) (hereafter Greenebaum (1984)).

2. The “mind,” as I refer to it, is an aspect of our functioning, not something which exists independently of our nervous systems. I try to approach these matters without entirely burning my bridges with behavioristic approaches to psychology, but probably to little avail. As I understand behaviorism, as represented by B. Skinner, *About Behaviorism* (1974), speaking of “mind” or of “cognitive structures” is a waste of behavior. Nevertheless, behaviorism, like all schools of psychology, must account for humans’ capacities to discriminate between phenomena with important differences, in spite of their having some characteristics in common, and to generalize about phenomena with significant similarities, even though they have some features which differ. I sometimes feel that behaviorists prefer to call a rose by a name which smells less sweet. Of course, reducing the “mind” to an “aspect of our functioning” will not satisfy those with a more transcendental view of mind and spirit.

3. The “unconscious” is the concept that a person’s emotions and behavior
Communication occurs when our minds effect behavior which produces physical phenomena which are available for the attributions of meaning by others when their nervous systems are stimulated. For example, when our cat, Pepper, meows and rubs against me, I respond by providing him my lap and scratching him behind his ears, because that's what I understand him to want. If I have misunderstood, he may rub his face against mine, disrupting my reading, and I may offer to let him outside or put out some of his food. The interaction will continue until I either get it right or Pepper gives up and settles for the understanding I have. I may believe I have got it right, but in fact have been quite wrong. Coco, our dog, barks and paws at us, which gets our attention, but we are not so patient with his less pleasant communicating behavior. He is, no doubt, much misunderstood.

With language, humans have obvious advantages. We can say "scratch," "out," or "food" with confidence of being understood. However, our language and our capacities for conceptualizing ideas and relations give us opportunities for misunderstanding beyond Coco's wildest dreams (if we understand correctly that dreaming is what Coco is doing when he twitches and growls in his sleep). Whenever the nerve endings in your retina are stimulated by light reflected from the pattern of letters printed on these pages spelling "understanding," please understand that I intend you to understand: attributing meaning to experience.

Through these uncertain processes, we create in our minds the worlds in which we understand ourselves to live. Because all meaning is attributed internally, selectively, and creatively, our grasp of "true" and "false" is tenuous. We are usually confident that we understand tangible objects which we can experience in their entirety, such as chairs, pencils, eyeglasses, and bottle openers. We feel, see, and use such objects, and we understand the sensory feedback we receive in the experience to confirm our conceptions of them and others which we understand to be of their classes. It is can be affected by memories and ideas, accurate and distorted, without the person being aware of them. In psychoanalytic theory unconscious mental contents and processes are not simply thoughts and habits of which one is not aware and of which the bases are forgotten, the result of faulty memory or of conscious attention being unable to hold everything in awareness. The unconscious goes beyond these phenomena in that lack of awareness is thought to be motivated, that is, unconsciously repressed because the memories or ideas are unacceptable or intolerable.
reassuring, though perhaps not critical, to understand the behavior of other people as indicating that they have a compatible understanding of the object. As the object becomes familiar, we gain confidence in the reality of our perception. After time we take such understanding for granted. Indeed, the possibility of hallucination usually does not occur to us.

We develop similar confidence regarding processes which we observe in their entirety. We see the nail penetrating further into the wood upon the collision of the hammer with the nail head. If we are doing the hammering ourselves, we feel the weight of the instrument; the force of the impact is communicated through the handle to our hand. We hear the sound upon impact and associate it with the collision. This understanding requires no general principles going beyond hammers and nails, but we are likely to notice similarities of the nail-hammer event to collisions of other objects. Astute observers have gone further to deduce rules of inertia, gravity, actions having equal reactions, and so forth. Phenomena which are not directly observable cause more difficulty, however, as they require conceptions constructed in our minds from collected evidence. The principles of gases are more elusive than those of concrete objects, and electricity, atomic particles, and energy waves (radio, TV, microwave) are still “unreal” for many of us.

Testing the reality of conception of histories and abstractions is even more uncertain. Unlike chairs and bottle openers, and unlike processes observed in action, histories and abstractions are not tangibly present in the environment to stimulate our senses. Of them we have only our conceptions, our memory and our understanding of others’ communications of their experience and conceptions. We are less confident of histories and ideas because the feedback we receive is likely to be ambiguous; understandings are more likely to vary among us and be more difficult to communicate.

The qualities of interpersonal relationships are critical to humans who depend on each other in so many ways, yet the reality of social relationships is perhaps the most elusive (and illusive) of the phenomena we need to understand. From the beginning of our


Our own purposes and attachments are a crucial part of the meaning of events; we refer everything that happens to them, as the underlying determiners of relevance. ... It makes sense to ask “do I really love,
lives, when we were first developing the ability to distinguish between ourselves and others and had difficulty in conceiving of others who both nourished/supported and denied/disciplined us, we have had motivation for our minds to play tricks on us.\(^6\)

Professional disciplines are structures of histories and ideas about the physical world and about social relationships. Thus, practitioners and clients face considerable difficulty in validating their own and others' conceptions. When I describe a history of a clinical experience and assert characterizations and evaluations of it:\(^6\) Are my perceptions and memory reliable? Do you understand me correctly (or as I wish you to)? Is my experience representative of clinical experiences in my profession? Are my characterizations and evaluations useful? Ultimately, any "understanding" is an act that I care or believe?"

reviewing the quality of our relationships. But the answer cannot be found by observation alone. In part we discover what we intend, but in part we can only assert it: and this element of will, of choice—the arbitrariness underlying the meaning of our lives—makes the verification of our understanding an ambiguous process. . . .

5. This follows "object relations" psychoanalytic theory. See Klein, *Our Adult World and Its Roots in Infancy*, 12 *HUMAN RELATIONS* 291 (1959).

A useful contribution to our understanding of the development of personality is made by object-relations theory. According to this theory, the baby can make no distinction between what is inside himself and what is outside. He has no "ego" that can differentiate his feelings and their causes. What he feels about an object that is outside becomes an attribute of the object itself. He "projects" his feeling onto it. So far as it excites him and gratifies him, it is a "good object" which he loves and on which helavishes his care; so far as it frustrates or hurts him, it is a "bad object" which he hates and on which he vents his rage. In his struggle to deal with these contradictory attributes he splits objects into good and bad, which represent their satisfying and frustrating aspects. But he has to learn that in reality it is the same object that is sometimes good and sometimes bad. Both what later appears as protective love and what appears as destructive hate may originate in one confused and violent feeling that is inherently unstable because, in his very need to take in what is good, the individual also takes in what is bad, and hence threatens to destroy what he wants most to preserve. From this violent confusion of feelings for the same object come the later tendencies, on the one hand to idealize those who are felt to be protective and loving, and on the other to execrate those who are felt to be antagonistic and obstructive.

E. MILLER & A. RICE. *SYSTEMS OF ORGANIZATIONS* 53-54 (1967).

6. In addition to the following paragraph and other instances in this article, see Greenebaum (1983), *supra*, note 1.
of faith in ourselves, even when that faith leads us to trust in something or someone external to ourselves.

Given the nature of individuals' relation to "reality," professionals and clients are cautious about learning things which may alter the worlds in which they understand themselves to live: a group of students and I were having what may have been a very silly discussion of the "reality" of the tables at which we were sitting. Having a thumping good time, we pounded on the ephemeral furniture as we made our points. Some students insisted that science could assure us of some TRUTHS, while others insisted that even of things we felt very confident, we ultimately had only the knowledge of our own self-verifying experience. The jokes we made of this matter underlined for me our discomforts in our tenuous relation with reality. Our need to feel the reassuring tables reminded me that they had meaning beyond their tangible presence as symbols of the reliable, objective world upon which we feel we rely for our survival.

Among the conceptions we have difficulty verifying is our understanding of what is truly us, of what is "in here" and what is "out there." This is for us the most fundamental of issues, and we struggle with it from the beginning of our lives. Because our grasp on even this reality is tenuous, the management of our mental boundaries is a sensitive matter.

2. Managing Individuals' Boundaries

The conceptions of boundaries by which we understand the separation between ourselves and the outside world and between aspects of ourselves are also conceptions we have learned, that is, have created in our minds. The development of an individual's sense of boundary distinguishing self from others begins in early, preverbal life. The infant's behavior and others' reactions to it become part of the world which the infant understands. At this primitive stage are developed capacities for introjection and projection, that is, the incorporation into oneself of the characteristics of others and the attribution to others of propensities within ourselves. As a product of our learning, we distinguish concepts of mother and father, husband and wife, son and daughter, teacher, student, lover, friend, self, and other, and we rationally recognize

7. See supra note 5.
those qualities in appropriate persons. But in the primitive, fused state which persists within us, such distinctions are not so clear, wherein lie the roots of transference and other unconscious mental processes through which we confuse the present with the past and ourselves with others. Boundary control is a necessity for all, indeed, is the foundation of our sanity, although individuals develop distinct styles of boundary management to make secure their sense of self and other.

To summarize, then, senses of "me" and "not me" are affected from early years by processes of introjection and projection. According to the conceptions of reality testing and boundary management I have posited, we can understand others only through meaning which we attribute to them, and there will be considerable difficulty in distinguishing self from others (and knowing whether others are successfully distinguishing themselves from oneself).

In the situations of stress and change which may be the occasion of clinical work, the sense of "self" and "not self" may be particularly uncertain. Professionals and clients make choices in a context that includes their understanding, conscious and unconscious, of the desires and choices of others. For example, a severe burn victim ("Mr. G") is blind and incapacitated, and he remains alive only through excruciatingly painful treatments to prevent infections. His prospects for recovery through painful surgery and other treatments seem doubtful, and he expresses the choice to his doctors to die. Several factors make Mr. G's situation unclear. Given his incapacity, he could not die without the active participation of others. Mr. G may be uncertain whether others wish him to die because those who administer treatment seem cold and uncaring and because the attitudes of relatives, who remain distant, are unknown. Such a suspicion could result, as well, from a projection of guilt feelings, because the same explosion which burned Mr. G also killed his father; it occurred, albeit without his fault, when Mr. G turned the key in their automobile's ignition.

Mr. G's appearance and suffering must be difficult for those who experience him to bear, and some part of them must wish that he would go away.

Here, too, the videotape suggests the impact of this more than his words can do. To look at Mr. G is to see the ines-

8. I rely on R. BURT, TAKING CARE OF STRANGERS ch. 1 (1979) for the facts of Mr. G's circumstances.
capable assault on others' senses of his injuries—the opaque sockets of his eyes cry out his blindness, the scars covering his emaciated body and stumps in place of hands at the end of his skeletal arms proclaim his immobility and his utter dependence on others. Yet there is so little that others can do. And just as his physical appearance proclaims others' impotence, his "freak accident" itself proclaims the fragile safety of everyday life, the limits on anyone's power to safeguard himself and others. The videotape tell us what his words alone only hint: that he is a painful, insistent reminder to others of their frailty—an acknowledgment that, in the routine of everyday life, is ordinarily suppressed. Others cannot avoid wishing that he and his unwanted lesson would go away. He cannot avoid knowing this of others and wishing it for himself.⁹

Professionals, relatives, and friends frequently feel they should have the power to help/cure, but are confronted with their impotence; they feel they should unambivalently care and love, but cannot help despising and hating. In these circumstances the patient's announced choice to die cannot be entirely independent of his experience of his relationships to others.

Events such as these which disrupt our understanding of the social order are profoundly disturbing,¹⁰ and strangeness in others threatens to create confusion in ourselves. We need to feel that we are competent and prefer to attribute confusion to others' dysfunction. For example, a woman was inappropriately dressed for business in government offices in Washington, D.C. (the vicinity in which she was found) and was unable to state her home address. In spite of her assertions that she adequately managed and cared for herself, she was involuntarily committed to a psychiatric institution. To avoid admitting confusions in themselves, police, psychiatrists, lawyers, and judges viewed her as "wandering," confused and incompetent.¹¹ In such matters how are we to come to agreement regarding what belongs to whom and who is confused about what? There is no answer beyond patiently working through the confusions, with the help of others, to achieve increased understanding (and realizing the nature of "understanding" can help support the needed patience).

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⁹. Id. at 16-17.
¹⁰. Marris, supra note 4.
¹¹. Lake v. Cameron, 364 F.2d 657 (D.C. Cir. 1966), discussed by R. Burt note 8, ch. 2.
Boundary insecurities are frequently evoked in situations of increased intimacy where we understand that we are expected to drop defenses and reveal private matters, exposing our essential selves to challenge and possible change. We can represent the question of boundaries as they relate to matters of increased intimacy with a figure of concentric circles by which the outer represents those aspects of an individual available to others in the most superficial social contacts and the innermost circle those matters unavailable even to those with whom the individual is close, perhaps not even to the individual’s own conscious thought. In ordinary social relationships only outer layers interact, that is, only superficial degrees of intimacy are involved. This is in contrast to the intimacy of a close marriage relationship. Greater intimacy can be a source of greater satisfaction, but also of insecurity.

The relationships between those who provide services and their customers is usually casual; the expert automobile mechanic may get deeply into the car, but not into the customer. Where intimacy is required, clinical relationships can become awkward, especially where intimacy is not reciprocal. Physicians and psychotherapists, while revealing little of themselves, instruct their patients to bare any aspects of themselves relating to their problems no matter how private. Clients experience this probing as intrusive. The appropriateness of intimacy in clinical work may be unclear in some professions. In work relations between lawyers and clients, for example, the degree of intimacy may depend on the subject matter, possibly superficiality in matters of commercial law and intimacy in divorce and child custody. But more determinative than the subject matter will be the degree of intrusiveness acceptable to the professional and client. Expectations regarding the nature of working relationships are among the influences which prompt clinicians to join particular professional groups and which prompt clients to seek help from one profession rather than another. By their behavior, professionals and clients can make their expectations of intimacy or distance self-fulfilling prophecies, although doing so may limit the effectiveness and responsibility of their achievement.

12. See K. Lewin, Resolving Social Conflicts ch. 6 (1948).
13. Id. at 90.
14. But see E. Miller & A. Rice, Systems of Organization 79-99 (especially 82-83) (1967). A dry cleaning firm is understood as determined in part by the intimate importance to people of their clothing.
Bringing clients into a clinic does not cause acute discomfort for the clinic's professional staff. Their defenses against such anxieties are usually functioning and stable. For clients, especially for inexperienced ones, however, the boundary between "self" and the clinic, and the management of psychic traffic across that mental boundary, are new issues. The tasks and contexts of clinical work may make clients feel only tenuously in control of their mental boundaries. When clients come to professionals for help with changes they desire, they also fear that change and want it to occur on their own terms. Other clients seek help to avoid change when others are forcing it on them.

Clients are not knowledgeable at first of the rules of the clinical game; they are in the midst of strangers, sometimes in groups; and the professionals with whom they work have considerable power over their present experience and over their futures. In the clinic that is legal education,\(^5\) for example, becoming a lawyer involves changes more drastic than just acquiring some knowledge and a few skills. Law professors (the professionals) tell their students (the clients) that they are going to learn "to think like lawyers" and acquire the character of professionals. Students' feelings about changing into lawyers are ambivalent. The changes that law school requires and the effect on students' personal identity and group memberships are unclear. Students may experience a potential for being overwhelmed, of being invaded and taken over by a mind not their own.

It is not clear how much clients will be able to leave behind when their clinical work is concluded, since full resolution of the clinical problem (legal, medical, mental or other) may require persisting changes in their behavior and relationships. Because we are speaking of controlling traffic across "internal boundaries," between sensory stimuli and the self, and among parts of the self, the threat of losing boundary control is fundamentally disturbing. Losing that control would be the loss of oneself as an independent, functioning individual.

Feelings of boundary security may come from success in earlier experience in managing boundaries, from an understanding of the task and of one's role in accomplishing it and from confidence that one can sort out what one is presently able to deal with from other issues that one can keep in abeyance. Where security is ab-

\(^{15}\) See supra note 1.
sent, however, because confidence is absent to begin with or is overwhelmed by experience, a person may act defensively to secure his boundaries, even at the expense of learning and of responsible relations to work. Individual boundaries will be secured, or the experience will be so intolerable that the client will find means of fleeing.

Clinicians ask their clients to surrender some control over their mental boundaries regarding material relevant to the clinical work. Surrendering this control will be more comfortable if clients and professionals can collude in the belief that professionals are addressing only a part of clients' internal territory, for example in the case of legal education, that segregated part of students which will be lawyers, especially that superficial part of the lawyer which needs discrete, concrete knowledge of legal rules and processes. Some law students tell us they feel they must keep their creative, spontaneous, emotional, caring or honest selves safely apart from their law student experience. Some expect to reincorporate these parts as practicing lawyers, but others expect to maintain the boundary in their professional lives. A lawyer and client may similarly conclude, for example, that they are dealing only with the legal aspects of a business transaction even though personal matters, such as career development, may be affected. Such conclusions are activated from both sides, because fantasies of power may be as frightening as fantasies of helplessness. Because so much power is felt to be at stake, professionals and clients have strong motivation to avoid intimacy in clinical work. Clients' accommodation to new roles, such as becoming a lawyer, a corporate officer, or a convicted felon, is, nevertheless, an intimate matter in which individuals will not surrender their self control.

Clients have a number of techniques available by which they control psychic traffic across the boundary between their clinicians and themselves, and we can examine these processes in the case of legal education. Law students can choose what courses and professors to take (aside from a few required ones and within limits of bar review pressures), when to attend class, what assigned and other readings to study, and to whom and when to listen. Students learn that they can earn sufficient grades without submissively doing everything they are told to do. These are mechanical matters. More subtle is the process of recreating at the boundary the sub-

stance of what is brought in. Some material may be immediately and unconsciously distorted to be acceptable. Other material is not “understood” right away, and students will reflect on and discuss what it means, sometimes over considerable periods of time and with much effort. This is rather like standing guard duty and asking, “friend or foe?” The material is looked at and reexamined until it is “seen” as sufficiently friendly to be allowed in. Either the learner adjusts (distorts) the conception to be more comfortable, or the individual changes to become able to assimilate what was previously unacceptable.

Distortions are more likely and more persistent where there is little opportunity for reality testing. In legal education, students get little feedback from papers or tests or from applied experience, and their misconceptions may receive collusive support from classmates. In many instances the courses taken by students differ significantly from the ones offered. In fact, students exercise more control over what faculty reward (through grades) than either of them may recognize. Faculty can give credit only to that learning of which students give evidence in their examination papers, and faculty learn to view most students’ work as competent.

In a group of students with whom I was working, a member suggested that all a law school does is to teach students legal rules. Another student had earlier alleged that an outline of legal rules is what faculty intend to teach. I asserted that most of my colleagues would be shocked to learn that this is the message they are conveying. I clarified to say my understanding of these comments was that some students “Gilbertize” their course (referring to the not-recommended commercial outlines used by many students), and the reality was that an outline of rules is what students frequently take with them. What clients want is often what they get.17

In censoring and distorting what they learn in the teaching/learning process, students may isolate themselves, because they cannot be certain whether others share their position and because the further they get out onto false ground the less they want to know it. Isolation is exacerbated by the fact that surrendering one’s boundary to the student group may be as frightening as surrendering it to faculty, because a student’s participation in group

17. This perception receives confirmation from many students, and it is generally known that some students rely more heavily on Gilbert’s and other commercial outlines than they do on the materials which instructors assign.
emotional life may further reduce feelings of control.  

Professionals and clients need to maintain an important balance: Reality testing is not possible without traffic across our mental boundaries, but boundary security is a necessary condition of work. Boundary discomfort is not entirely avoidable, but work can be structured to avoid unnecessary aggravation of it. Assuring confidentiality in professional relationships, for example, is psychologically important beyond the practicality of keeping clients' secrets; confidentiality, that is, maintaining the boundary around professional and client, is a necessary condition to risk taking in managing the boundary between them.

Maintaining clear boundaries in institutional arrangements, both concrete (space and time) and conceptual (task and role), support feelings of security in individual boundaries. Where the work involves exploring and adjusting some boundaries, stability and reliability in other boundaries is helpful. Thus, consistently observing boundaries, such as keeping to appointment schedules, serves functions beyond courtesy. Law students, for example, rely on being on call only for scheduled class times and spaces, and they rely on the school year, even the entire law school program, ending at a predictable time. Conceptions of tasks and of roles play parts in the defense of boundaries, as well, by limiting the aspects of self that professional and client may legitimately call upon in the other (the sense both of addressing and of summoning to service). "Role" limits that part of the self which is relevant to that part of the task for which each is responsible.

If boundaries are recognized and respected, feelings of security will be increased, making it possible for clients to seek more complete understanding of the professional territory, to work closer to the boundaries that it is part of their task to explore. Such limitations are negotiated between each client and the clinic, and professional and client cannot realistically agree on the content of task and role until they learn to understand each other. At the outset professionals feel authorized to operate from their conceptions of task and role, and clients rely on their experience of relationships in other contexts. These uncertainties cause professional and client

to maintain their distance from the boundaries of their selves for
fear of losing themselves, indeed for the sake of their sanity.

Our focus has been clients' management of their boundaries, but professionals need to protect their boundaries as well. The professional's pose is frequently that the client, but not the professional, is the one who changes and needs help. Learning about clients and their cases, however, involves incorporating new experience, and all transactions across boundaries are threats to integrity. Professionals are naturally concerned with whether they will be able to leave clients' problems within the boundaries of their offices, and they must manage their boundaries with not just a single client but with many.

When professionals and clients work in circumstances appropriate for shared management of the boundaries between them, they can understand each other and their shared tasks. In states of unshared boundary management, professionals and clients push information and values at the others' boundaries and resort to the boundary control techniques available to them.

3. Processing Information and Values

Making decisions involves the application, in awareness or unconsciously, of values to information; that is, individuals' actions are guided by their relating their feelings about good and bad to their perceptions of the state of things. In this section, we will examine the three elements of this equation (information, values, and application) as they relate to clinical work. We know from the prior sections that reality testing is a tenuous process and that control of information transfer is motivated by our needs, which makes disentangling information from values difficult.

I understand "information" to be cognitive structures (ideas) which correspond with more or less accuracy to objects, events, and processes. Our minds infer information from the evidence that we experience as our nerve endings are stimulated.\(^1\) Information varies from the particular (data) to the general and abstract (concepts). Data and concepts are a hierarchy of increasing abstraction and generalization, and a concept at a narrower level of abstraction may become a datum for a more general level. For example, trian-

\(^{19}\) Thus, information may be "stored" in memory, but it is "stored" in books or other records only in the sense that the record stores evidence of intended content.
gles are defined and distinguished by the data of lines, corners and angles, but we also learn to recognize triangles on sight, as a concept, without measuring the details. The presence of data (particular and concrete) in a communication can usually be perceived, but whether a communication contains only an accumulation of details (data) or portrays a model with complex, interrelated parts (a concept) exists in the mind of the interpreter.

In some instances we create information in our minds as a direct translation of our experience. We infer the presence of a table directly from tactile and visual sensations. We must frequently, however, draw conclusions through extended inferential "thinking": It was dark when I went to sleep; it is light now that I awake; I infer that it is morning. This seems to be a reasoning process, applying a "rule" of experience to directly experienced information. But the process is more like completing pictures. We often do it without much thought or care, and our inferences are very much subject to error: I awake; without opening my eyes tactile sensations tell me I am in bed; I infer, then, a great many other things about my surroundings, filling in the details from the expectations derived from my experience (but I may be in a strange bed on vacation).

When experience is inadequate to our needs, we struggle to create and impose a conception on our chaotic experiences. This may be the most primitive or advanced creation: the infant first making a picture of mother, or Einstein discovering relativity. This is how some of us have discovered we are in love. In all of these processes through which we manufacture information in our minds, the further removed our information is from direct translation of experience, the more room there is for bias.

Thus, while we can define values as feelings (or opinions or beliefs) that objects, events, or processes are good or bad, a definition cannot disentangle values from information. Even simple, concrete events are the products of complex social processes having value implications for us. The tables which my students and I were evaluating for their reality may for some have been the beneficial products of free enterprise, but for others the means by which profits are wrested for the politically strong from the labors of the weak.

The concepts into which we abstract and generalize data are

20. See supra note 6.
especially likely to be influenced by values where the conception does not correspond to quantifiable data. "Human being" evokes value connotations which the data that distinguish "homo sapiens" from other animals does not. Add attributes like "beautiful" or "handsome," and quantifiable data become increasingly inadequate to measure the concept. Similarly with processes: "growing" is a matter of measurement, while "growing up" has value connotations. The conceptions which are the content of professional disciplines are very likely to imply values. For example, "rule of law" implies processes of social interaction, of individuals acting on their individual and communities' needs, applying values to information.

As discussed in the previous section, the traffic in information which we permit across our mental boundaries is influenced by our interests and needs. Incorporating new information of familiar classes is done with reasonable comfort and confidence, but with information of new kinds, the less concrete it is, the more elusive is its reality, the more confusing are its implications for our values, and the more it is likely to be resisted. Law school faculty, for example, may intend to teach about complex social systems, but students seek to infer from their experience of law school courses detailed rules clearly instructing lawyers and judges regarding their professional decisions.21

The complex interrelation of information and values often makes locating the source of values difficult. Values influence what information one perceives; the context in which information is perceived influences the values which are evoked; that which is understood to achieve a valued goal is experienced as good; and our own values are difficult to distinguish from our knowledge of the values of others. For example, my law students, enacting the role of defense attorney negotiating a plea bargain, frequently say they are uncomfortable withholding from the prosecutor incriminating information which they have learned from their clients.22 They learn, however, that rules that guarantee criminal clients a confidential relationship with their attorneys, or privileges against self-incrimination, or other aspects of "due process of law," are good no matter how guilty the client or how heinous the crime; yet the degree

22. The content of my clinical teaching in which students do this work is described in Greenebaum (1983), supra note 1 at 112-115.
to which the rule is valued, because it seems good in itself and how much because holding it is necessary for a lawyer's survival and respect in the profession, is uncertain.

While individuals' values are frequently the values of the groups to which they belong, in clinical contexts multiple groups are involved, and each has its own values, official and unofficial, conscious and unaware. In legal education, for example, the law school, the university, and the legal profession, and the diverse groups to which faculty and students belong, each have their own value complex. Life is complicated and full of contradictions as values come into conflict. Issues are resolved and not reexamined. Configurations, such as "due process," are learned to be good. Values become very fact and situation specific to avoid awareness of value conflicts relevant to different aspects of individuals' lives.\(^2\)

We frequently rely on formulas, on "memorized thinking," rather than on thinking through the implications of our values.

Professional discipline is, in significant respects, the structuring and application of information and values. Professions perpetuate their values from one generation of clinicians to the next, and a professional school is one important medium for that process. For example, *The Ordinary Religion of the Law School Classroom*, which Cramton found implicit in professional training of lawyers, includes:

A. A Skeptical Attitude Towards Generalization, Principles and Received Wisdom . . .

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... [Meanings] are learned in the context of specific relationships and circumstances, and we may not readily see how to translate them to an apparently different context. Nor is the way we have learned to interpret one kind of situation necessarily compatible with the principles by which we interpret another, or even with the way the same relationship is conducted from situation to situation. So long as such situations belong to different parts of our social environment, their incompatibility is not unbearably intrusive. But because of this, our sense of life is bound up in the experience of particular kinds of relationships, and we cannot readily extrapolate from them. As soon as we try, we become perplexed by the mutual inconsistency of our principles, and the poverty of their predictive power apart from the circumstances where we are used to applying them. Faced with the difficulty of detaching our purposes and understanding from the specific situations where they make sense, we are led to protect the particular forms with which we are familiar.
B. An Instrumental Approach to Law and Lawyering . . .
C. A "Tough-Minded and Analytical Attitude Towards Lawyer Tasks and Professional Roles . . .
D. A Faith that Man, by the Application of His Reason and the Use of Democratic Processes, Can Make the World Better . . . 24

Individuals trained in a discipline’s knowledge, methods, and values are the nearly exclusive source for the trainers of successive generations. The tenets of such “ordinary religions” are, on the whole, reinforced by the values which professional-school students perceive to be consonant with the interests they expect to serve as practitioners. There is no question that the legal, medical, mental health and other professional systems are political establishments and that would-be clinicians establish such relations to the implicit values of their professions as will permit their survival in the world of practice.

A conventional view is that information and values are imported into a clinic with its professionals and clients, and in the allocation of their expertise, clinicians bring knowledge of their professions’ doctrine, methods, and limitations, and clients bring knowledge of their situations and the values which will determine the goals of the clinical work. Then, by objective reasoning, the profession’s doctrine and technique are applied to the client’s information and goals to determine a course of action. Professionals are, in this view, limited to helping clients see how their situations relate to the insights of the professional discipline, and clients may then make choices according to their values. This view is inadequate, both in the assumption of relative expertise and in the failure to recognize the impact which interaction between professional and client has on their information and values.

A. Interaction Between Professional and Client

Values are implicit in the information that professional and client communicate to each other. What is seen with reference to what, and what areas of values are evoked are affected by the informational context. And when a new configuration is established in the mind and valued, that resolution becomes part of a complex of experience and values difficult to sort out and reevaluate. In a

class discussion, a third-year law student said, rather sadly I thought, that he had become more conservative as a result of his professional education. In further discussion, it becomes apparent that the student's underlying values had not changed. This was a Black student who felt keenly the cumulative disadvantages resulting from the experience of Blacks in our nation's history. His ambition continued to overcome obstacles for his community's as well as for his own benefit. But he had learned to see matters as more complicated. He was now more likely to perceive his values in conflict, to see that social actions pursuing one valued goal would have a cost to another. Overall, he was now more cautious.

Resourcefully manipulating such contextual factors is a process which professional helpers seem to use frequently with their clients. In extreme instances, this is "brainwashing." For example, one view of my teaching in my course, Understanding Clinical Experience, is that I help students see more clearly the factors and dynamics which affect professionals and clients so that the developing professionals who are my students may more effectively and responsibly apply their values and pursue their aspirations. But perhaps what I in fact do in my course is disorient students in, to them, strange laboratory experiences in order that I can rescue them with explanatory doctrine, recreating the world for them as I want them to see it, using allegiance to a new in-group of fellow sufferers and survivors for reinforcement.

B. Professionals' and Clients' Expertise

Clients may expect the answers to their problems to be derived from authorities in professionals' libraries and from the learning and experience of practitioners. But professional expertise is not exclusive. The heritage of a professional discipline is a cultural structuring of the human experience of the disciplines' researchers and practitioners. Even where there is a high impact of esoteric scientific technology, that technology must interact with human behavior in clinical processes. And even the most technical aspects of a professional discipline are the product of human intellect, of which clients have their share. Professionals are well advised to listen and act on the premise that what clients feel is important about their situations probably is just that. The "law," for

25. This course is described in Greenebaum (1983) supra note 1 at 109-112.
example, deals with the legal aspects of all human events, and as legal events are also human events, the entirety of clients’ lifetimes of experience and learning is potentially relevant to understanding their work with their lawyers. Before coming to a clinic for help, clients generally have acquired information and skills which may be useful to accomplishing the goals of their collaboration with a professional. For example, law students, as legal education’s clients and as future professionals, expect to rely heavily on reading in course materials and in the library to acquire information of the law, including knowledge of the values implemented by participants in the legal system. They also expect to rely on the learning and experience of the faculty teaching courses. It is a shock to many students to find, then, how much they must rely on information and values which they and their classmates bring with them into law school, that is, on their general knowledge and uncontrolled experience (or, if one prefers, on common sense).

Conversely, clients’ expertise regarding the facts of their situations is neither exclusive nor entirely reliable, and professionals should not discount their experience and understanding of social interactions. Whether clients’ understanding of events, and of the costs and benefits of the decisions they are making, is accurate is always a question. The professional’s preconceptions and stereotypes may not be reliable either, but out of the interaction between professional and client, a reality may emerge which was not part of the information which either brought with them and the implications of client’s values may appear in a different light.


For the first few months the process [of class discourse] is very weird, and the student is quite disoriented. Then all of a sudden you get the point: nothing real is involved. What is substituted for “reality” is “winning the argument.” After you get going and when you get good at it, the less reality in the winning argument, the tastier it is. . . . The law is what lawyers do. Very good lawyers, who know this, waste absolutely no time at all trying to find out what the law is (and infinite time figuring out what the cases say, and can be made to say). They just do it, i.e., go about trying to win another argument. . . . (emphasis in original).

Arguments made in classes should be plausible and well-reasoned, and course materials and faculties’ comments will suggest the limits of plausibility and acceptable styles of discourse, but much of the substance comes from the learning and experience of individuals and what they hear from each other.
Professionals and clients bring with them to clinical work unique combinations of knowledge of persons, things and processes, learning regarding how to learn, and propensities to act and feel certain ways in response to situations which are perceived to have familiar aspects in structure and content. For each, prior learning will be more or less inaccurate and propensities in perception more or less distorting. Both professional and client must adapt what they know to a new situation, but may find confusing and threatening that what they "know" must be transformed for uses in a new social system. Controlling what aspects of their accumulated selves professionals and clients will bring into their work with each other will be significant to their ability to develop and share an understanding that is not a collusion.