

FROM LEARNER-CENTERED TO RELATIONSHIP-CENTERED: ZEALOUS TEACHING AND THE PEDAGOGY OF CLINIC

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Clinical legal education offers learning opportunities that differ enormously from those that arise in the traditional law school curriculum, including a rejection of the cultural conception that lawyers must be personally detached and emotionally neutral in order to be zealous advocates. For these reasons, the clinic experience often catalyzes insights that challenge a broad spectrum of students' previously-held assumptions.

But our experience as clinical teachers has led us to realize that it is time to disrupt another still-pervasive conceptual myth that often goes unstated: that teachers are emotionally neutral, able to separate their personal vulnerabilities from their professional role. In reality, the teacher-student relationship is psychologically and emotionally complex. The boundaries between our personal and professional lives are permeable. Our emotional reaction to a particular student affects our teaching; the way we present as a teacher, in turn, affects that student. We are engaged in a constantly-evolving relational cycle, rather than one where each participant plays a distinct and isolated role.

Yet current learner-centered methodologies fail to push clinicians to routinely examine both sides of the educational dyad, leaving the ways our own emotional and psychological realities also affect our teaching largely unexplored. We seek to expand our pedagogy to be "relationship-centered"—to include systematic examination of the strengths, challenges, and contextual realities of both student and teacher; to consider how our individual vulnerabilities, and our complex, evolving personal and professional contexts affect student learning; and to habituate curiosity about why we may react in particular ways to a student or a type of student behavior. By seeing ourselves as non-neutral participants, and incorporating critical self-reflection into our teaching practice, we

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can retain the substantial strengths of learner-centered methods while pushing our teaching to new heights.

We examine what is missing from our pedagogy that could help catalyze clinicians to reach this highest level of teaching competence. We suggest a theoretical foundation and adaptable tools for self-reflection to create a learning environment that best supports our students' ability to achieve the maximum possible growth during clinic.

INTRODUCTION

From the outset of the clinical legal education movement, teacher-practitioners conceptualized clinic as a site for transformative learning.¹ Over the past several decades, a robust literature of books, scholarly articles, and a wealth of conference presentations have explored the rich learning opportunities that arise when students engage directly with clients in a law school clinical setting.² The clinical teaching community has responded enthusiastically to this call to excellence. Clinicians push their students to assume the role of a professional: to take primary responsibility for a client, to become active seekers of their own knowledge, to exercise critical professional judgement, and to manage the almost-constant disorientation that is integral to the on-the-ground lawyering process.³

Clinicians teach their students that there are rarely “correct” answers in lawyering work; instead, there are issues to be spotted and choices to be made. They help their students understand that the best decision in one situation is not necessarily the best in another; that the soundness of any choice is driven not only by the facts and the law, but also by individual client goals. They push their students to slow down their thinking and internalize a rigorous, systematic approach to their work that involves identifying strategic decision points, brainstorming a variety of responsive options, carefully analyzing the strengths and weaknesses of each, and—later—reflecting on the soundness of their choices to draw concrete lessons for future practice. Clinical teachers provide educational “scaffolding”⁴—carefully calibrated support

¹ See, e.g., DAVID CHAVKIN, CLINICAL LEGAL EDUCATION: A TEXTBOOK FOR LAW SCHOOL CLINICAL PROGRAMS (2001); SUSAN BRYANT, ELLIOTT S. MILSTEIN, ANN C. SHALLECK, TRANSFORMING THE EDUCATION OF LAWYERS: THE THEORY AND PRACTICE OF CLINICAL PEDAGOGY (2014); DEBORAH EPSTEIN, JANE H. AIKEN & WALLACE J. MLYNIEC, TEACHING THE CLINIC SEMINAR (2014).

² *Id.*

³ See, e.g., EPSTEIN, AIKEN & MLYNIEC, *supra* note 1, 1-2.

⁴ The term “scaffolding” is borrowed from the construction industry: scaffolds are temporary structural supports that are gradually removed as the construction process progresses and the structure can stand on its own. Rachel Camp & Deborah Epstein, *Scaffolding as an Essential Tool for Clinical Pedagogy* (work in progress, on file with the authors).

that is targeted to the needs of each student and that allows them to successfully assume the role of lawyer. Over time, they gradually reduce that scaffolding to facilitate increasing independence as a student's capacity develops.⁵ And clinicians teach to transfer, pressing their students to reflect on the myriad lessons that can be drawn from their lawyering experiences and applied in other contexts.⁶

Clinical learning opportunities differ enormously from those that arise in the traditional law school curriculum, where facts are typically static, rather than chaotic; law is often discernable, rather than uncertain; and client goals are fixed and clear, rather than mutable and often in tension with each other.⁷ And clinical pedagogy is rooted in a rejection of the still-dominant cultural conception that lawyers must be personally detached and emotionally neutral in order to be zealous advocates.

For all of these reasons, the clinic experience often catalyzes “aha,” lightbulb moments of insight that challenge a broad spectrum of students' previously-held assumptions.⁸ In other words, clinical learning is not simply “additive”; as educational theorist Douglas Robertson notes, “[Y]ou cannot simply *add* the notion that the world is round to the notion that the world is flat. Some types of learning clearly have this [world-is-round] transformative effect....”⁹ Clinical legal education most certainly has enormous capacity to be “transformative.”¹⁰

⁵ The concept of educational scaffolding appears to have been coined by educational psychologist Jerome Bruner. See Arkady A. Margolis, *Zone of Proximal Development, Scaffolding and Teaching Practice*, 16 CULTURAL-HISTORICAL PSYCH. 15, 18-20 (2020) (identifying the conceptual origins of educational scaffolding in psychologist Lev Vygotsky's “Zone of Proximal Development,” a theory that explores how teachers can create optimal learning conditions); Anna Shvarts & Arthur Bakker, *The Early History of the Scaffolding Metaphor*, 26 MIND, CULTURE, & ANXIETY 4, 6-10 (2019) (exploring the origins of the scaffolding metaphor). Professor Courtney Cazden analogizes educational scaffolding to the process a parent uses to teach a child to walk: the adult begins by holding both of the child's hands tightly, gradually relaxing their grip over time, eventually releasing one hand and then the other, until finally the adult is simply walking next to the child, just in case. Parents who go through this learning process with more than one child understand that the support needed by one may not be the same, in terms of content or pace, as that required by another. COURTNEY B. CAZDEN, *CLASSROOM DISCOURSE: THE LANGUAGE OF TEACHING AND LEARNING* 102 (1988).

⁶ See, e.g., ROBERT E. HASKELL, *TRANSFER OF LEARNING: COGNITION, INSTRUCTION, AND REASONING* (2001).

⁷ See, e.g., Anthony G. Amsterdam, *Clinical Legal Education—A 21st-Century Perspective*, 34 J. LEGAL EDUC. 612, 616-17 (1984) (describing the value of clinical pedagogy in broadening law students' education).

⁸ Jane H. Aiken, *Beyond the Disorienting Moment*, 26 CLIN. L. REV. 37, 38-39 (2019) (exploring the educational importance of disorienting moments).

⁹ Douglas L. Robertson, *Transformative Learning and Transition Theory: Toward Developing the Ability to Facilitate Insight*, 8 J. EXCELLENCE IN COLLEGE TEACHING 105, 109 (1997) [hereinafter Robertson, *Transformative Learning*] (emphasis added).

¹⁰ The term “transformative learning” was originally conceptualized by Jack Mezirow, who describes it as “the process by which we transform our taken-for-granted [assumptions] to make them more inclusive, discriminating, open, emotionally capable of change, and

Transformative learning imposes substantial demands on clinic students. Many face a learning curve so steep that, at the end of the semester, they are a bit stunned by the extent of their personal and professional growth, and relieved—if not outright thrilled—that rather than conforming to a predetermined, rigid professional norm, they have developed lawyering identities rooted comfortably in their individual and authentic personas.¹¹

Transformative education places serious demands on clinicians, as well. In the supervision context, we commit ourselves to supporting our students' client representation work in ways that allow each of them to stretch, learn, and grow in their capacities as legal professionals. We also put immense time and effort into our seminar teaching.¹²

The time and labor required to provide our students with the best possible learning experience can leave us with few remaining resources to reflect critically on our *own* learning; to reflect deeply on our approach to both classroom teaching and supervision and to continue our growth toward what we have come to call “zealous teachers,” who pursue professional excellence in the same way that zealous lawyers do: “despite opposition, obstruction, or personal inconvenience.”¹³

Throughout our careers, in addition to teaching law students, both of us have devoted substantial time to teaching teachers, at both novice and highly experienced levels. Together, we have spent many years considering questions such as: What is missing from our pedagogy that could help catalyze clinicians to reach the highest possible levels of professional competence? What theoretical foundation would encourage us to create a learning environment where we can best support our students' ability to achieve the maximum possible growth during clinic? We have concluded that to answer these foundational questions we must take a revolutionary step: we must disrupt the often-unstated but still-pervasive conceptual myth that teachers are not

reflective so that they may generate beliefs and opinions that will prove more true or justified to guide action. Transformative learning involves participation in constructive discourse to use the experience of others to assess reasons justifying these assumptions, and making an action decision based on the resulting insight. Transformative [learning is about] how we learn to negotiate and act on our own purposes, values, feelings, and meanings rather than those we have uncritically assimilated from others—to gain greater control over our lives as ... clear-thinking decision makers.” JACK MEZIROW, *Learning to Think Like an Adult: Core Concepts of Transformation Theory*, in *LEARNING AS TRANSFORMATION: CRITICAL PERSPECTIVES ON A THEORY IN PROGRESS* (2000), at 7-8 (parentheticals deleted).

¹¹ This observation is based on our many collective decades of supervising clinic students.

¹² As, of course, do many non-clinical law teachers.

¹³ The D.C. Rules of Professional Conduct define the duty of “zealous” representation as requiring a lawyer “to pursue a matter on behalf of a client despite opposition, obstruction, or personal inconvenience to the lawyer, and to take whatever lawful and ethical measures are required to vindicate a client’s cause or endeavor.” D.C. R. Pro. Conduct 1.3, cmt. 1.

only intellectually, *but also emotionally* neutral, able to separate their personal vulnerabilities from their role as teachers.

This is simply not the case. In reality, the teacher-student relationship—like any other interpersonal dynamic—is psychologically and emotionally complex.¹⁴ Whether we are aware of it or not, the boundaries between our personal and professional lives are highly permeable. Our emotional reaction to a particular student affects our teaching; the way we present as a teacher, in turn, affects that student. We are engaged in a constantly-evolving relational cycle, rather than one where each participant plays a distinct and isolated role. As bell hooks explains, teachers cannot, and should not, attempt to function as “all-knowing, silent interrogators.”¹⁵

But this fundamental conceptualization of teaching as an interpersonal dynamic is largely absent from the learner-centered pedagogy that has been adopted as a best practice by the national clinical community.¹⁶ Learner-centered methods captured in conference presentations, training programs, and pedagogy-based scholarship focus nearly exclusively on a single participant in the educational dyad: the student. Learner-centered approaches emphasize shifting control to the student and making efforts to understand each student’s individual learning process, encouraging clinicians to attribute breakthroughs to student strengths and challenges to student deficits.¹⁷

Far more scarce are discussions about clinical teachers and students as inevitably, unavoidably, and necessarily interdependent. Current methodologies fail to push clinicians to routinely examine *both sides* of the educational dyad, leaving largely unexplored the ways our own emotional and psychological realities affect our teaching. This crucial oversight necessarily limits our capacity to become zealous teachers. We argue it is time to expand our pedagogy to include systematic examination of the strengths, challenges, and contextual realities of both student *and* teacher; to regularly consider how *our* individual vulnerabilities, and *our* complex, evolving personal and professional contexts affect student learning; to remain curious about *why* we may react in particular ways to an individual student or to a type of student

¹⁴ See, e.g., Harriet N. Katz, *Reconsidering Collaboration and Modeling: Enriching Clinical Pedagogy*, 41 GONZ. L. REV. 315, 319-26 (2006) (exploring non-directive supervision); Douglas L. Robertson, *Professors’ Perspectives on Their Teaching: A New Construct and Developmental Model*, 23 INNOVATIVE HIGHER EDUC. 271, 279-81 (1999) [hereinafter Robertson, *Professors’ Perspectives*].

¹⁵ bell hooks, *TEACHING TO TRANSGRESS: EDUCATION AS THE PRACTICE OF FREEDOM* (1994) at 21.

¹⁶ See generally ROY STUCKY ET AL., *BEST PRACTICES FOR LEGAL EDUCATION* 3 (2007).

¹⁷ See, e.g., MARYELLEN WEIMER, *LEARNER-CENTERED TEACHING* 10 (2013) (observing that learner-centered teachers find “strategies that give students control and responsibility commensurate with their ability to handle it.”)

behavior. By seeing ourselves as non-neutral participants, and regularly incorporating critical self-reflection into our teaching practice, we can retain the substantial strengths of learner-centered methods while pushing our teaching to new heights.

Understanding education through this complex, interdependent perspective can help us more meaningfully explore all aspects of our teaching, including the factors that contribute to our successes as well as to our limitations and setbacks. In this Article, however, we are particularly interested in exploring the latter—moments when our own emotions and experiences interfere with our teaching. In other words, we choose to focus on disorienting teaching moments; those that disrupt our connection with a student and potentially undermine the educational process.¹⁸ It is when we feel frustration, vulnerability, or lack of competence that we tend to find it most arduous to engage in critical self-reflection. These are the moments when it is both most difficult and most important to recommit to zealous teaching; to embrace the ethical standard of maintaining a commitment to zealousness even in the face of “opposition, obstruction, or personal inconvenience.”¹⁹ It is far easier, unsurprisingly, to assess our own contributions to an interpersonal dynamic when things are going well.²⁰

We explore the developmental stages of teacher competence, originally developed by Douglas Robertson in the university classroom setting. Robertson breaks down the classic pattern of teacher growth, from novice to expert, into three distinct developmental stages, each with an accompanying dominant pedagogical perspective.²¹ Each progressive pedagogical stage incorporates the strengths of those that

¹⁸ Just as with our students, teachers’ transformative learning often arises from what Jack Mezirow calls “a ‘disorienting dilemma’—some experience that problematizes current understandings and frames of reference.” Kathleen Taylor, *Teaching with Developmental Intention*, in MEZIROW, *supra* note 10, at 154 (citing to JACK MEZIROW, TRANSFORMATIVE DIMENSIONS OF ADULT LEARNING (1991)). See generally Aiken, *supra* note 8.

¹⁹ D.C. R. Pro. Conduct 1.3, cmt. 1.

²⁰ We may also have a tendency to ignore our own contributions to the teacher-student dynamic when the teaching dynamic is smooth and students are thriving, on the “if it ain’t broke, don’t fix it” theory. Nonetheless, we have chosen to focus on moments when that dynamic is suffering, in light of the special potential for an improved student learning experience.

²¹ Douglas R. Robertson, *Beyond Learner-Centeredness: Close Encounters of the Systemocentric Kind*, 18 J. STAFF, PROGRAM, & ORG. DEV. 7, 7 (2001) [hereinafter Robertson, *Beyond Learner-Centeredness*]. Professor Robertson has spent his career helping faculty become better teachers at the undergraduate, masters, and doctoral levels. *Id.* at 8-11. Robertson’s model is a series of three developmental stages: the first, teacher-centered stage, the second, “aliocentric” stage, and the final, “systemocentric” stage. Robertson, *Professors’ Perspectives*, *supra* note 14, at 271. We build on this model, adopting our own terminology and expanding the ideas to apply to the rich educational opportunities inherent in the law school clinical context—an educational model not explored in Robertson’s work.

precede it and builds in new, deeper dimensions of thought and practice.²² Although most of us move through these three developmental stages sequentially—from teacher-centered to learner-centered to what we call relationship-centered—many of us also find ourselves occasionally reverting back to prior stages even after teaching for decades.

By applying Robertson's ideas to the clinical legal education context, with a particular focus on the final and optimal stage of relationship-centered pedagogy, we can help even the newest of clinicians avoid some of the professional trials and errors that we ourselves have experienced. For our more seasoned colleagues, many of whom are likely to be familiar with the insights we describe, we hope to provide names for their practices as well as both a theoretical foundation and adaptable tools to further support their work. And for all clinicians, regardless of experience, we hope to share our understanding of the difficulties inherent in professional growth, as well as the importance of self-directed generosity as we pursue a more sophisticated skill set.

In Parts I and II, we explore the first two developmental stages of teaching—teacher-centered and learner-centered pedagogies—in the clinic seminar and supervision contexts. In Part III, we continue to analyze the learner-centered approach, exploring its power and its inherent limitations. In Part IV, we describe the third developmental stage—relationship-centered pedagogy—and the methods that are central to it, including teacher introspection and a systematic practice of disentangling our personal points of reactivity from our efforts to educate. We explore why those methods push us toward zealous clinical teaching. In Part V, we share one approach for engaging in relationship-centered pedagogy by incorporating a routine examination of our own vulnerabilities as teachers—whether psychological, emotional, social, or contextual. Finally, in Part VI, we explore the close parallels that exist in the clinic student-client relationship, and how a relationship-centered framework can help our students better understand their client interactions and be better prepared to engage in the advocacy their new professional role demands.

I. TEACHER-CENTERED PEDAGOGY: FOCUSING INTERNALLY ON OUR OWN COMPETENCE

As a baseline matter, good teachers must be competent in their subject matter. It probably goes without saying that that few teachers feel comfortable standing in front of a classroom when they are uncertain, confused, or lack deep understanding of the relevant material. The importance of content knowledge led to the early ideal of the teacher

²² Robertson, *Professors' Perspectives*, *supra* note 14, at 279-280.

as a “sage on the stage,” dispensing nuggets of wisdom into the minds of expectant students.²³ This is consistent with a “teacher-centered pedagogy” and defines the earliest stage of pedagogical development. Radical educator and philosopher Paolo Friere famously described this method as a “banking” system, where the teacher’s role is to deposit wisdom into the minds of students who receive, memorize, and repeat it.²⁴

Novice faculty tend to be centered on competence in two fundamental ways. First, they are often consumed with concern about their own *content competence*. This is especially true for those who come to teaching with limited professional experience, who may doubt the sufficiency of their own knowledge, and therefore tend to focus on strategies that reinforce it. Insecurity about the scope and limits of their content competence can lead these teachers, understandably, to concentrate on themselves, and their *own* learning, at least as much as on that of their students. This self-focus makes sense and should in no way be confused with self-absorption or narcissism. A new teacher’s drive to develop their own subject-matter competence derives from a profound desire to increase their capacity to help their students learn.²⁵

Second, teachers in this stage are often focused on developing their *teaching competence*. They seek out strategies for effective ways to impart the relevant content so that students can absorb and understand it. Even those who are long-time experts in their field, and therefore comfortable with much of the clinic syllabus content, may be insecure about how to present the material in the classroom and become an effective, dynamic teacher. Again, the result is that many clinicians in this stage—typically those at the outset of their teaching careers—need time and experience to develop their own teaching performance, to explore methods to effectively convey information, to maintain classroom control, and to facilitate discussion.

Together, these two areas of concern—“Do I know enough to be an expert?” and “Am I skilled enough to be a teacher?”—lead many new faculty to choose teaching techniques that support their control

²³ Alison King, *From Sage on the Stage to Guide on the Side*, 41 COLLEGE TEACHING 30, 31 (1993).

²⁴ PAOLO FRIERE, PEDAGOGY OF THE OPPRESSED 72 (Myra Bergman Ramos trans., 1970). In Freire’s words, “students are the depositories and the teacher is the depositor.... [T]he teacher issues communiques and makes deposits which the students patiently receive, memorize, and repeat.... [By assuming this role, the teacher] justifies his own existence.” *Id.* at 72. Freire argues for the rejection of this banking model in favor of a problem-posing approach, in which students act as “critical co-investigators in dialogue with the teacher.” *Id.* at 80.

²⁵ See e.g., Nathalie Martin, *The Virtue of Vulnerability: Mindfulness and Well-Being in Law Schools and the Legal Profession*, 48 SW. L. REV. 367, 373 (2019) (observing that law professors are concerned with ensuring students “get their money’s worth” and with a fear that our students “might lose confidence in us or believe that we lack credibility” if we do not present in the classroom as significantly smarter and more knowledgeable than they are).

and authority, in an effort to engender student trust.²⁶ These techniques can take a wide variety of forms, all of which make sense in the early stages of professional development. For example, in the classroom, including the law school clinic seminar, a novice teacher may rely heavily on lecture because the lecture method casts the teacher as the central figure; by maximizing teacher control, it reduces the risk that their limited competence—whether real or imagined—will be exposed.²⁷ Lectures can be prepared in full ahead of time, they can be restricted to subject matter areas where the teacher has the greatest command, and they can minimize time for, and risk of, potentially disruptive student interactions. On the other hand, a teacher who is developing their teaching competence may also rely on wide open, unstructured classroom conversations. This makes sense as well; by turning the conversation over to students, and relying on them to shape the discussion, the faculty member can step out of the way. By abdicating control, a teacher can reduce the risk that their inexperience will be unmasked. For a teacher uncertain about either the depth of their substantive knowledge or of their teaching ability, the lure of these self-protective classroom teaching choices can be powerful.

Of course, there are other reasons why new teachers may rely heavily on methods like lecture or unstructured discussion; for example, these may be the teaching techniques with which they are most familiar and which their own teachers most often used. In any field, learning new and increasingly effective techniques takes time and experience. But what is important for purposes of our analysis here is how natural and understandable it is for a teacher to start out with methods that center and protect themselves. Imposter syndrome may be particularly intense when a person's job involves standing in front of a room full of smart adults who expect you to know more than they do about topics under discussion, in every class, week after week. It is worth recognizing the inherent disincentive to adopt teaching methods that decrease control or open a teacher up to too many questions they are not yet prepared to answer.

Similarly, in the supervision context, where clinicians guide students in their client-representation work, concern about content and teaching

²⁶ The near-universal absence of law-teacher training also plays a role. Most new faculty, in law or any other field, must rely on their own experiences as learners to develop their initial teaching techniques. Because teacher-centered methods have long been the post-secondary cultural norm in the U.S., these are the methods with which most novice faculty have the greatest familiarity.

²⁷ Anxiety often drives a desire to exert as much control as possible over one's environment, in an effort to create a sense of order and predictability. Yuanyuan Gu, Simeng Gu, Yi Lei & Hong Li, *From Uncertainty to Anxiety: How Uncertainty Fuels Anxiety in a Process Mediated by Intolerance of Uncertainty*, J. NEURAL PLAST. 1, 2 (2020).

competence may shape pedagogical choices for novice faculty.²⁸ On the one hand, in an effort to ensure they are one step ahead of their students' questions, a new clinician may adopt more "directive" supervision strategies—telling students what to do in their client representation work, rather than finding ways to scaffold student thinking and help them to arrive at their own conclusions.²⁹ Just like classroom lectures, heavily directive supervision can magnify the clinical teacher's control and reduce the risk of the unexpected.³⁰ But this approach also limits opportunities for students to habituate strategic thinking and develop their own, independent professional judgment. On the other hand, a new clinician may adopt what appears to be a "non-directive" approach. They may over-rely on questions such as "what do *you* think?," pushing students toward independence but failing to provide the support necessary for success. Here, instead of increasing control, the novice teacher abdicates it—adopting another method for avoiding the risk of being unmasked as not worthy of their teaching role. A later-stage clinician may employ these same approaches—directive or non-directive—with real intentionality; the point here is that new teachers often make strategic choices based less on what will best promote student learning, but instead on what will best protect themselves.

We have seen these issues play out consistently in our work training new teachers. For example, for many years we have taught a year-long clinical pedagogy course to the approximately 20 incoming Georgetown teaching fellows.³¹ During Orientation, we ask the fellows to identify their biggest concerns about stepping into a teaching role. The most frequent responses reliably reveal some awareness of their limitations: the difficulty of staying one step ahead of the students in understanding the material; the fear of not being able to answer a student question; and the concern about making a substantive mistake from the front of the room. These anxieties are natural and predictable. Most students expect their teachers to know all the answers, and new teachers often have the same expectation of themselves. Passing through this developmental stage is *essential* to becoming an effective teacher.

²⁸ These observations are based on the authors' long-term experiences both with their own teaching and with training and supervising new clinical teachers.

²⁹ See *supra* note 5, for a definition of educational scaffolding.

³⁰ Of course, highly directive supervision can be the best teaching choice in some supervision situations. In the middle of trial, for example, when a student freezes, a teacher may take over for a few moments to allow the student to collect herself, regain her composure, and resume her role as lead counsel.

³¹ An early version of the course, Elements of Clinical Pedagogy, is described in an article by Wally Mlyniec, who took the lead in conceptualizing it. Wallace J. Mlyniec, *Where to Begin? Training New Teachers in the Art of Clinical Pedagogy*, 18 CLIN. L. REV. 505, 514, 580-85 (2012).

It is important to note that although most teachers start at the teacher-centered stage and move through subsequent stages in sequential order, the process is not always a linear one. This may be particularly true for clinicians, who are constantly confronting new client, legal, and system-based realities. When we add a new topic to our syllabus, design a new seminar class, take on a new area of legal representation or focus, or otherwise expose ourselves to new challenges, even experienced clinical teachers may find we must once again—temporarily—shift back to a self-focus as we learn new content and adjust to new teaching demands.³² Clinicians may find that the arc of their pedagogic growth shifts among the stages in ways that are recursive, evolving, and spiraling in nature.

Although teacher-centered pedagogy long dominated most adult learning contexts,³³ numerous critiques of this approach exist. One widely recognized issue is that “when teaching power is used to ... control (even unintentionally), we diminish the learning space. A student who feels controlled ... will likely be less creative, take fewer risks, and perhaps choose a safer academic path.”³⁴ Perhaps in part for this reason, research has shown that lecture—a control-driven teaching method—results in “the lowest knowledge retention rate of any method of learning and encourage[s] learning at the lowest levels of cognitive function.”³⁵

Similarly, the inherently self-referential framework of the teacher-centered stage may lead new teachers to assume that what worked for them *as learners* will also work for their students.³⁶ This early developmental pedagogy can facilitate the projection of one’s own experiences onto one’s students; it supplants the more arduous but crucial work of developing a range of teaching approaches and discerning which one best fits each student’s learning needs.³⁷ A “one-size-fits-all”—or, more accurately, “my-size-fits-all”—approach may work for some students, but it will certainly fail others.³⁸

³² See discussion *infra*, Part II.

³³ The lecture method originated in medieval times. John McLeish, *The Lecture Method*, 77 TEACHERS COLLEGE RECORD 252 (1976).

³⁴ HARRIET L. SCHWARTZ, *What Is Connected Teaching*, in CONNECTED TEACHING (2019) at 19.

³⁵ Joseph T. DiPiro, *Why Do We Still Lecture?* 73 AM. J. PHARM. EDUC. 1, 1 (2009). Although the long-standing Socratic method, used in many large law school classes, involves a greater degree of student engagement than does lecturing, it is still deeply teacher-centered. The questions posed are those of the professor, not the student; “[s]tudents must await the instructor’s lead without knowing how to prepare for it.” Suzanne Kurtz, Michael Wylie & Neil Gold, *Problem-Based Learning: An Alternative Approach to Legal Education*, 13 DALHOUSIE L. J. 797, 802 (1990).

³⁶ See text accompanying notes 25-32, *supra*, for a discussion of this self-referential framework.

³⁷ Robertson, *Professors’ Perspectives*, *supra* note 14, at 274-276.

³⁸ Students differ in myriad ways beyond their preferred learning strategies, including in terms of neurodiversity, information-processing skills, cognitive abilities, motivation, and engagement. Nonetheless, “educators are inclined to expect others, including our students,

As these examples demonstrate, methods designed to support the teacher's developmental competency can undermine our pedagogical effectiveness and limit our capacity to catalyze transformative, rather than merely "additive," student learning. Over time, as these challenges begin to surface and as a clinician gains content and teaching competence, they are also likely to gain clarity about the need for different pedagogical approaches. We may begin to notice student confusion or resistance in the classroom; student lawyering performances that reflect insufficient understanding or supervisor parroting; a general sense of student disconnection from the teacher or the material; or negative student comments on teaching evaluations about micromanagement of, or insufficient guidance for, client representation work. This evidence may accrue slowly and incrementally, but at some point, it is likely to trigger a transformational insight: to progress in our teaching skills, we need to develop methods designed to support a wide array of clinic student needs and learning goals. This realization—that *knowing and providing information* is not enough for maximal student learning—can be profoundly disorienting.

The two of us each vividly remember the early-stage anxiety that flowed from our experience of imposter syndrome, the concern we felt about unanticipated student questions, and the wave of relief that washed over us each time we were able to wrap up a seminar class or supervision session with our egos intact. But we were each also fortunate enough to have superb teaching mentors. We had opportunities to explore a variety of classroom and supervision methods with experienced clinicians and to observe them as they employed the kinds of sophisticated, interactive techniques that the legal professoriate has come to call "clinical pedagogy."³⁹ We attended national clinical conferences, where we learned how expert teachers create environments that effectively foster student learning, both in the classroom and in supervision sessions. And we learned from trial and error.⁴⁰ We came to recognize, like many of our clinical colleagues, that focusing on our

to think like us, to share our preferences. When they do not we can be quite critical of their learning process. Why is this student always relating personal anecdotes when I am trying to focus on theory? Why does that student demand examples and practical illustrations when this is not the point of the discussion? Why are there always students who go off on tangents? We all have such thoughts and questions." Patricia Cranton, *Individual Differences and Transformative Learning*, in MEZIRROW, *supra* note 10, at 201.

³⁹ For Rachel, these early mentors were Leigh Goodmark and Margaret Johnson; for Deborah they were John Copacino and Wally Mlyniec.

⁴⁰ Some teachers see the limitations of this early-stage pedagogy, yet continue to use the same teaching methods, preferring to retain control or lacking the time to develop something new. William L. Goffe & David Kauper, *A Survey of Principles Instructors: Why Lecture Prevails*, 45 J. ECON. EDU. 360, 360-361 (2014) (finding, through a survey of faculty teaching college economics courses, that those surveyed who believed that lecture was the most effective teaching technique were less likely to have been exposed to research on pedagogy.)

own competence is the “teach[ing] equivalent to Maslow’s most basic, physiological needs:” while it is essential to excellent teaching, it is the floor, rather than the ceiling.⁴¹ This realization helped us transition into the next developmental stage of our work as educators: adopting a learner-centered pedagogy.

II. LEARNER-CENTERED PEDAGOGY: FOCUSING EXTERNALLY ON OUR STUDENTS

In the next developmental stage, teachers adopt a “learner-centered” pedagogy.⁴² This shift leads to a more sophisticated understanding of the faculty role: teaching no longer centers on the “*dissemination of knowledge*” but on the “*facilitation of learning*,” on helping students construct meaning for themselves.⁴³ The teacher—particularly the clinical teacher—plays a supporting role. She is less like Friere’s banker and more like a facilitator, a “partner, catalyst, resource, or poser of questions that sharpens learners’ thinking.”⁴⁴ Robertson describes the professional transition to learner-centered teaching in this way:

Rather than focusing on my own learning process as the master learner, I became fascinated with the students’ learning processes and how I [could] construct environments and activities that support these processes.... With the addition and integration of this newly conceptualized teaching responsibility—facilitating learning as opposed merely to mastering and disseminating content—my overall framework on teaching [was] transformed.⁴⁵

⁴¹ Robertson, *Professors’ Perspectives*, *supra* note 14, at 276; ABRAHAM H. MASLOW, MOTIVATION AND PERSONALITY 17 (R. Frager et al. eds, Harper & Row 3d. ed. 1987). Just as humans must satisfy basic physiological and safety needs before they can focus on higher-level needs, such as love, a sense of belonging, and self-actualization, it is only once a teacher has achieved basic content proficiency that they can focus on aspects of teaching external to themselves and begin to create a transformative learning space for their students. As Robertson observes, “Being able to acknowledge the loss of the old paradigm helps the learner to accept its passing . . . this acknowledgment . . . paves the way for the next phase in the learner’s development.” See Robertson, *Transformative Learning*, *supra* note 9, at 112.

⁴² Robertson calls this second developmental stage “Aliocentrism.” Robertson, *Professors’ Perspectives*, *supra* note 14, at 274.

⁴³ Robertson, *Transformative Learning*, *supra* note 9, at 107-08 (emphasis added). The teaching strategies in this stage rest on learner-focused assumptions such as: (1) students can be trusted to learn independently, when given appropriate scaffolding; (2) students’ prior knowledge can be a valuable resource for new learning; and (3) students’ emotional, as well as their cognitive, capacities, are essential to the learning process. See, e.g., Robertson, *Professors’ Perspectives*, *supra* note 14, at 281.

⁴⁴ Taylor, *supra* note 18, at 166.

⁴⁵ Robertson, *Transformative Learning*, *supra* note 9, at 109.

Clinical teachers at this stage adopt a clear-eyed centering of the learner.⁴⁶ In the classic clinic seminar, this takes the form of a shared educational space between teacher and students. Clinicians offer their substantive expertise, but their reliance on lecture is carefully circumscribed. Far more classroom learning derives from teaching methods that prioritize individual reflection, small group work, and open discussion. Regardless of the method used, these choices are no longer driven by concerns about teaching or substantive competence—here the clinician is making careful choices rooted in an awareness of what will best facilitate learning. One example of learner-centered pedagogy used in most clinic classrooms is rounds, where clinicians turn the locus of learning over to students, allowing them to arrive at insights and identify strategic lawyering options, while the teacher plays a limited (yet still important) role by prompting students to explore key questions to enhance classroom discussion.⁴⁷

Clinicians have the greatest ability to maximize the benefits of learner-centered pedagogy in the supervision context. In this small-scale, informal, and intimate setting, clinical teachers meet with students one-on-one or in small groups to help them set learning goals, work through client representation challenges, reflect on their lawyering performances, and begin to explore their individual professional identities.⁴⁸ Supervision provides a special opportunity for clinicians to gain insight into each student's cognitive and emotional responses to the learning process and to understand how those responses may be shaped by their particular lived experiences and their familial, social, and cultural contexts.⁴⁹ Add to this comparatively low teacher-student ratios,⁵⁰ shared, weighty responsibility for clinic clients, and long, collaborative work hours, and it becomes clear why clinic disrupts much of the teacher control baked into other law school courses, and why clinicians are so well-situated to adopt a learner-centered focus.

And indeed, from its inception in the mid-20th century, clinical legal education has embraced teaching methods that support learner-centered

⁴⁶ Today, “[t]he generally accepted model of adult education involves a transfer of authority from the educator to the learners; the successful educator works herself out of her job....” MEZIROW, *supra* note 10, at 14-15. *See also* Kathryn Fehrman & Tim Casey, *Making Lawyers out of Law Students: Shifting the Locus of Authority*, 20 PERSPECTIVES 96 (2012).

⁴⁷ *See, e.g.*, Susan Bryant & Elliott Milstein, *Rounds: A “Signature Pedagogy” for Clinical Education?*, 14 CLIN. L. REV. 195 (2007); Elizabeth Cooper & Anita Weinberg, *Finding Our Way: Teaching Legislative Advocacy Clinics*, 31 CLIN. L. REV. 41, 103-05 (2024).

⁴⁸ Ann Shalleck & Jane H. Aiken, *Supervision: A Conceptual Framework*, in BRYANT, MILSTEIN, & SHALLECK, *supra* note 1, at 169-70.

⁴⁹ *Id.* at 179-80.

⁵⁰ Most clinics have an 8 to 1 student-teacher ratio for both supervision and seminar. Robert R. Kuehn, David A. Santacroce, Margaret Reuter, June T. Tai, G.S. Hans, *2022-23 Survey of Applied Legal Education*, CTR. FOR THE STUDY OF APPLIED L. EDUC. 1, 28, 32 (2023).

teaching.⁵¹ The earliest clinicians intentionally broke with traditional law school pedagogy, pushing their students to transition out of the role of passive recipients of knowledge to become active seekers of their own learning.⁵² The clinical commitment to learner-centered pedagogy is reflected in a wealth of books, articles, conference presentations, and teacher-training programs—many of which we, ourselves, have contributed to—spanning the past several decades.⁵³ Frequently used learner-centered methods successfully help students name and frame issues, engage in rigorous thinking, and navigate the numerous and varied challenges inherent in experiential learning. The goal is to put students in the driver's seat as they pursue learning, and the methods that support it permeate nearly every component of clinical programs across the country.⁵⁴ Clinicians understand that when a teacher slowly steps out of the way, removing scaffolding in a carefully calibrated series of steps, student learning—including the capacity to “own” the professional role—thrives.⁵⁵

This learner-centered focus came through when we asked experienced clinicians, attending a teacher-training institute, about their biggest concerns at this point in their teaching careers.⁵⁶ In contrast to those at the teacher-centered stage,⁵⁷ these clinicians did not share anxiety about making a mistake or being unable to answer a student question. Instead, they named issues such as whether they would succeed in catalyzing “light bulb” moments for their students, or whether they would be able to provide scaffolding sufficiently calibrated with individual student learning needs.

Another benefit of maturing into the learner-centered developmental stage is how it fosters development of the skill of cognitive empathy—the ability to understand what a student may be thinking or feeling—and, therefore, what methods may best help them learn.⁵⁸ This

⁵¹ See, e.g., J.P. Sandy Ogilvy, *Celebrating CLEPR's 40th Anniversary: The Early Development of Clinical Legal Education and Legal Ethics Instruction in U.S. Law Schools*, 16 CLIN. L. REV. 1, 9-10 (2009).

⁵² *Id.* See also Douglas L. Robertson, *Self-Directed Growth*, 50 ADULT ED. QUARTERLY 41, 42 (1999) [hereinafter, *Self-Directed Growth*] (observing that over the past several decades, this approach has acquired a “moral dominance over conversations about pedagogy...”).

⁵³ These fundamentally learner-centered teaching principles have since become a kind of clinical “orthodoxy.” The sources here are far too numerous to cite. One compilation of a number of useful articles can be found in A. HURDER, F. BLOCH, S. BROOKS & S. KAY, *CLINICAL ANTHOLOGY: READINGS FOR LIVE-CLIENT CLINICS* 1 (2011).

⁵⁴ Epstein, Aiken & Mlyniec, *supra* note 1, at 2.

⁵⁵ Ogilvy, *supra* note 51.

⁵⁶ We posed this question to clinicians with 5-25 years of teaching experience at each of the three Georgetown Summer Institute on Clinical Pedagogy.

⁵⁷ See text accompanying note 31, *supra*.

⁵⁸ The term “empathy” describes a range of experiences; no universal definition exists. It has been variously described as a “feeling,” *Empathy*, CAMBRIDGE ACADEMIC CONTENT DICTIONARY (2008); a “capacity,” Eric J. Vanman, *The Role of Empathy in Intergroup Relations*, 11 SCIENCE DIRECT 59, 59 (2016); a “process,” Carl Rogers, *Empathic: An Unappreciated Way of*

intersubjective understanding represents a huge gain in the teaching project; as Professor Paula Franseze observes, “Without empathy, we are teaching content instead of students.”⁵⁹

Throughout our careers as clinicians and as teachers of teachers, we have consistently witnessed the power of empathy in the teacher-student context.⁶⁰ Empathy provides teachers with a window into students’ epistemic needs that goes beyond what can be assessed through seminar questions, papers, and exams.⁶¹ Empathy opens teachers up to a more accurate and nuanced understanding of each student. It helps us avoid placing disproportionate emphasis on discrete instances when a student is “difficult” and pushes us, instead, to take a more holistic perspective about potential contributing factors.

The intense student-teacher relationships characteristic of law school clinics make empathic understanding particularly valuable here. Student-centered teachers have methods to consider a student’s affective experience; to forge authentic connection, and to employ more effective, individualized teaching strategies. Studies show that educator empathy fosters student trust, making them more likely to feel valued and to hear and (in the clinical context) process essential feedback on

Being, 5 COUNSELING PSYCHOLOGIST 2, 4 (1975); an “internal state,” Natalie Angier, *Scientists Mull Role of Empathy in Man and Beast*, NY TIMES (May 9, 1995), <https://www.nytimes.com/1995/05/09/science/scientists-mull-role-of-empathy-in-man-and-beast.html?smid=url-share>; an “act,” *Empathy*, MERRIAM WEBSTER, <https://www.merriam-webster.com/dictionary/empathy> (last visited June 25, 2024); a “multidimensional construct,” Rebecca P. Ang & Dion H. Goh, *Cyberbullying Among Adolescents: The Role of Affective and Cognitive Empathy, and Gender*, 41 CHILD PSYCHIATRY HUM. DEV. 387, 388 (2010); and a “complex, intricate task,” Helen Riess, *The Science of Empathy*, 4 J. PATIENT EXPERIENCE 74, 74 (2017). See also Jean Decety & Jason M. Cowell, *Friends or Foes: Is Empathy Necessary for Moral Behavior?*, 9 PERSPS. ON PSYCH. SCI. 525, 525 (2014) (noting that at a conference of empathy researchers, the definitional confusion was so great that “every time one attendee would ask a question about ... the role of empathy in a [particular context], the respondent would in turn reply, ‘what do you mean by empathy?’”); PAUL BLOOM, *AGAINST EMPATHY: THE CASE FOR RATIONAL COMPASSION* 16 (2016) (citing researchers who observed “[T]here are probably nearly as many definitions of empathy as people working on this topic.”); C.D. Batson, J. Fultz & Schoenrade, *Distress and Empathy: Two Qualitatively Distinct Vicarious Emotions with Different Motivational Consequences*, 55 J. PERSONALITY 19, 19 (1987) (“Psychologists are noted for using terms loosely, but in our use of empathy we have outdone ourselves.”). Despite this confusion, virtually everyone agrees that, at its core, empathy involves establishing a meaningful connection with another person. While that connection can be affective or cognitive, our focus here is on the cognitive—learning benefits that come from a teacher’s capacity to *understand* the perspective, thoughts, and feelings of their students.

⁵⁹ Paula A. Franseze, *The Power of Empathy in the Classroom*, 47 SETON HALL L. REV. 693, 695 (2017).

⁶⁰ This observation, and those that follow, are based in part on our more than four decades of collective experience in teaching a year-long course on Elements of Clinical Pedagogy to the Georgetown Law clinical teaching fellows, as well as providing intensive mentorship beyond the scope of the course itself.

⁶¹ Sal Meyers, Katherine Rowell, Mary Wells & Brian Smith, *Teacher Empathy: A Model of Empathy for Teaching for Student Success*, 67 COLL. TEACHING 160, 161 (2019).

their client representation work.⁶² As humanist psychologist Carl Rogers puts it, “[w]hen the teacher has the ability to understand the student’s reaction from the inside, has the sensitive awareness of the process of how education and learning seems to the student ... the likelihood of learning is significantly increased.”⁶³

Take, for example, a student whose words and actions lead a teacher to assume that she is not prioritizing her client representation work—something virtually all clinicians at least occasionally experience. Learner-centered pedagogy comes to the rescue here; it allows us to move past this initial judgment and, instead, expand our perspective to encompass other possible—and perhaps more generous—explanations for the student behaviors we are observing. Most experienced clinicians, fully grounded in learner-centered approaches, are adept at exercising this kind of professional curiosity or imagination—skills foundational to cognitive empathy—to move past an initial, easy, or oversimplified explanation for student behavior.

Let’s turn to a more concrete example: A clinician is supervising a student and providing feedback to improve his client-based work. On multiple occasions, the student has responded to some of the clinician’s suggestions by stating, “I just disagree with you” or “That’s not how I learned to do it at the firm last summer,” or he turns in revised drafts that fail to respond to or acknowledge many of the clinician’s

⁶² Annie McKee & Kandi Wiens, *How to Prevent Burnout with Empathy: Taking Care of Yourself and Others Is a Potent Stress-Buster*, SHRM (July 18, 2017), <https://www.shrm.org/hr-today/news/hr-magazine/0817/pages/how-to-prevent-burnout-with-empathy.aspx>. (“So not only do others benefit from our empathy, we benefit, too.”). Studies also show that educator empathy fosters trust, which in turn constitutes a foundational element of the teacher-student relationship. See, e.g., Peter Demerath, Sara Kemper, Eskender Yousuf, & Bodunrin Banwo, *A Grounded Model of How Educators Earn Students’ Trust in a High Performing U.S. Urban High School*, 54 URB. REV. 703, 704 (2022) (“The grounded model that emerged from the data analysis identifies constituent elements or building blocks of trust that both matter to students, and that educators have found to be effective in relationship building. These building blocks include educator motivation; how educators show their empathy and respect for students, their self-awareness and credibility, and how they demonstrate their professional ability and commitment to students”); Samantha L. Strachan, *The Case for the Caring Instructor*, 68 COLL. TEACHING 53, 54 (2020) (“[E]mpathy is believed to be an important signifier of care in learning environments . . . [C]are can also play a role in how instructors . . . go about developing rapport and trust in classrooms”).

⁶³ CARL ROGERS, *FREEDOM TO LEARN* 126-27 (1969). For example, one faculty member (unpublished data from Schwartz & Holloway, 2017) recalled experiences early in his career when he took it personally when students declined to work hard in his classes. He remembered feeling frustrated: “I mean, why would you do this to me? I am giving you so much of myself, don’t you see what I am trying to do for you?” However, he also noted that as he gained more experience, he realized that students have various degrees of commitment to learning, he does not always know what students might be dealing with that distracts them from school, and ultimately, he needs to avoid taking on the disappointment he feels when students do not engage. His early-career perspective represents an absence of empathy; he internalized students’ experiences of not maximizing their education. HARRIET L. SCHWARTZ, *What Is Connected Teaching*, in *CONNECTED TEACHING* (2019) at 21.

suggestions for improvement. The initial assumption many teachers are likely to make may be a judgmental one: The student's resistance comes from arrogance. Because a clinician in the teacher-centered stage may have fewer tools to center empathic awareness, this assumption may stick. The teacher may believe in the student arrogance theory with such certainty that it shuts down her curiosity about potential alternative explanations for his behavior.

A teacher using learner-centered skills is better positioned to move beyond this initial assumption, and instead understand their students in more complex and contextualized ways. A learner-centered teacher will take a step back and wonder what may be going on for the student—what else, besides arrogance, might be the catalyst for these behaviors? In other words, this developmental stage is largely defined by the pedagogical skill of cognitive empathy, one that helps teachers expand their perspective and, therefore, their teaching effectiveness. A teacher who uses this skill may realize that the student described above does not yet understand that there is no one right way to approach strategic decisions; he may feel disoriented and shut down by the inconsistency between the clinician's feedback and advice he received in another context. Perhaps the student finds the teacher's feedback unclear and difficult to understand; stymied by his reluctance to share this fact, he sees no option other than to simply ignore it. The student may be trying to compensate for a concern that some aspect of his social location might cause the teacher to form negative assumptions about his intellectual capacity. Or maybe the student is inexperienced and unaware of how his approach comes across; he has not had a meaningful opportunity to reflect on his communication style or has not learned to present his thoughts in a more nuanced manner. A learner-centered perspective creates space for such exploration. It facilitates better teaching because it is rooted in a more expansive, and potentially more accurate, understanding of the student's actual experience.

In sum, the indisputable power of learner-centered pedagogy lies first in its recognition of each student's individuality and the impact that individuality has on learning, and second in its explicit theoretical framework that supports teachers' exercise of cognitive empathy. These lessons are imperative to excellent teaching; adoption of learner-centered teaching methods can have a profound positive impact on our ability to reach our students.⁶⁴

⁶⁴ See, e.g., Meyers, Rowell, Wells & Smith, *supra* note 61 at 162 (finding in a meta-analysis of over 100 studies spanning more than 50 years that "teacher empathy was among the strongest predictors of positive student outcomes," including academic performance, affective experience, and behavior). Research conducted in the doctor-patient context offers insight on the role of empathy in the teacher-student context. For example, research shows that patients whose doctors communicate empathy are more likely to comply with their

III. LEARNER-CENTERED LIMITATIONS: ADVANCING OUR PEDAGOGIC DEVELOPMENT

While learner-centeredness is a critical step on the path toward zealous teaching, this developmental stage has real, and relatively unexplored limitations. In our view, the most important of these is the implicit assumption that while the *student* is a full-fledged human being, with strengths, limitations, identity-based perspectives, and plenty of room to grow, the *teacher* is something quite different: an intellectually and emotionally neutral, fully-formed and enlightened participant in the learning dynamic. The near-exclusive focus on the *learner* is both the root of what is powerful about this pedagogical approach and, simultaneously, its Achilles' heel.

In reality, of course, no teacher—no human being—is a neutral participant in any interpersonal interaction. Thus, a profound naivete lies at the heart of the learner-centered approach: a teacher's focus on understanding *the learner*, no matter how useful or well-intentioned, can systematically blind her to how *her own internal landscape* is also shaping and defining the educational dynamic.

An exclusively external, student-focused lens can be incredibly seductive. It supports teachers in their efforts to identify and respond effectively to the strengths and challenges students bring with them to clinic; but it does so without demanding that teachers engage in the equally important work of critical self-analysis. Learner-centered teaching embraces student, *but not teacher*, self-reflection. This is a major failing: If we treat ourselves, as teachers, as objective, neutral actors, and ignore our personal and emotional reactions to students, we obscure our own humanity and neglect the interpersonal nature of teaching. If we try to suppress our individual histories, our social identities and stratifiers, our idiosyncratic emotions, and our personal vulnerabilities, preferences, and biases, we unwittingly idealize ourselves and fail to engage in a full accounting of our impact on our students, and our students' impact on us.⁶⁵ Learner-centered pedagogy is one-sided;

physician's advice and have better health outcomes. Sung Soo Kim, Stan Kaplowitz & Mark Johnston, *The Effects of Physician Empathy on Patient Satisfaction and Compliance*, 27 EVAL. HEALTH PROF. 237, 248 (2004); David Rakel, Bruce Barrett, Zhengjun Zhang, Theresa Hoeft, Betty Chewning, Lucille Marchand, & Jo Scheder, *Perception of Empathy in the Therapeutic Encounter: Effects on the Common Cold*, 85 PATIENT EDUC. & COUNSELING 390, 395-96 (2011); Sarah Price, Stewart W. Mercer, & Hugh MacPherson, *Practitioner Empathy, Patient Enablement and Health Outcomes: A Prospective Study of Acupuncture Patients*, 63 PATIENT EDUC. & COUNSELING 239, 243 (2006). When physicians fail to engage empathically, their patients are often dissatisfied and sometimes reject necessary treatment. Kelly B. Haskard Zolnieriek & M. Robin DiMatteo, *Physician Communication and Patient Adherence to Treatment: A Meta-analysis*, 47 MED. CARE 826, 832 (2009).

⁶⁵ This way of thinking about the teacher-student relationship echoes some ideas about student-client relationships explored in Susan Bryant's *The Five Habits of Cross-Cultural*

it holds students solely responsible for disorienting moments that we ourselves may unintentionally cause, contribute to, or interpret in ways that cramp teachers' capacity to most effectively reach our students.⁶⁶

Like all other human beings, teachers are shaped by conscious influences—such as, for example, stylistic preferences and conscious biases—as well as those that affect us on a more subconscious level—such as implicit biases, values, and insecurities.⁶⁷ While both can substantially shape how teachers interact with their students, they can also interfere with their ability to perform in positive, productive, and appropriate ways at all times, with all people.⁶⁸ Most of us understand this reality on an abstract, intellectual level. But in our day-to-day lives, teachers often succumb to the strong temptation—facilitated by the tenets of a learner-centered pedagogy—to believe that our reactions to students, or our diagnoses of the reasons for their behavior, constitute objective insights with which most other teachers would agree. We often overlook how our individual lens may distort our ability to accurately understand our students or color how we interpret our interactions with them.

The tendency to assume both that we ourselves are objective and that our good intentions could not possibly lead us astray is, of course, a prototypically human error.⁶⁹ At the same time, it obscures the true synergistic nature of the clinician-student relationship. By overlooking the reality that clinical teaching occurs within an interactive, intellectual and emotional dyad, learner-centered methods fail to push teachers toward self-reflection,⁷⁰ perpetuating the myth of teacher neutrality.⁷¹

Lawyering. Susan Bryant, *The Five Habits: Building Cross-Cultural Competence in Lawyers*, 8 CLIN. L. REV. 33 (2001). In collaboration with Professor Jean Koh Peters, Bryant uses the Five Habits to delineate strategies that allow clinic students to ensure both respect for “her client’s dignity, voice, and story, and the [student’s] understanding of her own biases and ethnocentric world views.” Susan Bryant & Jean Koh Peters, *Reflecting on the Habits: Teaching about Identity, Culture, Language, and Difference*, in BRYANT, MILSTEIN, & SHALLECK, *supra* note 1. The basic premise here is also much-discussed in the broader anti-racism literature—that a person who has power must not only acknowledge and recognize those who have less; he must also look inward and examine how his own biases and assumptions may inform the way he attributes meaning to the behavior of others. See, e.g., LAYLA F. SAAD, *ME AND WHITE SUPREMACY* (2020); IBRAM X. KENDI, *HOW TO BE AN ANTIRACIST* (2019); AUSTIN CHANNING BROWN, *I’M STILL HERE: BLACK DIGNITY IN A WORLD MADE FOR WHITENESS* (2018); TA-NEHISI COATES, *BETWEEN THE WORLD AND ME* (2015).

⁶⁶ Robertson, *Professors’ Perspectives*, *supra* note 14, at 281-283.

⁶⁷ We refer to the factors that contribute to the humanity and subjectivity of teachers in various ways throughout this paper, using terms such as vulnerabilities, triggers, influences, lived experiences, personal baggage, and so on. Our intent is that each such term be interpreted as capacious and broadly as possible, to incorporate all factors that inform who we are as individuals and, therefore, the subjective lenses we bring to our teaching.

⁶⁸ Robertson, *Beyond Learner-Centeredness*, *supra* note 21, at 10-11.

⁶⁹ DANIEL KAHNEMAN, *THINKING, FAST AND SLOW* (2010); Emily Pronin, Daniel Y. Lin, & Lee Ross, *The Bias Blind Spot: Perceptions of Bias in Self Versus Others*, 28 PERSONALITY & SOC. PSYCH. BULLETIN, 371 (2002).

⁷⁰ Robertson, *Professors’ Perspectives*, *supra* note 14, at 281.

⁷¹ This egocentric orientation can result in a range of problematic cognitive errors, including confirmation bias. See Anthony G. Greenwald, *The Totalitarian Ego: Fabrication*

Until we see the pedagogical value of explicitly and systematically accounting for the factors that influence *us* in the same ways we account for those that influence our students, we are unlikely to evolve into zealous educators who take full advantage of the transformative possibilities of clinical legal education.

Once clearly stated, it may seem obvious that a professor's internal life will affect her in her teaching role. But little guidance exists in terms of either how to explore these issues or what to do when they arise. When we feel stressed, burdened, hyperreactive, or alienated, few of us have the pedagogical training needed to explore the impact of those feelings on the educational environment we strive to create.⁷² And learner-centered pedagogy provides no real guidance here. Much of the research on adult learning—including the clinical legal literature—has tended to “ignore[] the dynamic intersubjective interplay of the lived experience of teachers and learners (e.g., how feelings between teachers and learners can spiral and [what are] effective ways to manage them).”⁷³

And although learner-centered approaches support teacher-student empathy, helping our students achieve the most transformative possible learning requires broader, more complex strategies. Anyone who has taught for more than one semester knows that, despite its importance, teacher-student empathy can be challenging to maintain. From the brand-new to the highly experienced, most clinicians enter each semester with a sense of excitement about the meaningful connections they will establish with their students. But over a few short weeks, many report feeling *disconnected* from some of their students, some of the time. This is particularly common when a student's working style, communication, or emotional responses to the lawyering project are different from those of the teacher. Teachers are often disoriented by students who, for example, devote less time than needed to client representation tasks; express judgmental views about clinic clients; fail to understand or investigate the difficult realities of their clients' lives; or ignore or respond defensively to feedback on their work. Teachers may also find they feel disconnected from students for less obvious reasons—something idiosyncratic to that student's personality or demeanor.

and *Revision of Personal History*, 35 AM. PSYCH. 603, 606-607 (1980) (describing “cognitive conservatism” as one of three varieties of cognitive error caused by egocentrism, and “confirmation bias” as an example of cognitive conservatism).

⁷² Pedagogical training may be insufficient here; individual psychotherapy can also serve as an invaluable source of insight for teachers (as it does for anyone).

⁷³ Douglas Robertson, *Facilitating Transformative Learning: Attending to the Dynamics of the Educational Helping Relationship*, 47 ADULT EDUC. QUARTERLY 41, 47 (1996). Of course there are exceptions, including a superb series of conference workshops focused on decolonizing clinical pedagogy, presented by Professors Norinda Brown, Anjum Gupta, Renee Hatcher, Donna Lee, and Anita Sinha.

In these situations, teachers often experience what the two of us call “empathic disconnection”; where our curiosity about, or generosity toward a student decreases, or when, instead of seeking to understand, we find ourselves adopting a judgmental lens that interferes with our capacity for connection. Because it can have a harmful, even devastating impact on the teacher-student relationship, clinicians must be able to recognize empathic disconnection when it occurs and develop strategies for repairing the injured interpersonal connection.

Empathic disconnection in the clinical space lays bare a serious limitation of the learner-centered developmental stage. While teachers at this stage may use a range of strategies to explore empathic disconnection with a student, those strategies can have the unintended negative consequence of *reinforcing* it. Here’s why: although the focus on understanding a student’s context, feelings, or experiences is an important piece of promoting empathic understanding, it is only one piece. Some disconnections cannot be resolved solely by focusing on the student. Sometimes they are caused—in part or even in whole—by the teacher herself, for reasons that may have nothing to do with a particular student.

In light of this reality, we need a pedagogy that encourages us to see how the factors that shape us, as teachers, and that fill or deplete our empathy reservoirs, also shape—consciously or unconsciously—our reactions to our students. Learner-centeredness fails to demand a systematic examination of how the teacher’s own context—separate from or in addition to that of the student—might be affecting the relationship. This otherwise-powerful pedagogy does not provide the tools necessary to explore what clinicians bring to our professional lives and our interactions with our students. Learner-centered methods fail to encourage teachers to see themselves in their own, full subjectivity and humanity, as we must do if we are to rise to our full professional potential. In this way, adoption of a learner-centered pedagogy alone can enable, rather than repair, empathic disconnection.

The need for self-awareness and reflection may be particularly important for clinical teachers, due to the nature and scope of their work. Clinicians are responsible not only for promoting student learning, but also for successful client representation. Often, the clinic’s legal work has an enormous impact on a client’s safety, livelihood, or freedom. As we juggle teaching, concern for clients, and (for some) scholarship, clinicians are often stretched thin and may feel overwhelmed; this can undermine our best efforts to effectively practice empathy with our students.⁷⁴

⁷⁴ Many articles have been written addressing the value of teaching law *students* empathy as an essential lawyering skill in their representation of *clients*. See, e.g., Philip M.

And all of this is crucial because empathic disconnection undermines effective teaching. In the absence of meaningful connection, even more experienced clinicians can find it difficult to maintain their curiosity about their students' context, needs, or vulnerabilities. Instead, a teacher may find her commitment to the student begin to flag; she may adopt less effective teaching methods in her work with the student. We have witnessed many clinicians (including ourselves) experience empathic disconnection and shift—consciously or subconsciously—to a self-protective place, adopting strategies that decrease the likelihood that a student will expose our vulnerabilities. Those strategies might include providing more directive and controlling feedback rather than nurturing the student's independence, reducing time spent with the student, taking over portions of the student's client representation work, or even counting the days until the student's time in clinic will end.⁷⁵

For all of these reasons, a pedagogy that systematically incorporates a teacher's internal awareness is essential to our ability to reach full teaching maturity.⁷⁶ And a small group of teacher-philosophers outside the legal academy have developed a robust and important critical

Gentry, *Clients Don't take Sabbaticals: The Indispensable In-House Clinic and the Teaching of Empathy*, 7 CLIN. L. REV. 273, 274-85 (2000); Laurel E. Fletcher & Harvey M. Weinstein, *When Students Lose Perspective: Clinical Supervision and the Management of Empathy*, 9 CLIN. L. REV. 135, 142-47 (2002); Kristin B. Gerdy, *Clients, Empathy, and Compassion: Introducing First-Year Students to the 'Heart' of Lawyering*, 87 NEB. L. REV. 1, 17-24 (2008); Joshua Rosenberg, *Teaching Empathy in Law School*, 36 U.S.F. L. REV. 621, 636-37 (2002); Ian Gallacher, *Thinking Like NonLawyers: Why Empathy is a Core Lawyering Skill and Why Legal Educators Should Change to Reflect Its Importance*, 8 LEGAL COMM'N & RHETORIC: JAWLD 109, 110, 138-149 (2012); Karen Irvin, Mindy Mitnick & Andrea Niemi, *"I Feel Your Pain": The Role of Empathy in Family Law*, 17 AM. J. FAM. L. 218, 21-22 (2003); Mark Baer, *Future Lawyers Should Be Screened and Trained for Empathy*, HUFFINGTON POST (Aug. 26, 2016), https://www.huffpost.com/entry/future-lawyers-should-be_b_8046278; Lynn Henderson, *Legality and Empathy*, 85 MICH. L. REV. 1574, 1576 (1987); John L. Barkai & Virginia O. Fine, *Empathy Training for Lawyers and Law Students*, 13 SW. U. L. REV. 505, 527-29 (1983); Cary Bricker, *Teaching the Power of Empathy in Domestic and Transnational Experiential Public Defender Courses*, 32 BUFF. PUB. INT. L. J. 1, 7-14 (2014); Jennifer Gerarda Brown, *Deeply Contacting the Inner World of Another: Practicing Empathy in Values-Based Negotiation Role Plays*, 39 WASH. U. J. L. & POL'Y 189, 189-91 (2012); BARBARA GLESNER FINES, *Teaching Empathy through Simulation Exercises—A Guide and Sample Problem Set*, in PROFESSIONAL RESPONSIBILITY (2008).

⁷⁵ Occasionally, of course, situations arise where some of these pedagogical choices are the best way to promote a student's educational experience: the student may be overwhelmed for a host of reasons. Our point here is that when a clinician adopts these approaches in response to their own emotional reaction to the student, there is a risk of harm to the student's learning.

⁷⁶ The general importance of self-awareness, outside of the particular context of pedagogy, has been explored in several law review articles published over the last 15 years. See, e.g., Tammy Kuennen, *The M Word*, 43 HOFSTRA L. REV. 325 (2014) (urging the importance of student and teacher mindfulness and meditation as "formal practices in which one sets aside time to cultivate one's ability to be aware of one's thoughts, on a sustained basis").

literature addressing this pedagogical need.⁷⁷ Robertson explains that, eventually, learner-centered teachers:

realize in some fundamental way that they must again include themselves in the equation of the teacher/learning encounter, not as they originally had done as the egocentric focus—as the master learner—but rather in a new way as an important part of a teaching/learning system—as the fully human learning facilitator.⁷⁸

In response to this second transformative insight, we must build a set of relationship-centered methods onto our learner-centered approach to clinical teaching. We must incorporate the needs and context of not only the student but of the teacher in the learning dynamic. An essential benefit of such a pedagogical approach is that it enhances the teacher's capacity to develop and maintain empathic connection with their students, even in the face of personal and interpersonal obstacles that inevitably arise. We explore relationship-centered pedagogy, where clinicians are positioned to reach their full potential, in the next section.

IV. RELATIONSHIP-CENTERED PEDAGOGY: TEACHING WITH OUR FULL POTENTIAL

Relationship-centered pedagogy incorporates the strengths of the learner-centered approach and pushes past its limits.⁷⁹ Relationship-centeredness requires teachers to continue to investigate the internal, subjective experiences of their students, and to incorporate the empathic labor that permeates the learner-centered stage. But this third-stage pedagogy also pushes teachers to reject any sense of their own objectivity or emotional neutrality. Instead, it encourages them to intentionally approach the educational environment as an interdependent one; to pay close attention to the internal lives of both the student *and* the teacher. The central insight here is that learning derives from a complex

⁷⁷ See, e.g., Robertson, *supra* notes 9, 14, and 21; Parker Palmer, *The Heart of a Teacher: Identity and Integrity in Teaching*, CHANGE, Nov.-Dec. 1997, at 14 (“knowing my students and my subject depends heavily on self-knowledge. When I do not know myself, I cannot know who my students are”). On a related note, bell hooks describes the experience of many university professors as they initially sought to respect “cultural diversity” in the classroom in the late 1980s and early 1990s. These teachers “had to confront the limitations of their training and knowledge, as well as their possible loss of ‘authority.’ ... A lot of people panicked.” bell hooks, *supra* note 15, at 30.

⁷⁸ Robertson, *Professors’ Perspectives*, *supra* note 14, at 283.

⁷⁹ Relationship-centered pedagogy also incorporates the substantive and teaching competence of the first, teacher-centered stage.

system of clinician-student interactions, in which each participant plays a unique part.⁸⁰

Freed from the effort to achieve their own content- and teaching-competence, and skilled at exercising empathic awareness of their students' experience, relationship-centered teachers are well-positioned to seek a clearer understanding of what they themselves bring into the learning space. This mirrors what many of us ask of our students as they assume the lawyering role: to routinely inventory their own culture, biases, values, and personal histories and consider how these may affect their client relationships and professional effectiveness.⁸¹

Relationship-centered pedagogy provides clinicians the necessary scaffolding to move past a laser-like focus on students as the primary source of learning successes and obstacles. Instead, this approach to teaching encourages us to cast our gaze internally, to consider our own contributions with the greatest possible clarity, and to understand our own "idiosyncratic experience as [we] attempt to help individual learners."⁸² This additional pedagogic burden can be a heavy one, but it is also a high calling; it demands that we, as teachers, seek "to clarify the intellectual, emotional, and spiritual dynamics that form *or deform* our work from the inside out.... [G]ood teachers must live examined lives and try to understand what animates their actions for better and for worse."⁸³ The most effective teachers recognize that they are lifelong learners and always have room to grow as professionals. Systematic critical self-reflection is essential not only for our students, but for us as well.⁸⁴

To see the value of this developmental stage, let's go back to the "defensive-to-feedback" student we've been discussing. The teacher-centered teacher strives to ensure she has provided him with all the substantive support she can muster, with an eye toward clarity and ease of understanding. The learner-centered teacher builds on this by

⁸⁰ Robertson calls this stage "systemocentrism." Robertson, *Beyond Learner-Centeredness*, *supra* note 21, at 7. In the words of one expert teacher of teachers: "[K]nowing myself is as crucial to good teaching as knowing my students and my subject." PARKER J. PALMER, *THE COURAGE TO TEACH: EXPLORING THE INNER LANDSCAPE OF A TEACHER'S LIFE* 3 (10th Anniversary ed. 2007).

⁸¹ Bryant & Koh Peters, *Reflecting on the Habits*, *supra* note 65. See also Timothy Casey, *Reflective Practice in Legal Education: The Stages of Reflection*, 20 CLIN. L. REV. 317 (2014) (exploring an organizational model for teaching students the skill of reflection).

⁸² Robertson, *Beyond Learner-Centeredness*, *supra* note 21, at 8.

⁸³ PALMER, *supra* note 80, at 2.

⁸⁴ Although it might be counterintuitive, taking on this additional pedagogic burden is also important to sustaining a career in clinical education; unexamined, unaddressed empathic disconnection can wear teachers down over time. As Karyn Sproles puts it, "a greater awareness of the emotions we feel as teachers both in and out of the classroom can lead us to find the emotional balance that will allow for a sustainable teaching career." Karyn Z. Sproles, *The Emotional Balancing Act of Teaching: A Burnout Recovery Plan*, 153 TEACHING AND LEARNING 99 (2018), 99-100.

exploring the many possible factors that might be driving the student's observable behavior. The *relationship-centered* teacher adds to this important work by exploring the origins of her own reactivity. Perhaps the teacher's assumption that the student's resistance arises from arrogance is rooted in her own insecurity. She may have recently received a set of critical course evaluations, so that the student's comments hit her in a particularly vulnerable place. Or perhaps she has a newborn at home and is getting precious few hours of sleep at night, making it difficult for her to respond to criticism with the equanimity that she might ordinarily bring to bear. In addition to those possibilities, the teacher's and the student's social identities may make it challenging for the teacher to disentangle this interaction from past experiences of personal or societal mistreatment or oppression. Engaging in this kind of self-reflection—a crucial component of gaining a grounded understanding of the teacher-student dynamic—is central to this third developmental stage.

The evolutionary advance to a relationship-centered pedagogy provides a sophisticated, holistic framework for understanding the educational environment. And in the process, it points us to the tools we need to become our best selves for the students we are so wholeheartedly committed to teaching. Long-time educational theorist and philosopher Parker Palmer articulates the need for this last-stage pedagogy beautifully:

[The] tangles [of teaching] have three important sources. The first two are commonplace, but the third, and most fundamental, is rarely given its due. First, the *subjects* we teach are as large and complex as life, so our knowledge of them is always flawed and partial.... Second, the *students* we teach are larger than life and even more complex.... But there is another reason for these complexities: *we teach who we are*. Teaching, like any truly human activity, emerges from one's inwardness, for better or worse. As I teach, I project the condition of my soul onto my students, my subject, and our way of being together. The entanglements I experience in the classroom are often no more or less than the convolutions of my inner life. Viewed from this angle, teaching holds a mirror to the soul. If I am willing to look in that mirror, and not run from what I see, I have a chance to gain self-knowledge—and *knowing myself is as crucial to good teaching as knowing my students and my subject*.⁸⁵

⁸⁵ PALMER, *supra* note 80, at xvii. Douglas Robertson shared a similar sentiment in his observation that teaching can be “just as emotional an experience as is learning, which only makes sense because human beings are doing both.” Robertson, *Beyond Learner-Centeredness*, *supra* note 21, at 10. And John Roth, after summarizing the comments of Carnegie Professors of the Year, concluded that outstanding professors make themselves accessible to their students, which “begins with the recognition that what professors *are*

The two of us have come to understand the importance of deep self-awareness through our own clinic-based collaboration. We have spent more than a decade co-teaching; the intensity of that professional partnership has helped us see with clarity the different patterns of personal issues and professional pressures that each of us brings to our lives as teachers. We have come to learn that student behaviors that trigger empathic disconnection for one of us may not have the same effect on the other. We have seen each other incorrectly diagnose student behavior, making causal assumptions that follow relatively predictable patterns. We have served as reciprocal mirrors, helping each other see the “baggage” each of us holds—both in terms of issues we are actively working to change and those about which we lack real self-awareness.

Of course, this kind of long-term, intensive professional collaboration is a rare luxury. How can each of us, regardless of our professional context, gain clarity about our own vulnerabilities? Some clinicians are deeply introspective by nature or by training. They have substantial insight into their own interpersonal insecurities and limitations, and may be better-positioned to explore these issues within the teaching dynamic. Yet even the most insightful clinicians are likely to benefit from adopting an explicit, routine practice of naming and considering their “triggers” and vulnerabilities. Such intensive self-examination can be difficult, but it allows us to reap substantial professional benefits and expand our capacity to most effectively teach our students.

V. RELATIONSHIP-CENTERED PEDAGOGY IN PRACTICE: SELF-REFLECTION AND ZEALOUS TEACHING

Relationship-centered pedagogy requires clinicians to systematically reflect not only on their students, but also on themselves in an effort to catalyze transformative learning. In this Part, we offer one method for such self-reflection, by considering the what, the why, and the how of our own responses to student challenges.⁸⁶ First, we highlight a variety of typically unconscious influences that may play a role in teacher-student interactions. Next, we explore strategies for gaining self-awareness about the reasons underlying our reactions to particular students or student behaviors. Finally, we discuss strategies for reducing the risk that teacher-student disconnection will occur.

speaks to students more emphatically than what we say. So accessibility means opening oneself to students by sharing one's life, as well as one's knowledge, with them.” JOHN K. ROTH (ed.) *INSPIRING TEACHING: CARNEGIE PROFESSORS OF THE YEAR SPEAK* 227 (John K. Roth ed., 1997) (emphasis in original).

⁸⁶ This approach stems from our collaborative efforts, and works well for us; other teachers might prefer different strategies here.

A. *The What: Naming Our Reactions to Our Students*

Teachers occasionally feel intense emotions in reaction to students that are relatively easy to identify and name. Far more often, however, our reactions are more subtle—flickers of agitation during student meetings; a fleeting sense of exasperation when a student's name pops up in our inbox; a general sense of low-level angst when interacting with a student in the classroom. It can be particularly hard to appreciate the impact that these lower-level negative responses may have on our teaching. Instead, many of us consider the issue through a learner-centered, externally-focused lens: our frustration, for example, is caused by the fact that a student is *being frustrating*. This viewpoint may well be useful; perhaps the student is not thinking things through independently or is making unfair generalizations about their clients. While our classic clinical pedagogy trains us to examine what may be going on with the student, a relationship-centered approach asks us to incorporate self-reflection and consider: Why is the student's behavior pushing my buttons? Why is it triggering an emotional reaction in me, rather than a sense of excitement about helping the student learn, or even just awareness that this is an area where the student may need to lean into growth?

Adding an internal exploration to our pedagogy can be complicated by a host of psychological phenomena. One of these is “false consensus bias”—the unconscious tendency to see one's “own behavioral choices and judgments as relatively common and appropriate....”⁸⁷ In other words, it may be difficult to identify our own triggers or idiosyncrasies if we assume that our personal responses are universal; that what *we ourselves* feel is what *all others* would also feel in similar circumstances.⁸⁸ In the clinical teaching context, false consensus bias can lead a teacher to assume that her reaction to a student is a universal, objective one—that other teachers would react similarly. The problem here is that this assumption naturally leads to a diminished sense of responsibility on the teacher's part; if all teachers would be frustrated, irritated, or alienated by a particular student's behavior, there is less incentive to explore one's own, personal contribution to the educational dynamic.

But false consensus bias is, in fact, false. In reality, each person's lived experience and social location shape their responses to particular situations in ways that vary enormously. And it is only by holding

⁸⁷ Lee Ross, David Greene & Pamela House, *The False Consensus Effect: An Egocentric Bias in Social Perception and Attribution Processes*, 13 J. EXPERIMENTAL SOC. PSYCHOL. 279, 280 (1977); see also Gary Marks & Norman Miller, *Ten Years of Research on the False-Consensus Effect: An Empirical and Theoretical Review*, 102 PSYCH. BULL. 72, 72 (1987) (noting that over a ten-year period, “over 45 published papers have reported data on perceptions of false consensus and assumed similarity between self and others”).

⁸⁸ See, e.g., Marks & Miller, *supra* note 87, at 72.

that insight front and center that we can force ourselves to see what is, in fact, idiosyncratic about our response to a particular student or student behavior. If we assume that our reaction is both objectively accurate and complete—that the problem lies with the student and therefore the student should be the focus of our scrutiny—there is little need for self-examination. This external, learner-centered orientation fosters tunnel vision as to the range of possible factors that *could* be disrupting the teacher-student dyad. It pushes us back to a place where we (unintentionally) idealize the teacher and her role in the educational relationship. A relationship-centered lens demands, instead, that we view ourselves in our own full humanity and recognize teaching as the dynamic experience that it is.

Take for example, the defensive-to-feedback student described earlier.⁸⁹ Using learner-centered methods, a clinician might explore the student's resistant behavior, consider what might be driving it, and brainstorm how to help the student overcome that resistance and be more open to learning. As she focuses on the student, she might come to realize that he is not driven by resistance at all; perhaps he does not understand, or does not buy into, the norms and communication styles that many teachers expect in the academic context, or perhaps he is struggling with his own insecurities, his sense of belonging, or a concern about being stereotyped. Or she might come to realize that this student is, in fact, resistant to new ideas and struggles to hear other points of view. She may use such learner-centered insights to modify her teaching approach to respond and to address the learning barriers. Any one of these reactions is likely to improve the clinician's relationship with the student.

But relationship-centered pedagogy can make a crucial contribution here. In addition to exploring the student's experience (on her own or in conversation with the student), a clinician at this stage would *also* incorporate a parallel, self-reflective analysis, exploring how her own feelings and perceptive lenses might be playing a role. She might, for example, note that she has a pattern of reacting defensively when a student appears to resist her feedback. Perhaps there is some part of her reaction about which there would indeed be *consensus*—few people react with equanimity when their feedback and constructive criticism is dismissed. But perhaps there is an *individual* piece as well; a reason that this behavior is getting under her skin, making her feel particularly disconnected from the student. This third-stage approach is rooted in a fundamentally important insight: a teacher's reaction to a student may

⁸⁹ See *supra*, Part II.

reflect *the teacher's own insecurities, idiosyncrasies, or concerns* and may have *little actual resonance* with what the student is thinking or doing.⁹⁰

Once we engage in critical self-reflection, we gain far deeper clarity about the teacher-student interpersonal system. We learn to separate the student contribution, for which they are responsible and from which they can productively learn, from our own contribution, for which *we* must take responsibility and from which *we* must learn. As we grow as introspective, self-aware teachers, we become increasingly well-positioned to plumb the depths of our own triggers, reduce our empathic disconnection, and more effectively teach the students who challenge us in small or large ways.

But how do we do this? In most situations, it is unlikely that we can ask ourselves: “Why am I reacting negatively to this student?” and instantly arrive at the answer. (If we could, there might be no need for psychotherapy). To facilitate this internal exploration, we must gain clarity about the reasons for our reactions.⁹¹

B. The Why: Inventorying Our Vulnerabilities

Once we have identified our emotional reaction to a student or to a student behavior, the next step is to consider the *internal sources* of that reactivity. We need to ask ourselves: why is this student behavior triggering this particular response from me? What aspects of my own personal or professional context might be leading me, as an individual, to be emotionally triggered, when another teacher might not feel the same way? What may be driving the particular assumption I am making about the student's behavior or motivation?

To engage in this work, we suggest creating an evolving checklist of sorts, something we have come to think of as a “vulnerability inventory”—a catalogue of our triggers, biases, preferences, and other idiosyncratic penchants that may shape our interactions with students.⁹² The idea here is to systematically track both: (1) the categories of student actions that tend to push our personal, gut-level buttons, that tend to hit us in a particularly vulnerable place, or that tend to

⁹⁰ Or, of course, any one of these examples could involve challenges arising for *both* the teacher *and* the student.

⁹¹ This introspective work may be most valuable if done on a routine basis, rather than solely when tensions with students arise. As noted above, however, we are focused here on teaching moments when we feel frustration, vulnerability, or lack of competence. These are the moments when it is likely to be most difficult—yet perhaps most important—to engage in critical self-reflection.

⁹² A similar tool, referred to as a “fearless moral inventory,” is used in the Alcoholics Anonymous context. This structured self-assessment is designed to help program participants reflect on various aspects of their lives—such as personal history, emotional triggers, patterns of behavior, social influences, and coping methods—that may contribute to their struggles with addiction.

trigger in us a pattern of emotional reactivity; and (2) the reasons each category might resonate particularly acutely, for us, as individuals.⁹³ This inventory will necessarily function as a work in progress; our personal penchants are not stagnant. They morph and change over the course of our professional lives. For this reason, we think of a vulnerability inventory as something clinicians might keep somewhere on their desk or simply in their active minds; a catalogue to build upon or modify as new experiences occur or a teacher's life context evolves. The earlier that teachers can identify these issues—the earlier we can become self-reflective learners ourselves—the more likely it is that we can find ways to be less emotionally reactive to particular student behavior, reducing the risk that we will damage the educational dynamic or otherwise reduce our effectiveness as teachers.

This introspective work is highly individual in nature. Some of us may need to set real limits on self-exploration—*even if our students might benefit from it*. In some situations, deep introspection may trigger too much personal pain. In others, a student's behavior, whether extreme or microaggressive in nature, may cut too deeply at a teacher's core, and feel too personally painful.⁹⁴ When these issues arise, each of us must choose whether to prioritize caring for ourselves over our commitment to zealous teaching. The point here is not that all issues *must* be explored regardless of the potential harm to the clinician; it is simply that when we choose not to engage in such exploration, it is likely to be in direct tension with maximizing student learning. Accordingly, over the course of our professional lives, we may seek to limit the circumstances where imposing a strict boundary around self-reflection is necessary.

When we do take those opportunities for self-examination, we are likely to gain a new perspective. The more we can understand our own contributions, the better we can unpack how those contributions may have led us to distort, misconstrue, or just be plain wrong in our interpretation of a student's behavior. To help catalyze this process, below we offer several broad categories of factors that—though far from exhaustive—may help us identify our individual vulnerabilities. For each category, we explore potential issues that might arise, provide examples to illustrate how these might play out in the clinical teaching context, and share concrete prompts to jump start self-reflection.

⁹³ Although our reactions to student words and behaviors are often deeply subjective, sometimes they are likely to be shared broadly by teachers within a particular social location.

⁹⁴ The potential harms here would also affect teachers at the learner-centered stage. Regardless of a teacher's decision regarding boundary-setting in terms of self-reflection, she may need to pull back from an exploration of the student's beliefs, biases, and context in the interests of self-protection.

1. *Individual Cultural Context: Social, Professional, and Personal Factors*

Each of us exists in a particular, individual context, comprised of social, professional, personal, and other factors that profoundly shape our identity, our life experience, and how we interpret the world. As identified above, some of those contexts may remain firmly fixed; others may change over the course of our lives. Some may take on different meaning or significance depending on our life stage or degree of professional experience. Still others take on greater or lesser importance depending on the particular environment in which we find ourselves. But at any given time, we can be certain that who we are as individuals will affect how we understand and respond to our students and, as a result, will affect our teaching.

Consider, for example, a situation where a student routinely responds to a teacher's classroom presentations by posing an extensive battery of questions, ranging from big-picture theoretical concerns to detailed hypothetical possibilities. The student rarely appears to be satisfied by these conversations, and often leaves class seeming puzzled or unconvinced.

For a relatively new clinician, this student may trigger early-career imposter syndrome and doubts about his professional competence. The teacher's own apprehension may distort his interpretation, leading him to conclude that the student's persistent questions signal resistance to the teacher's point, reinforcing precisely the lack of respect he fears.

Another teacher, concerned that her gender (or some other aspect of her social location) might evoke a biased, negative response in the classroom, may assume that this student's behavior is evidence that he discounts the value of her teaching.⁹⁵ This interpretation may be bolstered through the unconscious process of confirmation bias—a cognitive habit that leads a person to over-emphasize information that appears to confirm a preexisting belief, and to minimize information that contradicts it.⁹⁶

⁹⁵ Of course, not all female teachers have concerns that students may view them negatively through the lens of gender. On the other hand, many teachers experience similar concerns that derive from other social location-based factors, such as race, age, or religion. The examples we selected for this paper are those that arise most frequently in our work with new teachers, and that resonate for the two of us, giving us a grounded perspective.

⁹⁶ See Greenwald, *supra* note 71, at 606-607; Cheryl Staats, *Understanding Implicit Bias: What Educators Should Know*, AM. EDUCATOR, Wtr. 2015-2016, at 29, 31 ("Another way in which implicit bias can operate in education is through confirmation bias: the unconscious tendency to seek information that confirms our preexisting beliefs, even when evidence exists to the contrary"); Harshith B. Nair, *Repercussions of Confirmation Bias in Teaching and Learning Processes*, 12 INT'L J. EDUC. & MGMT. 319, 320 (2022) ("If a teacher has some preconceived notions regarding some students it affects the outlook of the teacher towards the student's efforts. The teacher might not appreciate the efforts of the student. The teacher might negatively reinforce the student's stunting confidence and spirit of development").

A relationship-centered pedagogy helps us remain open to the possibility that neither our own inexperience nor our social location is the primary (or even a contributing) factor driving the student's behavior. By turning our gaze inward and reflecting on how our own internal issues may be shaping our perception of a student, we are better positioned to free ourselves from our own instinctive assumptions and open ourselves up to a wider range of possibilities about what is really going on. If we can see how our own concerns, triggers, identities, and experiences shape the explanatory assumptions we tend to leap to, we can get back to a place of learner-centered exploration of the myriad possible explanations for the student's behavior. Any one of these explanations—including the initial one of student disrespect or bias—may be accurate here. What is essential is that we understand ourselves well enough to see how our own vulnerabilities might limit our inquiry, and that we find ways to open ourselves to a wider range of possibilities; a process that, in turn, will allow us to be better able to teach this student.⁹⁷

Other aspects of a teacher's immediate personal or professional life context may also shape their interactions with a student. Teachers experience the full range of life stresses that affect everyone; in any given semester, they may be in the midst of a difficult personal issue (they themselves, a child, parent, spouse, or close friend is ill; a long-term relationship is ending; the family is shifting to an empty nest or dealing with financial strain), or a professional one (they are being evaluated for tenure or promotion or are under a tight deadline for an article that has yet to take shape). These life context issues may cause strains that disrupt student relationships in ways that clinical teachers may not always notice. We may be abrupt, impatient, easily frustrated by naturally slow student learning curves, or focused more on reaching a final lawyering product than on encouraging the process of student learning. During times of personal stress, we may be excessively reactive to students who need heightened attention and support. By developing awareness of our own vulnerabilities, we increase our capacity to be present and aware with our students. This, in turn, increases our teaching effectiveness, allowing us to better reach those students who may need it most.⁹⁸

⁹⁷ And as this example reveals, it can be a particular red flag when a teacher's initial assumptions about a student align closely with that teacher's own personal vulnerabilities; such alignment can be a useful indicator that the teacher's assessments may be at least partially off-base.

⁹⁸ Of course, one of the gifts of a clinical teaching career is that we have renewed opportunity each semester to recalibrate and improve.

2. *Values*

Most clinicians are drawn to clinical teaching out of a deep commitment to the areas of law in which their students practice, and this commitment is often anchored in strongly-held values about justice, fairness, and equality. The values clinical faculty prioritize often engender similar passion in their students. When students appear to be motivated by values that differ from or conflict with our own, we may experience a sense of disconnection, making it difficult to remain committed to zealous teaching.

By way of example, the two of us whole-heartedly embrace vulnerability, diligence, professional curiosity, and client-centeredness as values essential to our own lawyering identities, and those values are embedded in every aspect of our teaching. When our observations lead us to conclude that a student is acting in ways that fail to adhere to those values, we may experience conscious or unconscious disconnection from them. This, in turn, may have a negative impact on our teaching. Similarly, many clinicians hold a range of political values that our students may not share. One of the authors had a student who asked permission to withdraw from representing a clinic client in a protection order case because the client revealed that, years before, she had an abortion; he believed abortions were per se immoral and felt uncomfortable assisting her in any way. The clinician was a life-long supporter of reproductive justice. The diametric difference in value systems made it a real struggle for the clinician to remain connected to this student and to fully prioritize his educational development.

It is only by clearly naming our own values—beyond the *lawyering* values that are foundational to our teaching, such as promoting client goals—that we can see their effect on our student relationships. There may be occasions where it is both possible and worthwhile to provisionally “parking lot” some of those values in an effort to promote the learning of a particular student. If we can identify and then disaggregate our personal values from our teaching goals, we can free ourselves up to engage in learner-centered approaches and make far more effective teaching decisions. We can be open to a universe where we embrace our obligation to teach them as we would a student who holds values more aligned with our own.

3. *Bias and Countertransference*

Teachers, like all people, hold both explicit and implicit biases toward groups and individuals. Implicit biases are associations, shaped by culturally-derived stereotypes, that may affect an individual’s perceptions even though they neither are aware of them nor consciously

endorse them.⁹⁹ They can profoundly affect our interactions with others, in ways that can be wholly antithetical to the teaching role. These biases can lead to distorted thinking and inaccurate assumptions about a person's motivations, and can result in behaviors that range from slightly aloof to overtly hostile.¹⁰⁰

In a teaching context, implicit bias can have a devastating effect on student learning. A teacher's biases can lead them to decide, for example, that certain students *deserve* our time, generosity, curiosity, and compassion, while others do not. To avoid, or at least minimize, the influence of unconscious bias on our teaching, we must find ways to push these biases into awareness and adopt a systematic process of bias disruption. Though admittedly difficult, this work is crucial in the teaching context because research shows that our capacity for connection can suffer based on difference.¹⁰¹ And as discussed above, cognitive empathy—connection through understanding another—can be foundational to zealous, learner-centered clinical teaching. One way to push those biases to the forefront is to pay particular attention when we are working with students we perceive as different from us in physical, intellectual, political, racial, cultural, or other ways. We know that difference can be a distinct trigger for making unwarranted, unfair, or incomplete attributions.

Clinical teachers *also* need to be on the alert for the risk of bias that can flow from “sameness” rather than difference.¹⁰² Because initial perceptions of sameness are inherently partial or even illusory, we can experience substantial disappointment when we discover real differences with a student whom we have internally categorized as an “in-group” member.¹⁰³ For example, one of our colleagues described how, as a Black clinician, she needs to be careful about making assumptions about her Black students' empathy for a client of color, or a client from economically humble family origins.¹⁰⁴ Similarly, a teacher must be alert for assumptions that a student who shares her own political commitments or career interests will respond to clinic clients with the same empathy and generosity that she does.

⁹⁹ See, e.g., Anthony G. Greenwald & Linda Hamilton Krieger, *Implicit Bias: Scientific Foundations*, 94 CAL. L. REV. 945, 946 (2006). A person's conscious, deeply-held commitment to equality can be undermined by implicit biases.

¹⁰⁰ See, e.g., MAHZARIN R. BANAJI & ANTHONY G. GREENWALD, *BLINDSPOT: HIDDEN BIASES OF GOOD PEOPLE* (2013); John F. Dovidio, Kerry Kawakami, & Samuel L. Gaertner, *Implicit and Explicit Prejudice and Interracial Interaction*, 82 J. PERSONALITY & SOC. PSYCH. 62 (2002).

¹⁰¹ Eric J. Vanman, *The Role of Empathy in Intergroup Relations*, 11 CURRENT OP. IN PSYCH. 59, 59 (2016).

¹⁰² Carwina Weng, Lynn Barenberg & Alexis Anderson, *Challenges of “Sameness”: Pitfalls and Benefits to Assumed Connections in Lawyering*, 18 CLIN. L. REV. 339, 341-43 (2012).

¹⁰³ *Id.* at 342.

¹⁰⁴ Conversation with Professor Kristin Henning (July 2024).

Disconnection also can flow from a process that echoes what mental health professionals call “countertransference.”¹⁰⁵ Therapists use the term “transference” to explain how clients—without realizing they are doing so—project onto their therapists their own thoughts and feelings that originate in important relationships. *Countertransference* represents the parallel process, when a therapist unconsciously projects these issues onto a client.¹⁰⁶ The therapeutic relationship is thus comprised of both the “real” relationship between the two participants, and an “unreal” or transference relationship.¹⁰⁷ Because transference and countertransference are common, naturally-occurring aspects of relationships far beyond the therapeutic context, it makes intuitive sense that both would arise in the intense clinical teacher-student dynamic.¹⁰⁸ And “the less its presence is suspected, the more powerfully [countertransference] operates.”¹⁰⁹

Here’s an example: consider a clinical teacher who has a family member she adores, but who struggles with severe but untreated anxiety issues. Many times, the teacher finds that conversations with this relative get bogged down in unproductive rumination that she is unable to help with or control. As a result, the teacher occasionally feels a slight sense of dread when the relative’s name appears on her phone. When that clinical teacher has a student who exhibits similar behavior, she may

¹⁰⁵ We are acutely aware of the difficulties inherent in appropriating terminology from one field to another. We do not seek to replicate the precise meaning of “countertransference” as it is understood in the psychological literature; instead, we hope to borrow this concept to illuminate problems that can arise in the teaching relationship. We do this in the belief that a “problem or theme should define [an] inquiry, not a particular discipline.” Douglas L. Robertson, *Unconscious Displacements in College Teacher and Student Relationships: Conceptualizing, Identifying, and Managing Transference*, 23 INNOVATIVE HIGHER EDUC. 151, 153 (1999) [hereinafter Robertson, *Unconscious Displacements*].

¹⁰⁶ See Petruska Clarkson & John Nuttall, *Working with Countertransference*, 6 PSYCHODYNAMIC COUNSELING 359, 360 (2000); C. Edward Watkins, *Countertransference: Its Impact on the Counseling Situation*, 63 J. COUNSELING & DEV. 356, 356 (1985) (“Countertransference refers to some of the thoughts, feelings, and behaviors that the counselor experiences in relation to clients. The nature of these thoughts, feelings, and behaviors, however, is a matter of debate”).

¹⁰⁷ C. Gelso, *A Tripartite Model of the Therapeutic Relationship: Theory, Research, and Practice*, 24(2) PSYCHOTHERAPY RES. 117, 121-25 (2014) (Gelso posits a third component of the “working alliance”).

¹⁰⁸ See, e.g., Rachel Slater, Patricia McCarthy Veach, & Ziqui Li, *Recognizing and Managing Countertransference in the College Classroom: An Exploration of Expert Teachers’ Inner Experiences*, 38 INNOVATIVE HIGHER EDUC. 3 (2013). Transference (student to teacher) is, of course, a concept well worth exploring as part of a clinician’s focus on understanding their students’ psychological experience of the teacher-learner dynamic; here, however, we are focused on the teacher’s inner experience of *countertransference*.

¹⁰⁹ SIGMUND FREUD, *Five Lectures on Psycho-Analysis*, in 11 THE STANDARD EDITION OF THE COMPLETE PSYCHOLOGICAL WORKS OF SIGMUND FREUD 51 (J. Strachey ed. & trans. 1957); see also CARL G. JUNG, *The Psychology of Transference*, in THE PRACTICE OF PSYCHOTHERAPY: ESSAYS ON THE PSYCHOLOGY OF THE TRANSFERENCE AND OTHER SUBJECTS 163, 171 (R.F.C. Hull trans., 2nd ed., 1966).

have real trouble approaching her relationship with that student with a clean slate. Because of her history with her family member, she may move far too rapidly to a place of impatience and disconnection.

Because countertransference is—at least at the outset—an unconscious process, it may be easier to identify through behavioral signals. Expert educational theorists have categorized some of these signals at the collegiate instructional level, including where the teacher: (1) responds to a student in an unusually intense way (whether positive or negative); (2) feels particularly thin-skinned in response to a student's resistance or criticism, or feels a particularly strong need for a student's approval; (3) notices a similarity in their response to a student and a relationship pattern with a close friend or family member; (4) struggles with maintaining their usual boundaries with a particular student, or feels compelled to “rescue” a student; or (5) starts to avoid a student or engages in passive-aggressive/aggressive communication with a student.¹¹⁰

4. *Prompts to Promote Self-Awareness*

For all of these reasons, we have found it helpful to develop a list of questions to ask ourselves in an effort to gain insight into how contextual factors, values, unconscious bias, and interpersonal countertransference might contribute to our own vulnerabilities and interfere with our ability to accurately see, understand, or relate to our students. A few examples of those questions are set out below:¹¹¹

Context and values

- What aspects of my social identity or professional status are particularly salient for me? What stressors, concerns, and anxieties am I experiencing in my personal life? My professional life? How might any of these factors contribute to my sense of vulnerability? How might this, in turn, affect my interactions with students?
- How closely aligned are my assumptions about a particular student's motivation or behavior with my own stressors, concerns, and anxieties?

¹¹⁰ Collected in Robertson, *Unconscious Displacements*, *supra* note 105, at 159-61.

¹¹¹ Some prompts on this list are based on the work of a group of Eastern European mental health experts, designed to help psychotherapists identify countertransference in their interactions with client. Jan Prasko, Marie Ociskova, Jakub Vanek, Julius Burkauskas, Milos Slepecky, Ieva Bite, Ilona Krone, Tomas Sollar & Alicja Juskiene, *Managing Transference and Countertransference in Cognitive Behavioral Supervision: Theoretical Framework and Clinical Application*, 15 PSYCH. RSCH. & BEHAV. MGMT 2129, 2143, 2151-52 (2022).

- Is my behavior toward this student different from my typical behavior with other students? In what concrete ways?
- Is there something I want to tell this student that I find myself avoiding? What challenge might I be steering clear of here?

Unconscious bias and countertransference

- *Emotional reactivity*: What emotional and physiological responses do I have in response to this student? What do I find sympathetic or unsympathetic about them? Is my behavior different from my typical behavior with others? In what concrete ways? Am I taking over decisions and tasks, rather than helping the student develop increasing independence? Or am I demanding independence without sufficient scaffolding? Am I withholding assurance and validation from the student? Avoiding engagement?
- *Personal triggers*: What life experiences do my feelings, experiences, reactions, and thoughts in relation to this student remind me of? Why might I be making that connection? What do I assume the student is thinking? Feeling? What do I assume is driving the behavior I find challenging? Why might I be leaping to that particular assumption?
- *Boundary issues and intrusive thought patterns*: Do I often think of this student outside of seminar or supervision? What am I thinking about? How do I respond to the student? Do I find myself thinking about or expressing passive-aggressive comments in response to the student's words or actions? Am I tempted to denigrate the student to colleagues?

C. The How: Seeking Reconnection

The prompts listed above can help us unearth important insights about ourselves that, left unexamined, may interfere with our relationships with and understanding of our students. But once strain in the relationship seeps in, even when we clearly see that it is there, how do we get past it? How can we get back to a mindset where we can uphold our commitment to zealous teaching—supporting our students' learning despite opposition, obstruction, or personal inconvenience? The strategies each of us finds most useful to accomplish this goal will depend, of course, on highly individual- and context-specific factors. To catalyze individual thinking, we have set forth below an initial list of ideas designed to help trigger self-reflection and, by extension, empathic connection with our students:

Emotional reactivity

- Adopt a regular habit of noticing moments when your professional curiosity about a student diminishes; consider why this might be, including whether it might reflect an un-inventoried vulnerability of your own.

Personal triggers

- Find an “empathy buddy” to check in with when student empathic disconnection arises. Ask them to help you brainstorm reasons you might be feeling triggered, and concrete ideas for reconnecting with the student.
- Ask another clinical teacher whether they might react differently to this student/situation, and use that exercise to identify your own, personal contributions.

Boundary issues/harmful thought patterns

- Clearly name for yourself when your interactions with a student are starting to feel overly personal, and consider how you might be contributing to that dynamic.

General

- Ask yourself: What do I stand to lose if I work harder to practice empathy with this student? What does the student stand to lose if I fail to do so?
- Adopt the “power of three” approach: As you examine the sources of your own disconnection from a student, require yourself to come up with three distinct ideas. At most, allow yourself to select two that stem from the student’s behavior; *at least one* must be rooted in your own vulnerability.

The above prompts are offered to jump-start reflection. Of course, different clinical teachers will find different prompts more or less useful; the idea here is to develop a systematic approach to increase the self-awareness that is essential to achieving zealous teaching.

VI. PARALLELS IN THE CLINIC STUDENT-CLIENT CONTEXT:
THE NEED FOR STUDENTS TO TURN THEIR GAZE INWARD

This three-stage model for understanding teachers’ professional development can shed valuable light on the arc of clinical student

learning. Like their teachers, most clinic students progress through a series of developmental stages as they begin client representation and the construction of their own professional identities. Approaching clinic learning through this developmental perspective generates numerous benefits for students, as well as for their clinical teachers.

First, when students understand that their growth will unfold in stages, they can be more open to the disorientation that is typical in a clinic learning experience. Given the multiplicity of challenges inherent in live-client representation, even students who have a history of reliably outstanding academic performance may struggle with the learning curve during the first few weeks of clinic.¹¹² It can be enormously helpful for them to understand that they are engaged in a categorically different kind of learning than they have previously experienced. When they anticipate that their clinic-based growth will unfold in stages, they can be more generous to themselves in the early days of the semester. The developmental stage framework may help students expect and embrace constructive feedback, engage in more meaningful self-reflection, and avoid a tendency toward hyper-self-critique when they inevitably make lawyering missteps.

Second, a stage-based perspective on student learning can allow clinicians to be more generous to themselves as teachers. When we understand that our students have embarked on a developmental journey, we can recognize that no matter how superb our teaching, our students need time to grow into the role of lawyer. This realization can help us be more patient, more generous, and perhaps more helpful as clinical teachers.

Like us, our students tend to travel through three learning stages: lawyer-centered learning, client-centered learning, and relationship-centered learning. We explore each of these below.

A. Lawyer-Centered Learning

Most students find themselves in the first stage, “lawyer-centered learning” at the outset of clinic. Like new teachers, new clinic students are often concerned about how clients will see them. Will the client see them as “just” a student, or as a real lawyer? Will they be able to answer their client’s questions? Students may find that these totally normal novice concerns push them to focus heavily on themselves, and how they are being perceived, which can compete with their intended focus on their clients. These concerns tend to lead students in either (or both) of two directions. First, students may try to exert more control over client

¹¹² Some of the reasons for this disorientation are discussed *supra*, text accompanying note 10.

interactions than is realistically possible. They may focus supervision time on scenarios that are highly unlikely to arise in the context of their clinic work but that they see as important for their substantive and procedural competence. They may develop a word-by-word script for a client interview, including every question they plan to ask in the order they anticipate asking it, and they may try to hold onto that script even when the actual interview clearly demands deviation. Second, students may seek to abdicate responsibility, to a lesser or greater extent, by resisting the foundational clinical requirement that they assume the role of primary lawyer, and instead pressing their supervisor to resolve issues for them. Students often move past this first stage after they have some seminar-based and/or real-world opportunities to develop basic professional competencies, to understand the realities of practice, and to gain understanding of relevant law and procedure. For some students this is a slow grind, while for others this happens quite rapidly; either way, once they gather some foundational competence, most are ready to enter the second stage of learning development.

B. Client-Centered Learning

As clinic students begin to feel more comfortable in their professional role, they tend to move into the second developmental stage, “client-centered learning.” Here, we are not referring to the foundational clinical concept of client-centered lawyering, where client goals drive representation and clients actively participate in their representation.¹¹³ Instead, we are talking about an approach to professional learning where students work to understand the relational dynamic between attorney and client in a way that focuses heavily on giving primacy to the client’s goals, perspective, and needs. Here, students not only *understand* their role as a client’s agent (which may also be true in the first, lawyer-centered stage) but they *are able to act in accordance* with that understanding. They are increasingly comfortable relinquishing some degree of control, as they develop a more sophisticated understanding of how and why a client must drive the legal representation. They are more reflective about what it means to take on the role of lawyer, and what it means to be an agent for a real-life client. A shift of focus from themselves to the client leaves them better positioned to develop an empathic connection with those they represent, even in situations that might give rise to empathic disconnection. They are freed up to search for a wider range of possible explanations when a client behaves in ways that may feel confusing, personally hurtful or disrespectful, or where the client seems to lack “appropriate” concern about their own legal matter.

¹¹³ See, e.g., CHAVKIN, *supra* note 1 at 51-52 (2002).

Now, students can also identify factors that may be driving the client's actions and that are not related to themselves. This insight, based in real-world lawyering experience, demonstrates a student's learning development.

Despite the strengths of client-centered learning, there are limits to an exclusive orientation toward the client for student attorneys. Just as with learner-centered teaching, a highly client-centered focus can lead students to see themselves as emotionally and intellectually neutral and obscure their actual subjective humanity. This perspective may allow students to ignore the preferences, vulnerabilities, biases, and values that they necessarily bring to the attorney-client relationship and, instead, to lay blame for any tensions, challenges, or complexities at the client's doorstep.

C. Relationship-Centered Learning

As students continue to gain experience in the lawyering role, many of them—like many more experienced teachers—also gain insight into the limitations of this second, client-centered developmental learning stage. Just as clinicians need to embrace an interdependent, subjective perspective on the teacher-student dynamic, students need to do the same in the context of their lawyer-client relationships. Guided by faculty, they may achieve the powerful insight that a client-centered approach is not enough. The most zealous lawyering demands that students (in role as lawyers) be aware of and account for their own contributions to client interactions and how those contributions may inform their effectiveness. By engaging in serious self-reflection, students can avoid a one-sided, incomplete analysis of their client relationships that can obscure the true complexities of these human interactions.¹¹⁴

In other words, the most transformative clinical student learning occurs when students adopt a “relationship-centered” learning approach. To reach this stage, students must recognize that when they assume the role of lawyer they do not become neutral actors, but instead remain individuals with emotions, biases, values, and vulnerabilities, all of which can have a powerful effect on their lawyering and their connections with the clients they serve.

To help our students reach this stage and understand the human complexity of attorney-client relationships, we might ask them to consider some of the same questions we ask of ourselves when difficult moments or empathic disconnection arise in the teacher-student context:

¹¹⁴ Speaking for ourselves, we find it easier to help our students achieve this insight in their lawyering than we do to help ourselves achieve this insight in our teaching.

- How might concerns about my own professional competence or personal context be contributing to my view of the client or the lawyering situation?
- Do I find myself thinking about or expressing passive-aggressive comments about the client? Am I tempted to, or do I in fact denigrate the client to colleagues?
- What do I assume the client is thinking/feeling? What do I assume is driving the behavior I find challenging? Why might I leap to those particular assumptions?
- How might my personal values, biases, or prior experiences be affecting my analysis?

CONCLUSION

It is in their immersive clinic experiences that many law students first assume the role of practicing lawyer. This context gives clinical teachers, who have experience as lawyers in the field, profound pedagogic power. Clinicians have myriad opportunities to engage students in truly transformative learning, by adopting a client-centered perspective; slowing down their thinking and centering option-generation and careful strategic analysis; and internalizing a professional norm of self-awareness and self-reflection.

But to ensure that our students can experience the rich, transformative learning opportunities of clinic, each of us, as teachers, must make a serious commitment to do the same. We must not only find ways to recognize our students as individuals, with their own strengths and limitations; we must do the same with ourselves. We must see teaching for what it is: a human interaction where neither teacher nor student is intellectually or emotionally neutral or omnipotent, but where both are affected by their own, idiosyncratic experiences and histories. Zealous clinical teachers will strive to adopt a relationship-centered pedagogy, focusing on both student and teacher contributions to the learning dynamic—both in terms of successes *and* in terms of challenges. The words of bell hooks resonate here: “Professors who embrace the challenge of self-actualization will be better able to create pedagogical practices that engage students, providing them with ways of knowing that enhance their capacity to live fully and deeply.”¹¹⁵

We have offered a framework for accomplishing this goal—shifting from the traditional, primary focus on the learner to a more holistic, consistent focus on *both* participants in the educational relationship. As clinicians reach this third developmental stage of “relationship-centered” pedagogy, we can become zealous teachers who maximize our

¹¹⁵ hooks, *supra* note 15, at 22.

professional effectiveness, and who provide the educational experience each of our students deserves.

Finally, the three-stage, developmental perspective that applies to us as teachers also applies to our students, as emerging lawyers. By making these predictable stages transparent for our students, we can help them better understand and accept the challenges—large or small—they will inevitably face as they move from more traditional, predictable law school classrooms to the often-disorientating clinical context. When our students can be more generous with themselves as they prepare for practice, they can take full advantage of the transformative learning opportunities we hope to provide.