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Personal Agenda In Clinical Work

Edwin H. Greenebaum*

1. INTRODUCTION

The clinical work which a professional and client agree to undertake together is only one part of the larger context of their lives. For professionals, that part is, of course, very significant, because their "occupations" represent commitments for possibly many years. For clients, clinical work is often only an occasional event. Because individuals life positions are unique, every client’s contract with a clinic regarding the nature and content of clinical work is uniquely negotiated, even if aspects of the negotiation are only implicit. This is a critically important matter because if the negotiation is proceeding in a way which a client does not find reassuring, the resulting emotional "noise" may seriously interfere with communications between the professional and the client. Clients wish to cope with change, but on terms which will not jeopardize important relationships and which will make life possible after the clinical work is past.

Personal agendas, as we commonly think of them, include pursuit of religious, social, and political goals (and maintenance of membership in the groups which share them); expression of creativity and sexuality; and acquisition of resources and power. This article, however, will focus on personal agendas of a psychological nature, namely growth and

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1. I define "clinic" broadly as a situation in which an individual or group engages the services of a professional(s) with specialized knowledge and skill in an organizational context in which professional and client come together in a helping relationship. In this text "professionals" are ones who are qualified to engage in clinical work and who, where applicable, are licensed by professional organizations and subject to their discipline. Other articles in which I have discussed structural issues common to all clinics include: The Professional School as a Focus for Clinical Education, 8 J. LEGAL PROF. 101 (1983); A Clinical Experience, 9 J. LEGAL PROF. 101 (1984); Understanding: Processing Information and Values in Clinical Work, 11 J. LEGAL PROF. 103 (1986); How Professionals (Including Legal Educators) "Treat" Their Clients, 37 J. LEGAL EDUC. 554 (1987); Law Firms and Clients as Groups: Loyalty, Rationality, and Representation, 13 J. LEGAL PROF. 205 (1988).

2. Professional students, on whose experience I will draw heavily for illustrative material, have the burden of being present clients and future professionals.
II. ANALYSIS

A. Growth and Development

Growth and development are central life themes. Consider this example: A real estate broker in his fifties is approached by a young man, the son of a deceased friend, with the proposition that the older man lease to the younger a vacant commercial property for a new business. The proposed venture is novel and risky, even a little bit crazy, and the prospective tenant wishes to rent the building on a percentage lease, wherein the lessor would make a larger than usual profit if the business is successful, but would receive only a minimum rent adequate to cover his expenses if the business just scrapes along. The broker is doubtful, but feels loyalty to his friend and his widow, wants to give the young man a chance, and thinks he just might make a substantial profit. Accordingly, he agrees to lease the building on the suggested terms for a five year period and procures the services of his law firm to arrange the lease. The firm assigns the matter to a young associate with developing interests in real estate matters because the senior partner who had handled this client’s affairs has retired. The business becomes successful beyond anyone’s expectations, and after only two years the tenant desires to abandon the lease and move to larger premises, proposing to pay only the minimum rent on the vacated premises until they can be relet. The property owner, angry that this ingrate should want to deny him his full share of the profits of this risky venture, goes to his lawyers to see what can be done. He learns that it is unclear whether the language in the lease will prevent the tenant from acting as he desires. The young attorney, now older and wiser, worries about the reactions of senior lawyers in the firm to the possible inadequacies in the lease.

3. In addition to helping clients, clinics frequently do other work, such as conducting research and providing public services, for which they receive sustaining resources from their constituencies. Service rendered to any particular client is but a piece of this multifaceted action. Thus, a clinic, a clinician, and a client are "systems" which intersect for periods of time as each pursues agenda of individual or organizational life.

4. This fact situation is derived from a role enactment in my course "Roles and Relations in Legal Practice." Although the broker in this story is a man, there are both male and female versions of the role, and the individual's life experiences as a man or
The motives and perceptions of each participant in the story are affected at every point by their life-developmental situations and by intergenerational issues. The fact that the older man is at an age where he is expected in our culture to be successful, and is quickly approaching retirement and physical decline; that he is in dispute with a young man to whom he had given fatherly assistance and in whose project he may have sought vicarious satisfactions; and that he frequently receives help from professionals much younger than he will all affect his personal agenda in seeking legal assistance. Life-developmental factors of this kind are parts of every clinical problem.

Life development reflects the interaction of biological-genetic with socio-cultural phenomena. These interactions provide individuals with a series of developmental crises in which conflicting factors must be reconciled as a premise for moving into subsequent life phases. Individuals will prepare for future life phases, but will carry with them the burden of unfinished business from earlier periods. The progression is dialectical because the dynamics which produce a coming crisis are latent in the compromises which terminated previous ones.

Exemplifying this dialectical view, Erik Erickson conceives developmental agenda as the resolutions of tensions critical to various life states. In earliest development, the tension is whether an infant will develop “basic trust or mistrust.” In the toddler period, the question is whether the child will develop a sense of autonomy or be dominated by shame and doubt. In the period culminating in the earliest school years, the issue is whether the child will develop a sense of initiative or be inhibited by guilt. Then, in the longer “latency” period in which basic tool skills are developed, the central question is whether the child will develop a sense of able industry or inferiority. In adolescence and early adulthood the issues are whether the individual will develop a sense of identity or be subject to identity confusion and, in the latter

woman will affect his or her personal agenda. See Greenebaum, The Professional School as a Focus for Clinical Education, 8 J. LEGAL PROF. 101, 112-115 (1983).

5. Erik Erickson’s work on developmental stages, including the “eight ages of man” he delineated, is widely familiar. E. ERIKSON, CHILDHOOD AND SOCIETY (1963); E. ERIKSON, IDENTITY: YOUTH AND CRISIS (1968). D. LEVINSON, C. Darrow, E. Klein, M. Levinson, & B. Mckee, SEASONS OF A MAN’S LIFE (1978) [hereinafter D. LEVINSON], which studies adult development, usefully complements Erikson. These two works dovetail because Erikson’s most systematic work, which is based on his clinical experience and on his study of significant historical figures, e.g.; E. ERIKSON, GHANDI’S TRUTH: ON THE ORIGINS OF MILITANT NONVIOLENCE (1969), has focused on childhood and adolescent development, while Levinson and his colleagues have focused on early and middle adulthood.
period, whether the young adult will be able to have mature intimacy or be subject to alienation.

In a sense, one alternative of each of these pairs is desirable and the other not (i.e., mature intimacy is better than alienation), but in another, balance and integration is necessary to psycho-social functioning. For example, while basic trust is critical to mental health, an individual who is incapable of suspicion will have difficulty safely negotiating society. Individuals who take initiative with no internalized standards for self-control, or who view their abilities without some humility, may present difficulties for themselves and for others. The ways in which parents and other significant older persons help children negotiate these stages and resolve these tensions are paramount to transmitting a culture and preparing individuals to participate in a distinct social economy.

Adult development, as outlined by Daniel Levinson and his colleagues, continues to have biological and social dimensions. In the introductory hypothetical, the young entrepreneur and the young lawyer are entering their careers and establishing adult roles in family and community life. The client has “made it” in his career, is becoming senior, and may even be thinking of eventual retirement, with intimations of the physical decline, losses, and disruptions of relationships to be confronted in older years. The senior attorneys in the firm will be in various life phases, facing their own issues of professional, personal, and family maturation.

Biologically, individuals’ maturation to greater physical and mental powers is followed by periods of stability or slight decline before beginning to decline in middle and late adulthood. Socially, individuals are first inexperienced adults; become veterans; reach a time when one is socially, as well as physically, old enough to be a grandparent; and eventually reaches a time when one’s role as supporter of others is

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6. Some psychoanalytical theorists view psychoses such as schizophrenia and psychotic depression as having their roots in this phase of development. See, e.g., M. Klein, A Contribution to the Psychogenesis of Manic-Depressive States (1935); M. Klein, Contributions to Psychoanalysis, 1921-1945 (1948), reprinted in A. Colman & M. Geller, Group Relations Reader 2 (1985).

7. In his book The Seasons of a Man’s Life, Levinson includes a diagram of “developmental periods in early and middle adulthood.” Early adulthood is divided into: “early adult transition” (ages 17-22); “entering the adult world” (ages 22-28); “age 30 transition” (ages 28-33); “settling down” (33-40). After a mid-life transition from ages 40 to 45, middle adulthood is composed of: “entering middle adulthood” (ages 45-50); “age 50 transition” (ages 50-55); “culmination of middle adulthood” (ages 55-60). Finally, there is the late adult transition from ages 60-65. D. Levinson, supra note 5, at 57.
succeeded by a time of potential dependency on those younger. Career patterns also have phases of beginning, establishment, Survivalseniority, and retirement. Career development expectations, whether or not realistic, include both views of what is possible and of socio-cultural patterns. These factors interact to produce life phases with inherent agendas and possibilities for crisis.

To demonstrate that in certain clinical work, clients’ concerns are broader than the shared focus of professional and client, I will use the situation of young adults who enter a professional school directly or almost directly from their undergraduate educations. Taking up an occupation is significant to the culmination of identity formation because individuals look to work roles as a means by which society will confirm their view of who they are and as a niche in which to fit within society. The majority of students in professional schools are approaching the end of many consecutive years of schooling. They are anticipating a time when, usually for the first time, they will be fully self-supporting. They are, or will be, developing a family life independent of the one which has previously nurtured them, perhaps with spouse and children for whom they feel responsibility. They will be locating in, perhaps new, communities as adults. The ways of life into which they now enter may last for decades, rather than only a few years. In short, they are reaching the culmination of childhood and youth. The acquisition of an occupation plays a substantial part in this transition.

Professional school will be for many students a step towards a goal they have been developing since adolescence. However, for those students who have had difficulty in developing their sense of identity and for whom the professional school is otherwise adequately attractive, professional education may provide the additional attraction of a psycho-social moratorium to do extended work on identity formation before making more definitive commitments.

At the time individuals are finishing identity work, they are estab-

8. The career changes which older students are making must also be viewed as related to life development, whether the changes occur because the prior occupation proves to be unsatisfactory in some aspect or simply because it reaches a natural culmination. In recent years the number of older students coming into professional schools not directly after completing their undergraduate college educations has increased. Some may have only engaged in psycho-social moratoria in other places, but significant numbers are coming to professional school after periods of time in other careers to which they had committed themselves in the same sense they are now committing themselves to this profession. These career shifts are likely to be related to negotiating adult transitions and may be part of responses to transitional crises.
lishing patterns of relationships as adults, both to other adults and to children, and questions of intimacy and isolation are pressing. In family life, physical and psychological intimacy is a special challenge, but distance and openness are important questions in all social relationships. Even being open to oneself may be difficult because intimacy may require a willingness to admit the depressive and darker sides of oneself and to share the sadness, tragedy, and corruption of the human condition. My law students are awkward with fallibility. They have judgmental feelings which make it difficult for them to forgive authority figures’ mistakes (including mine) and frequently are troubled by the likelihood that they will make technical and moral mistakes as lawyers. As one student told me, “Lawyers are not supposed to be human.”

Individuals develop styles of coping with intimacy when it is acceptable; with temptations to intimacy when it is unacceptable; and with the real and fantasized possibilities that intimacy implies. These issues arise in adopting roles in helping professions where greater intimacy with colleagues and clients may be a part of the work. Experiences of helping and being helped in professional school serve as a testing ground and a model of working relationships, influencing students’ developing views of both the substance and processes of the professional discipline.

Students seem to hope that after a finite period of preparation, they will cross a boundary and be fully mature, i.e., that after adolescence they will be mature “adults” and after a period of schooling, and maybe an apprenticeship, they will be fully competent professionals, with the omniscience and omnipotence that those godlike states magically imply. Of course, reality proves otherwise. Development is a drawn-out dialectic which never concludes.

Levinson and his colleagues discern a “Novice Phase” in adult development extending from the late teens to early thirties. In their view the overall task of this phase, that of “entering the adult world,” requires work on four subtasks. Two of these are forming an occupation and forming love relationships, which are adequately reflected, for present purposes, in the foregoing discussion, except to note that the phrase “forming an occupation” accommodates the fact that individuals adapt their occupations to themselves as well as adapt themselves to the occupations they enter. Forming a “Dream” and forming mentor relationships, the other subtasks of “entering the adult world” deserve explication.

9. D. Levinson, supra note 5, at 90-111.
In early adolescence, whether children's ambitions exceed what is possible or whether their interests conflict need not restrict their fantasies of the future. As one begins to enter the adult world, however, fantasy must begin to conform to the reachable. The Dream is the one's conception of the ideal future life in its various aspects which accommodates a life structure perceived as possible. One must conceive an occupation that will fit, in its own right, into the Dream as well as into the Dream in conjunction with its other elements, such as family and religion. As the years pass, the Dream should become increasingly specific and increasingly possible.

The experience of conceiving of themselves as "lawyer," or other professional, in a manner consistent with their Dreams is different for each student. For some it can be hard work. For example, a black student explained that members of his community let him know that while they found it acceptable, even desirable for him to become a lawyer, they would not bring him their legal business because they viewed black attorneys as incompetent. Receiving low grades brought him a special discomfort because he was seeking to conceive and create a non-traditional legal role in which to serve his community.

Mentor relationships come toward the end of a similar progression. Role models significant to adolescents are idealized and can be quite distant, and the relationship requires no reciprocity. As the transition is made into adult life, however, individuals seem to want role models whom they can examine at a closer vantage point and whom they can value for their actual characteristics. Currently, one hears women and minority law students say that they need women and minority faculty members to serve as role models. One may properly ask, seeing that the issue is becoming a lawyer, why cannot men be role models for women, whites for minorities, and old for young? The answer is that the search is not for examples of lawyers per se, but for lawyers in the context of a total life. Given the need, a single black, latino or woman faculty member will not serve the purpose because students need to sample alternative life configurations.10

Mentor relationships come at the end of a progression which began in adolescence. A fully developed mentoring relationship is specific, intimate, and reciprocal. The relationship is transitional. The mentor is relied upon, but fosters independence; is the object of role modeling, but admires and sponsors the initiate. A mentoring relationship may be

10. For professional students, faculty who have rejected practice may seem ineligible as models.
very close and may be terminated, as is the case with other transitional love relationships, with misunderstanding and unhappiness, the full benefits of the relationship being realized only after it has ended. (Perhaps this was the case with the client and the younger man of our hypothetical.11)

It seems likely that close mentoring relationships cannot occur often because of the structure of typical law schools and that law students will usually have to have their mentoring after graduation, even if there is a present need. Professional schools with strong clinical education traditions may do better in this respect, although managing the close personal relationships involved will always be a challenge. For example, in an office designed to provide law students clinical training, two supervising attorneys each had mentoring relationships with one or two of the twenty to twenty-five interns working in the office. The attorneys (a man and a woman), however, represented parental figures within the office to some of the interns, and their special regard for a few naturally led to dynamics of sibling rivalry: envy, competition, rejection, and withdrawal. At present, we can only speculate whether new practitioners can find satisfactory mentoring relationships in the structures and cultures of the various professions.

The dialectics of biology and society tend to have different themes for women and men. As the work of Levinson and his colleagues, on which I have relied, was based on a study of men, and being a man myself, my analysis has no doubt had a male bias. Whether children are of the same or different sex as their primary caretakers has significant effects on the processes through which individuals establish their identities. Caring, relatedness, and competition tend to have different roles in the lives of men and women.12 The tension in the legal profession between the demands of roles as advocate and counselor exists for all, but those individuals coming to the profession with greater orientation to a "care," as opposed to a "rights," vision of morality13 may feel especially torn and may risk being cast in negative roles in the profession's group dynamics.14

Women entering professions which men have traditionally domi-

11. See supra note 4 and accompanying text.
nated must manage a tension between needs to be sufficiently "masculine" to be a member of the group and sufficiently "feminine" to fulfill expectations of them as women. The biological role of bearing children and social roles of motherhood produce problems for women in defining their Dreams which are different, and probably more difficult in current society than for men since women's Dreams may be set more in relational than in occupational terms. To the extent that the role of careers in their lives differs among individuals, they will have distinct needs for role models and mentors.

B. Survival (Managing Anxiety)

From infancy, our survival depends on relations to others, and threats to survival dominate experience. When individuals consciously interpret an experience as a threat to their physical or social survival, they can test the interpretation's accuracy and by mastering the situation where possible or by avoiding it where the challenge is too great or the cost of mastery too high, respond appropriately. Individuals, however, also unconsciously interpret experience in ways which generate anxiety, and being outside of awareness, these interpretations are not subject to rational processes.

The unconscious interpretations of experience which engender anxiety have their roots in infancy. Power and intimacy in relation to parents are central to early life experiences, and early understanding of them had more to do with magic than with reason. As a psychoanalytic observer, Isabel Menzies, described the matter:

The infant experiences two opposing sets of feelings and impulses, libidinal and aggressive. . . . The infant feels omnipotent and attributes dynamic reality to these feelings and impulses. He believes that the libidinal impulses are literally life-giving and the aggressive impulses death-dealing. The infant attributes similar feelings, impulses,

15. See D. JACK & D.C. JACK, supra note 13. Both men and women may value "care" as well as have investments in relationships and "those coming to the profession with greater orientation to a 'care' . . . vision of morality" include some men as well as, according to the Jacks and other researchers, the majority of women. See supra notes 13 and 14.

16. R. JOSSELSON, supra note 12, at 189. ("The developmental history of separation-individuation is different for women and men. What Levinson . . . calls "the Dream" . . . does not exist in the same way among these women. [See supra note 10 and accompanying text.] For women, 'the Dream' is painted in relational terms, who they will be for others and who will be in their network. Women's development is based on an ongoing balance between self-in-world and self-in-relation.”).
and powers to the other people and to important parts of people. The objects and the instruments of the libidinal and aggressive impulses are felt to be the infant's own and other people's bodies and bodily products. Physical and psychic experiences are very intimately interwoven at this time. The infant's psychic experience of objective reality is greatly influenced by his own feelings and phantasies, moods and wishes.

Through his psychic experience the infant builds up an inner world peopled by himself and the objects of his feelings and impulses. In the inner world, they exist in a form and condition largely determined by his phantasies. Because of the operation of aggressive forces, the inner world contains many damaged, injured, or dead objects. The atmosphere is charged with death and destruction. This gives rise to great anxiety. The infant fears for the effect of aggressive forces on the people he loves and on himself. He grieves and mourns over their suffering and experiences depression and despair about his inadequate ability to put right their wrongs. He fears the demands that will be made on him for reparation and the punishment and revenge that may fall on him. He fears that his libidinal impulses and those of other people cannot control the aggressive impulses sufficiently to prevent utter chaos and destruction. The poignancy of the situation is increased because love and longing themselves are felt to be so close to aggression. Greed, frustration, and envy so easily replace a loving relationship. This phantasy world is characterized by a violence and intensity of feeling quite foreign to the emotional life of the normal adult.  

This early psychic environment is fertile ground for the growth of unconscious defense mechanisms. Infants, sometimes satisfied and sometimes frustrated, have no language and are only beginning to develop perceptions of boundaries between self and other, and yet they cope with their worlds and their feelings of love and rage.

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 he lavishes 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.¹⁸

Individuals often unconsciously enact in present relationships unresolved issues and feelings from important past relationships (most usually and significantly with parents). This process is known in psychoanalytic theory as transference. A transference may be to a particular individual, to individuals who fill particular roles (for example, lawyers, senior partners, clients, adversaries, law professors), to groups with whom the transferor works (for example, business men, criminals, women or men) or even to the profession as a whole. A particular professional may stand symbolically for a nurturing or denying mother. The variant phenomena of transference have in common individuals acting on old scripts in current dramas for which the scripts may be inappropriate. When transference imports old anxieties into present situations, individuals attempt to adjust their relation to the situation for greater security and to seek relief, sometimes inconsistently, by expressing their emotions. However, when this behavior is treated by others as inappropriate, their responses may cause individuals further anxiety.

When clients depend on professionals in emotionally charged concerns, both may experience anxiety. When individuals experience anxiety, they are likely to perceive its cause as events in the immediate context of which they are aware. For example, first-year law students' anxiety is frequently attributed to the structure and dynamics of the "Socratic" classroom. However, the most severe anxieties result from evocation of prior life experiences, as current events and unfinished business interact in individuals’ psyche. Menzies describes these phenomena as they relate to the nursing profession:

The situations likely to evoke stress in nurses are familiar. Nurses are in constant touch with people who are physically ill or injured, often seriously. The recovery of patients is not certain and will not always be complete. Nursing patients who have incurable diseases are one of the nurse's most distressing tasks. Nurses are confronted with the threat and reality of suffering and death as few lay people are. Their work involves carrying out tasks which, by ordinary standards, are distasteful, disgusting, and frightening. Intimate physical contact with patients arouses strong libidinal and erotic wishes and impulses that may be difficult to control. The work situation arouses very strong and mixed feelings in the nurse: pity, compassion, and love; guilt and anxiety; hatred and resentment of the patients who arouse these strong feelings; envy of the care given the patient. The objective situation confronting the nurse bears a striking resemblance to the phantasy situations that exist in every individual in the deepest and most primitive levels of the mind. The intensity and complexity of the nurse's anxieties are to be attributed primarily to the peculiar capacity of the objective features of her work situation to stimulate afresh these early situations and their accompanying emotions.\(^\text{19}\)

I will explore how subject matters, roles, and situations can cause anxiety in clinical work in the context of professional education. Among the subject matters with which the helping professions deal, and professional students therefore study, are the distressing events of human experience: injuries to self, to loved ones and to children; broken relationships; malicious injuries, on the one hand, and potentially overwhelming responsibilities for innocent mistakes, on the other; greed; and gullibility. In student roles, future professionals deal in a "professional" manner with these subject matters in rational, objective, dispassionate ways and thereby deny or repress part of themselves sometimes with "sick" humor for relief.

Students compete for the class standing which will help them obtain acceptable placements in their future careers. They may fear not doing well enough, but they also risk feeling guilt for success at the expense of others in what is, in some respects, a zero sum game. These future professionals come to realize that they will be making their living, in some instances very good ones, from others' misfortunes, but may have doubts regarding the true value of professionals' services.

Professional students are generally under considerable strain.

\(^{19}\) I. MENZIES, supra note 17, at 284.
Learning a professional discipline is difficult. In classes and clinics the professionals who expose the inadequacies of students' understanding may provide little supportive feedback; students' self-esteem may feel severely attacked. The preconceptions which led them to feel the profession would be an appropriate occupation may prove false, and relationships with family and friends may become difficult. Students' defenses may be challenged, and they may transfer emotions from relationships in earlier life to the present experience. Students may find themselves caught up in group phenomena they neither understand nor control.\(^2\) At worst, the sense of individual boundaries on which sanity is based may feel insecure.\(^21\) Emotionally, the experience may include, within awareness or repression, fear, anger, expectation, attraction, and guilt. Anxiety, excitement, and depression will be physiological experiences as well.

Professional students come to an unfamiliar situation in which they are dependent on those whose trustworthiness is questionable. They need help where the ethic is self-help. Personal readjustments require intimacy, but the experience for many is one of isolation. Students have anxieties about their careers in which there is no guarantee of present or future success. The elusiveness of learning goals frustrates them. Even as students overcome obstacles, liberating them from dangers, they are by the same token trapped and pressed into the mold of their professions.

Individuals develop defenses against anxiety over the course of their lives. We may never have more than theories to explain how it happens, but whatever the mix of genetic and environmental factors, some individuals learn to push aggressively until they are satisfied, some learn to lower their expectations, some become passive, and so forth.

Professionals and clients are generally individuals of normal mental health (except where the purpose of the clinic is to treat those who have "mental disorders"). I have considered it, therefore, beyond the scope of this book to discuss the symptoms of neuroses, the lack of reality and boundary sense of psychoses, or the lack of concern for others' needs of character disorders.\(^22\) The lines between mental normality and illness, however, are unclear. Healthy individuals have multiple propensities, when mobilized by circumstances, to be concerned

\(^{20}\) See Greenebaum, supra note 14.
obsessively with order, to have paranoid suspicions, to have phobic discomforts, to be hysterical, or to be addicted to the comforts of habits.23 Contact with reality is always suspect.24

As individuals learn to cope with relationships, they develop the particular mixes of these behavioral features which are their personalities and which determine their characteristic responses to anxiety. Individual defensive orientations have different benefits as well as costs. In the best of clinical worlds, participants would usefully complement each other in their work with their diverse styles. In their anxieties, however, professionals and clients may resort to stereotypes and rules for behavior in which individuals are not recognized for their real competencies.

Moderate anxiety spurs many individuals to effective work. For others, however, their defenses may be inappropriate to the work or the anxiety too severe. Most threatening to an individual is the feeling that accustomed defenses are not working. There is much room for fantasy on this, especially in contexts where lack of usable feedback denies individuals the opportunity to test the reality of their understanding. Keeping anxiety within manageable limits is a necessity; otherwise flight or mental illness is possible.

Managing anxiety is a problem for clinical institutions as well for individuals. Organizations respond in systemic ways to reduce their members’ most pressing anxieties in deliberate and unconscious ways. In Menzies’s study of the nursing service at a general hospital, she perceived several defensive techniques embedded in that social organization’s structure, culture, and mode of functioning, including division of the nurse-patient relationship; depersonalization and denial of the significance of the individual; detachment and denial of feeling; attempt to eliminate decisions by ritual task performance; reduction of the weight of responsibility in decision-making by checks and counter-checks; collusive social redistribution of responsibility and irresponsibility; purposeful obscurity in the formal distribution of responsibility; delegation of responsibility to superiors; idealization and underestimation of personal development possibilities; and avoidance of change.25 Professional education and apprenticeship socialize new professionals into such defensive systems. In some cases systemic defenses enable clinical institutions to be functioning and stable. In others, maintaining defenses

23. See D. Shapiro, Neurotic Styles (1965).
24. See Greenebaum, supra note 22. I have had posted on my office door the message which I drew from a fortune cookie: “Cope with reality by respecting another’s delusions.”
25. I. Menzies, supra note 17 at ___. 
exacts serious costs: tasks may not be completed or irresponsibly done; individuals’ competencies may not be utilized, which is ultimately frustrating; individuals may be victimized by roles to satisfy the emotional needs of the group; and the clinic may be unable to respond to changes in society and technology.

Social patterns of defense may be reinforced by the fact that individuals may in some degree be drawn to particular professions for the profession’s defensive proclivities. In other words, the profession may be sought out and serve as an adjustment medium in coping with unfinished business. An individual with strong needs to be interpersonally aggressive or dominant, for example, may join the legal profession to satisfy those needs and thus relieve the propensity to exercise those qualities in other spheres of life. Another individual may use lawyering experiences to compensate for a sense of inferiority or powerlessness and thus to confirm high standing and power. Other individuals, for whom intimacy is threatening, may use professional roles to maintain a distance which feels safe from those with whom they work.

The material in this section may seem to present a pessimistic view of individuals dominated by unfinished business and responsive to inevitable needs with fixed patterns of behavior. Patterns of relationships are not inevitably fixed, however, and a clinical relationship may prove therapeutic where there is the opportunity to relearn the possibilities of relationships in a new context. This process is deliberately utilized in psychotherapies. Relationships between therapists and patients are a testing ground for styles of relationships which have been difficult for the patient. Transference is promoted so that unresolved issues from earlier life may be brought into the present relationship, explored, understood, and perhaps resolved. Similarly, individuals who have worked through unfinished business in the context of establishing relationships in a new profession may find themselves released from burdens in other spheres in their lives.

This result is obviously not inevitable. Some who attend law school, for example, are reported to adopt intolerable lawyering poses within their families while others are perceived as more vital and responsive. In any case, the manner in which individuals work in clinical relationships will have ramifications in other aspects of their lives.

Clearly, professionals and clients will bring unfinished business to

27. The use of professional school as an opportunity for a psycho-social moratorium is an analogous use of clinical experience for “therapeutic” needs. See id. at 5.
clinics, which will interact with situational factors to produce anxiety. This anxiety will be attended to in one way or another because conscious or unconscious survival need will be an overriding concern.

III. COPING WITH CHANGE (DENIAL AND GRIEF)

Life involves continuing experiences of change, but individuals are determined to survive. The question is whether the one who survives is the same one as before always confronts us. The realistic answer is that we are in part the same and in part different. To see that the essential parts of our selves and our lives continue is sometimes very difficult. This is the work of grieving.

Clinical work always concerns change. In the course of a general practice, a lawyer's clients may include a criminal defendant who must give up his social life, which centers on drinking with his friends, or give up a substantial portion of his life to years in prison; a young woman whose disability resulting from an accident may cause her to give up her chosen profession; parents whose infant daughter suffered a disfiguring scar; an established businessman whose efforts to give fatherly assistance to a younger man have ended in the younger man taking advantage of him; a man whose injuries have left him burned, blind, and severely disabled and who wonders if there is anything of his life remaining. The losses of these clients are the occasions on which they sought professional help.

Do the changes which are the subject of clinical work always involve loss? Clients and their professionals frequently work together to keep change at bay and to avoid loss or they may deliberately work to create something new for the future. In the introductory hypothetical, the established businessman and his younger friend initially sought a new relationship for both their benefits, just as those who become students in professional schools are seeking help to create new careers. It is important to understand that even in these instances, change threatens loss, and, therefore, coping with loss is always part of an individuals' agenda. Areas of loss can be interrelated, and some individuals may be coping with multiple griefs.

Change may be fundamentally disruptive due to what Peter Marris calls "the conservative impulse, ... the tendency of adaptive beings to

29. These situations are ones which I have used as illustrative material in my articles cited supra note 1. Regarding the business client, see also supra note 1.
assimilate reality to their existing structure [of understanding], and so to
avoid or reorganize parts of the environment which cannot be assimi-
lated. Changes in structure seem only to be possible gradually, within
the limits of what can be assimilated."

Infants begin life without cognitive structures and learn to recog-
nize the elements and dynamics of their worlds gradually as maturity of
the nervous system and available experience permit. The cognitive
world increases by accretion. Early learning is specific and concrete,
generalization and abstraction coming only with later maturity. Under-
standing is situation-based and not organized by general principles. Ex-
pected and acceptable patterns of thought, behavior, and relationships
may be very different for us in family, recreation, and work contexts.
Therefore, an individual's understanding of different areas of experi-
ence is not necessarily consistent.

... [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 relationship, and we cannot readily extrapolate
from them. As soon as we try, we become perplexed by the mu-
tual inconsistency of our principles, and the poverty of their predic-
tive power apart from the circumstances where we are used to
apply 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.31

Accrued understanding is ad hoc but is nevertheless all the we
have to guide our lives and make predictions of the future. Where new
learning is required, it must occur bit by bit, and more than a bit of data
is required to alter complex patterns of understanding. Because we
cannot know the implications of new learning in advance, we worry
that chaos may result. In making desired changes, one may have to
give up pleasurable, happy, important things. Even an addict giving up a

31. Id. at 11.
habit admitted to be unhealthy leaves comforts behind. We do not easily yield our long-accrued, understood worlds.

Loss is threatened either if a specific piece of this world is challenged or if separations break down between parts of experience understood by previously unrecognized inconsistent interpretations. We avoid perception of loss by trying to assimilate new experience to our accrued understanding, frequently distorting our perceptions of reality to make it fit our needs, by refusing to pay attention or by denying the importance of material which is uncomfortable. Given the arbitrariness of reality testing, denial of loss is a real possibility, and avoidance of loss by feats of perception and conception is strongly motivated by the conservative impulse. Humans are very resourceful in denying loss. To professionals, clients sometimes seem stubborn in their obtuseness.

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. If we once doubt them, the system threatens to disintegrate. But these purposes and attachments are neither wholly verifiable by experience, nor wholly independent of it. It makes sense to ask 'do I really love?' 'do 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. At what point, if any, should we change our assumptions, if our expectations of life are continually disappointed? Neither martyrs nor pragmatists are evidently right, on any terms but their own.

When loss is anticipated and accepted in advance, the change is perceived as a part of the expected world. Where recognition of loss without preparation is unavoidable, individuals suffer grief. Grieving involves relearning under the pressure of an unanticipated loss. In time, if the process of grieving works, individuals who have suffered loss will restructure their understanding of experience, extracting what is important from the past and attaching it to new objects. The process is poignant because while grieving individuals are trying to create a new future, they are still trying to deny their losses.

32. See Greenebaum, supra note 22.
33. These factors may inhibit individuals using their learning in new contexts.
34. P. MARRIS, supra note 30, at 15-16.
When a pattern of relationships is disrupted in any way for which we are not fully prepared, the thread of continuity in the interpretation of life becomes attenuated or altogether lost. When the loss is irretrievable, there must be a reinterpretation of what we have learned about our purposes and attachments—and the principles which underlie the regularity of experience—radical enough to trace out the thread again. To do this, the loss must first be accepted as something we have to understand—not just as an event that has happened, but as a series of events that we must now expect to happen, and a retrospect of earlier events whose familiar meaning has now been shadowed by our changed circumstances. The conservative impulse will make us seek to deny the loss. But when this fails, it will also lead us to repair the thread, tying past, present and future together again with rewoven strands of meaning.

Thus, the bereaved seek to deny their losses and remain loyal to the past, but want and need to look to the future. Denial or recognition of change is not always clear-cut, and individuals may deny and grieve in confused ways they do not understand.

Individuals exhibit great diversity in their responses to loss. How an individual responds to the loss of a pet, for example, will depend on the role the pet played in the individual’s life and on whether the animal was recognized and valued for its unique qualities or for a fungible characteristic, e.g., cats who hunt mice. Diverse responses are also conditioned by factors in earlier life, e.g., how one learned to cope with separation anxiety as an infant.

Thus far we have viewed denial and grief as an individual matter, but groups must also cope with change, sometimes seeking it and sometimes trying to maintain a status quo. In our society, previously excluded groups are seeking to join the mainstream of opportunity. Society as a whole is dealing with the implications of a more competitive world. Principles of egalitarian opportunity and the concept of the American dream through upward striving ambitions exist in an economy in which rewards are limited and competitively achieved. Consequently, meanings to which individuals and groups are attached may come into conflict, causing a sense of loss and a need to find new configurations of understanding. Members of groups attempting to maintain their identities and privileges feel these challenges, experience change unwillingly, and have losses to grieve. As groups project as-

35. Id. at 21 (emphasis added).
36. See generally J. BOWLBY, ATTACHMENT (1982).
pects of their ambivalences onto each other, tribalism and distancing behavior develop. Clinics themselves must cope with a changing environment, and their conservative impulses affect how they relate to clients and other outsiders.

I do not wish to portray all or most clients as dominated by grief.

When novelty is consistent with our purposes and the way we are used to interpret life, the change is merely substitution or improvement. Change as growth comes from imposing new purposes on circumstances whose meaning has not been disrupted. Bereavement follows from the disintegration of a meaningful environment without any change of purpose—though out of bereavement a new sense of purpose may emerge in time. In reality, we are likely to perceive the changes we encounter as all these at once—part substitution, part growth, part loss—in varying degrees: and the collective experience of change is even harder to discriminate in these terms, as it bears on people so differently.

Nevertheless, it would be error to deny this aspect of clients' experience, and we should review its implications for clinical work.

Coming to a clinic is part of clients' strategy for coping with change. The choice of a particular profession and clinic is based on their conceptions of their problems and of the profession. Because professional help is rational, reality-based work, the first order of professionals' work with clients is to clarify the nature of clients' situation and what the professor has to offer. Sometimes the necessity for change (and implied loss) is not previously perceived, and professionals are the unexpected bearers of bad news. The loss that clients risk, therefore, is not only that implicit in the change that occasioned their search for help, but also the premise of their initial accommodations to change.

For those clients for whom change is difficult or who have misconceptions of the profession from which they seek help, there is a pressing task if their clinical work is to be productive. Professionals' work with such clients requires patience because demonstration and logic may meet significant opposition. Professionals should recognize that their work sometimes involves infliction of pain. Because clinicians are instruments of change and not merely catalytic helpers, it would seem

37. [T]ribalism will appear where people of different cultures must treat each other as equals, and cannot get away from each other. . . ." P. MARRIS, supra note 31, at 79. See also E. ERIKSON, TOYS AND REASON (1977).

38. P. MARRIS, supra note 30, at 22.
irresponsible for them to deny their roles in their clients’ griefs. The course of treatment must provide opportunity and support for grieving.

Professionals’ support, however, is limited by their professional distance and by clients’ feeling that professionals cannot or will not understand. Frequently, professionals and clients come from different cultural groups, and, usually, the professionals pose as rational, scientific persons who are unaffected by their emotions. Professionals, however, also suffer losses as they progress through life and experience change. Their conservative impulses prompt them, also, to deny change and loss, to locate all problems in clients, and to deny aspects of clinicians’ as well as clients’ humanity. If professionals can themselves be sufficiently adaptable in relearning their roles, they will have the resources of experience to accept and support clients’ grieving.

In summary, any irrevocable change which disrupts an individual’s frame of reference for personal meaning is a critical loss. Whether a professional’s and client’s conservative impulses will interfere with clinical work is a varied and individual matter. In what follows, I will explore issues of coping with change in the case of professional students, clients who are in the process of becoming clinical helpers themselves.

The case of young adults becoming professionals would seem superficially to be one of gain rather than loss, but the changes which professional students experience present a mixed picture. Changes felt to be positive include aspects of growth and development and the assumption of competencies and identities of professional and other adult roles. Negative changes which students experience may include loss of positive self-images and loss of one’s Dream. Whether a change is experienced as positive or negative depends upon the individual. The same individual may be ambivalent, e.g., regarding the ending of close relations with family and hometown.

Life progresses through phases of growth and maturation. Becoming adult, however, is also the loss of childhood, becoming middle age the loss of youth, and so forth. These transitions involve fundamental changes in relationships and in the purposes of activity. As one becomes an adult, for example, periods of dramatic growth and change yield to lengthening time frames and commitments, and relationships in

40. The death of a beloved or person otherwise central to an individual’s life purposes seems universally viewed as a loss or change causing grief.
41. Regarding the “Dream,” see supra note 10 and accompanying text.
which youth has predominantly depended on adults are superceded by predominantly mutual and nurturing relationships. Life's activities, then, come to relate to different purposes and meanings and to different objects and processes. For this transition to go smoothly, the changes should have been anticipated and rehearsed in imagination and in trial relationships; moving towards the transition was part of the task of the earlier period. But the process works only more or less well, and for some, whose attachments to accustomed relationships with important people, places, and ways of living may remain strong, the preparation will have been incomplete. Although the acuteness of this loss will vary, it may be aggravated for some by the high value which our culture places on mobility and following opportunities and by its subordination of maintaining family and community ties. Young adults grieving for such losses may be the ones most needing psycho-social moratoria, and professional school, which provides an opportunity for such a moratorium, is in part for such students a medium for working through the implications of the loss of youthful relationships.42

Moving beyond the boundaries of family traditions may aggravate or compound such losses, e.g., where professional students' ancestors have lived by occupations not associated with professionalism or with higher levels of education or income. Whether fulfilling their parents' ambitions or rebelliously striking out on their own impulses, these students' ambivalences will prompt them to seek an image of being a professional that will reconcile their future to their past, to incorporate a positive image of the past with an advancing future. For example, some minority students explain the difficulties of going home after starting law school. They are tested by former friends to see if they still belong.

42. Transitions in later life, such as a career change which brings older students to professional schools, may also imply loss. Even if the students have abandoned their careers for reasons relating to vital meaning and purpose, they may still have invested it with important hopes. Individuals changing careers may have feelings of loss for a wasted and frustrated portion of their lives and may feel disloyal to themselves and others for having given up, while seeking to reorient themselves to a new future.

The argument can be generalized to any situation where people deliberately initiate changes which upset the predictability of their lives. . . . They repudiate the security of a structure of relationships they understand, so as not to lose the more fundamental attachments which make their lives meaningful. But though what they give up matters less to them, they still confront the struggle to retrieve the continuity of learning. . . . The strains and ambiguities of this struggle continually threaten to undermine their endeavors. . . .

P. MARRIS, supra note 30, at 122-123.
They are, in fact, not really the same after beginning "to think like a lawyer." They may feel contempt for that part of themselves which betrays their roots, but at the same time feel uncertain regarding their acceptability on home ground.

Going beyond boundaries may be a group as well as an individual matter. For example, many minority and women professional students are seeking to change the characteristics and status of their groups as well as themselves. Such individuals may be in a contradictory position, seeking to maintain loyalties to their communities' traditions and values, but being instruments of obtaining goals with which some of those traditions and values may not be compatible. Individuals and groups who cannot tolerate recognition of aspects of themselves may be quick to perceive the denied aspects of themselves in others; families and the groups of which such agents of change are a part may be receptacles for the projection of ambivalent aspects of their selves, aggravating feelings of alienation and loss.

One significant change in the process of taking on new roles is the reordering of power relationships. Professional students, accustomed to adopting the role of dependent in relationships with authority figures, are now undertaking the role of authority figure in professional and family life. The faculty threatens the students with loss when they confront these students with the inconsistency of their dependent behavior in courses with views of themselves as members of a group learning to exercise power over and on behalf of clients.

Because students will have in varying degrees anticipated these conflicts and begun their accommodations to loss before they attend professional school, their preconceptions of the professional discipline will be centrally important to them. Law involves the organization of society; medicine expectations of the personal, physical self; psychology mental competence. Faculty's repudiation of the misconceptions of professional disciplines which students bring with them will tend to undercut the terms upon which profound changes were to be negotiated and will be resisted by students' conservative impulses.

Students' ambivalent feelings toward their new learning are not resolvable by logic, but only by accommodation and cognitive reconfigurations. Losses will be more realistically confronted if circumstances make work on reintegration feel possible, and professional schooling will have to give space and time for this process. Consider a student in whose mind being a lawyer was to be a minister of justice, but on becoming a law student learns that being a lawyer, in fact, is likely to require of him that he be a technician serving the selfish interests of
those with sufficient resources and power to engage his services. This student may be faced with a crisis the resolution of which is a pressing task, but which seems to be of no concern to the law school. The working out of grief is not good or bad, but unavoidable, and where loss is severe, grieving is a matter of very high priority. The accommodations which professional students reach will have a profound effect on the character and style of their professionalism, including their sensitivity to their clients’ needs to cope with loss and change.

IV. CONCLUSION

In order for professionals and their clients to communicate effectively, the issues discussed in this article must be taken into account. These matters are too important to the individuals involved to be turned off by simply saying that they are irrelevant to circumscribed conceptions of legal (or other professional) work. If professionals are to do no harm, they must avoid colluding in clients’ illusions and defenses. Further, professionals need to identify and understand their own personal agenda to avoid misusing clients for their own personal needs. We tend to sort our relationships into casual friends and trusted intimates. However, professional relationships fall into a third category: not necessarily trusting, but not casual either. Even in those clinics in which the principal task is not mental health therapy, effective and responsible professionals must be competent to work therapeutically to help clients obtain the benefits the clinic has to offer. I hope the material we have been examining will lead professionals to perceive the need to train for and structure their clinical work accordingly.