

Imagination, Hope, and Joy: Building Resilience through Trauma-Informed Teaching and Self-Care in Anti-Racist Clinics

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Abstract: Teaching students to build resilience is necessary to keep imagining and fighting for a path towards social justice. To do so, clinicians can draw from the communities facing oppression and examine how they remain resilient despite oppression.

Norrinda Brown Hayat notes that “Black imagination ... first conceived an end to Black oppression ... and took action to make the imagined a reality,”¹ Yet in considering that possible reality, law students often face the different reality that law schools across the country may not be doing enough to harness imagination and solidarity in the face of the systemic failures in American infrastructure. In fact, Deborah Archer writes, “For law students, this phenomenon is particularly troubling because they are losing faith in government and the systems designed to fight discrimination, questioning whether they can do anything to effect meaningful change, and losing faith that meaningful change through the law is even possible.”² Not only does this growing lack of faith result in a lack of resilience among law students and young legal professionals, but also, addressing these systems and seeking to make meaningful change can, in itself, be a traumatizing or re-traumatizing experiences for law school students. There is a path forward, particularly in the clinical space.

Clinicians must wake to the truth that our students come to us as traumatized people, and if we don’t approach legal instruction with this truth in the front of our minds, we sow harm where we hope to reap a sense of justice. Clinicians, who work to ensure that students approach clients with a trauma-informed lens, can — and must — do more to protect students from their own re-traumatization in order to build the resilience they will need to keep the faith required to make the meaningful change that Archer and others imagine. Further, with a combination of dedicated and personal self-care and group-based learning and growth, our students can learn, as Bettina Love suggests, “joy that originates in resistance, joy that is discovered in mak-

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ing a way out of no way, joy that is uncovered when you know how to love yourself and others.”³

This paper seeks to explore one of many ways to address laws students’ growing lack of faith. The kind of lawyering required to overcome the pressures of law schools includes both the kind of community based, multi-dimensional approaches of Archer as well as the joy and the love that Love embraces. One way to support students and faculty in this hard work is to engage in the kind of self-care and trauma-informed lawyering and teaching that makes this work both possible and sustainable.

In our clinic space in Atlanta, Georgia, in a clinic first conceived of by the late Charity Scott, Professor Emerita, Georgia State University College of Law, we seek daily and intentionally to provide answers to the

As a result of Charity’s ground-breaking influence, clinicians now know that traditional self-care instruction needs to happen early and often in clinical seminars, not as a soft afterthought or light suggestion, but as part of the curriculum enmeshed with understandings of both client and student trauma. Self-care, however, needs to move beyond students care of themselves as separate from their work as law students and in clinics. The entire community of the clinic (and indeed the law school community as a whole) benefits from collective self-care practices. Such practices begin with small steps like encouraging student leadership and growth during discussions of difficult topics and expanding into larger ideas like building a resilient community from the ground up in the first instance.

This paper seeks to explore one of many ways to address laws students’ growing lack of faith. The kind of lawyering required to overcome the pressures of law schools includes both the kind of community based, multi-dimensional approaches of Archer as well as the joy and the love that Love embraces. One way to support students and faculty in this hard work is to engage in the kind of self-care and trauma-informed lawyering and teaching that makes this work both possible and sustainable.

question of meaningful change and to teach our students that some questions might not have answers. Where there are no answers, however, there must be imagination. And where there is imagination there must be joy. In the Health Law Partnership Legal Services Clinic, we engage in much of the same pedagogy found in clinics around the country: substantive law, professional identity formation, cultural competency, and trauma-informed practices. Over time, it has become clear that the more we try to prepare students to be culturally humble and trauma-informed and the more we address our broken systems, the more students suffer in the ways anticipated by Archer. Charity Scott also anticipated that clinic spaces, and indeed all of law school buildings, need to foster more than just the practice of substantive law and the zealous representation of clients; as an early adopter of an idea that had rarely been named, she understood how important student-focused teaching was. From a focus on meditation to a creation of yoga classes and beyond, Charity encouraged and embodied self-care in ways we now referred to as “trauma-informed.”

The paper will move forward in three parts. In the first part we explore medical-legal partnership generally and the Health Law Partnership specifically focusing on how interprofessional practices of trauma-informed care can inform trauma-informed pedagogy. In the second part we first look at the well-established topic of trauma-informed lawyering and consider ways that clinicians can apply those same concepts to be trauma-informed teachers. Second, here, we discuss techniques of personal and collective self-care that will help law school students build resilience as a core component of their professional identity to strengthen their ability to withstand the demands of social justice lawyering beyond law school. Finally, in part three, we take a revolutionary look at joy as a tool of resilience and, specifically, Black joy as a way of imagining a radical path forward for young lawyers. Throughout, we will mostly use our experience as clinicians and discuss this work in the context of clinics, but where necessary, we acknowledge the ways in which this concept must find its way into doctrinal classrooms as well.

I. Medical Legal Partnerships and the Health Law Partnership

Today, the National Center for Medical-Legal Partnerships estimates around 450 medical-legal partnerships (MLPs) are operating in 49 states and the District of Columbia. Approximately 37 of these operates in pediatric hospitals.⁴ MLPs bring together civil legal service professionals and healthcare providers along with other disciplines, including social work, ethics, and public health professionals to address the health harming legal needs of patients and clients. A health harming legal need is a legal issue that either directly or indirectly interferes with a person's healthcare.⁵ Academic MLPs incorporate law school clinics, offering interdisciplinary, experiential training for law, medical and other graduate students.

The Health Law Partnership (HeLP) in Atlanta, Georgia, is a pediatric academic MLP whose partners include Atlanta Legal Aid Society (Legal Aid), Children's Healthcare of Atlanta (Children's), and Georgia State University College of Law. Legal Aid embeds staff attorneys at Children's locations across the city, and Georgia State Law houses the HeLP Legal Services Clinic (Clinic), in which students provide direct representation of clients under supervision of law school faculty and staff attorneys. The Clinic also engages in interdisciplinary education partnering with Morehouse School of Medicine, Emory School of Medicine, the Emory Department of Bioethics, and the Georgia State University School of Public Health and Andrew Young School of Policy Studies social work department. In doing so, they invite students from those disciplines as well as medical residents to study alongside law students to enhance both the experience of the students and the outcomes of the clients.

HeLP launched in 2004 and was the brainchild of Sylvia Caley and Charity Scott, the founding director of the Center for Law, Health, & Society, and their tireless efforts to build an MLP in the Atlanta area. Charity Scott, with her keen understanding of the needs of both the potential clients and of law students, served as the founding director of the HeLP Clinic at Georgia State Law launched in 2007. Shortly after, Professor Lisa Bliss joined the clinic as the College of Law's first clinical faculty member, later becoming a co-director with Caley and eventually the director of the clinic. Currently, the in-house clinic has facilitated the learning and growth of 397 law students and 219 interdisciplinary students between the years of 2007 and 2022. It has represented 282 clients in 387 cases across 33 Georgia counties resulting in \$1.5 million dollars in benefits and services for the clients.⁶

Throughout it all, the vision of Charity Scott has been a guiding factor most particularly in the way that the pedagogy of the clinic has developed as a student-focused, forward-thinking, and progressive curriculum recognized across the country as a touchstone of excellence. The authors of this article have no doubt that Charity Scott would recognize the need for and champion the movement to bring the concepts of trauma-informed lawyering into clinic seminars in the form of trauma-informed teaching. In fact, doing so only enhances the interdisciplinary relationships that academic MLPs like HeLP are already expert at developing. Trauma-informed practices can be found across professions, from social work to medical practice⁷ to educators. It should be no surprise that professional programs like law schools, and especially law school clinics, can also benefit from these practices.

II. Trauma-Informed Lawyering must become Trauma-Informed Teaching in Law School Clinics

We, the authors of this paper, are often asked why we think our students are traumatized, or, almost worse, whether we believe that everybody is traumatized. This second question is deceptively simple in that it seeks to generalize or normalize the existence of trauma rather than the treatment of it. Unfortunately, it is sometimes the specific work of clinics and the pedagogical theories of clinical seminars that brings up past trauma for students, and if we are to engage in the pedagogy that we feel is most beneficial, then we also need to be committed to addressing the harm we might inflict upon already traumatized students. Also, not to be dismissed, is the category of students who are vicariously or secondarily traumatized during clinical work. This paper will deal less with the latter concept as it is a well-established phenomenon in clinic, and, we believe, working to be trauma-informed teachers encompasses the needs of both lived-experience trauma survivors and those exposed to vicarious or secondary trauma.

As commonly stated, trauma is experiencing "too much, too fast, too soon"⁸ in such a way that one's normal ability to cope is overwhelmed, leaving one feeling powerless, out of control, and disconnected from one's self, family, community, and beliefs. Almost no other place offers too much, too fast, too soon than a law school building, especially in the clinical space where students are often thrown into client representation during their first week and must learn as they go. At the end of every semester, in the HeLP Legal Services Clinic, we ask our students to write a letter to their

first-week selves. Inevitably they reflect on the feelings of being overwhelmed, uncertain, and powerless from those initial seminar sessions and client interactions.

Certainly, we also know our clients are almost always traumatized. Few people seek a lawyer because things are going well, and clients who qualify for free legal services face the baseline trauma of poverty before considering any other legal issue they might be facing.⁹ Trauma-informed lawyering is no longer a new concept, and legal services clinics across the county teach this skill as part of the clinical seminar curriculum. However, we don't consider often enough the trauma our students bring with them. National studies show that 70% of adults in the United States have experienced one or more traumatic events.¹⁰ If the very approach of law schools and experiential teaching cause students to experience too much, too fast, too soon, and they already come to law school bearing the weight of pre-existing trauma, then clinical (and, indeed, doctrinal) school faculty must consider applying trauma-informed practices in clinic spaces to students themselves. "[I]t is important to note here that students often come to our clinics with their own trauma histories; in fact, it is often a student's own trauma history which motivates them to enroll in a clinic to assist clients with similar history."¹¹ Below we look at how trauma presents generally, and how clinical faculty can take what they know and create trauma-informed seminars in Part 2a. In Part 2b, we consider how to create resiliency among our traumatized students (and even those who are not yet traumatized) by creating space for both personal and collective self-care.

A. The Presentation of Trauma and the Creation of Trauma-informed Seminars

There are, generally, four kinds of trauma: acute, chronic, complex, and historical/racial.¹² Acute trauma results from a single event; however, the same event can be traumatizing to one person and not to another.¹³ It is difficult to predict how a person will react to a particular event, but the more repeated or prolonged the trauma (that is, chronic trauma) or the more complex the trauma is (that is, exposure to varied or multiple traumatic events), the more likely it is that the effects will be long lasting and re-traumatization can occur.¹⁴

The signs of trauma are as varied as the events that cause it, but generally trauma presents as: fear, anxiety or lack of engagement; loss of memory or incomplete memory; and the inability to regulate or control one's emotions.¹⁵ In clients, these signs present as clients who are withdraw or unresponsive.¹⁶ They might

not answer important interview questions or might answer incompletely, they might fail to respond to important phone calls or even show up for meetings, or they might fail to return important documents. Clients also may appear angry at or suspicious of their attorney, and clients experiencing trauma often overshare seeking to make sense of their legal issue, and perhaps their trauma, without the filter required to distill the facts alone. All of these signs also show up in our traumatized students. When faced with traumatizing material in law school classrooms and clinics, students can shut down, refuse to participate in class, not answer important emails or make important phone calls, or fail to engage with clients fully. Whether they recognize it or not, students can also become angry at or suspicious of professors and clinical supervisors because they are the source of the re-traumatizing material or experience. Finally, a student who might be trying to make sense of classroom material he or she finds traumatizing might overshare personal experiences in class, especially if they are trying to connect to the experiences of their clients.

The impact of trauma begins in the brain. "Due to physiological changes in the brain, including the increased release of stress hormones and alteration in systems that detect danger and safety, people experiencing trauma can feel intense fear, helplessness, horror, emotional numbing, or detachment. They may experience physiological hyper-arousal including difficulty falling or staying asleep, irritability or outbursts of anger, difficulty concentrating, an exaggerated startle response, or being in a constant state of arousal. They may have difficulties trusting others, and a tendency to develop unhealthy relationships."¹⁷ Trauma experiences also lead to significant structural and functional changes in the brain regions implicated in emotional and cognitive processing.¹⁸ The three parts of the brain that work to manage stress are the amygdala (responsible for detecting fear and responding to environmental triggers), the hippocampus (responsible for reserving and retrieving memories), and the prefrontal cortex (responsible for executive functioning like planning, decision making, problem-solving, and self-control.) As these regions become under or overactive, clients can lose the ability to effectively participate in their legal cases and students can lose the ability to interact appropriately with the materials they need to learn and the work they need to do to be successful in law school. Worse, the trauma responses break down the students' ability to be resilient in the face of the social justice work they are asked to undertake in clinical settings and beyond law school.¹⁹

Law school students can become traumatized during any law-school class or experience vicarious or indirect trauma during a clinical experience. “Vicarious trauma is having been exposed to or confronted with trauma or having been in close relationship with people who have been traumatized.”²⁰ Sometimes lawyers working with clients experiencing trauma report that being exposed to that trauma is harder than the legal work itself.²¹ Vicarious trauma can affect those people working and volunteering in the fields of victim services and law enforcement due to their exposure to victims of trauma and violence. Clinicians, in particular, must assume that lawyers and students experience some of the typical symptoms of vicarious trauma in fields like death penalty defense, immigration, innocence work, sexual abuse of children, domestic violence. However vicarious trauma can be experienced in any field of legal work.²² While it is important to look for the signs of vicarious trauma in our students, these signs are often symptoms of direct or primary trauma too. Because “more than two-thirds of university-aged students report exposure to a traumatic event,” signs like disturbed sleep, withdrawal, tension, invasive or racing thoughts, irritability, loss of pleasure, inability to concentrate, anger or cynicism, and hopelessness might also be indicators that the student is experiencing or has experienced personal trauma.²³ “Students are at a high risk of re-traumatization ... even within the walls of the law school. Traumatic materials such as case law and case commentaries are presented directly and indirectly in law school. Higher levels of trauma in students are connected to higher risk of developing serious mental concerns, poor student outcomes including missed classes and dropping out of school, and negative personal/emotional adjustment. Educators need to aim to reduce these risks to students.”²⁴ As a result, the culture of law schools must shift toward trauma-informed practices. Further, “[b]eing trauma-informed means that all staff of an organization must understand the effects of trauma on the people being served so that all interactions with the organization are consistent.”²⁵ This means that trauma-informed teaching practices must leave the clinical space and enter into doctrinal classes as well.

Trauma-informed practices can be found across professions, from social work to medical practice to educators. It should be no surprise that professional programs like law schools can also benefit from these practices. Trauma-informed care can generally be conceived of through four themes: trauma awareness, emphasis on safety, opportunities to rebuild control, and strengths-based approaches.²⁶ Law schools can begin by educating their faculty and staff, as noted

above, and everyone who interacts with students, on how to recognize and respond to trauma. In some healthcare spaces, certification in trauma-informed care is available, and we suggest the equivalent be offered to law teachers and lawyers through CLE programs. Some thoughts about doing so in the classroom are noted below.

Commonly, the focus in law school buildings and clinics, and indeed many large public spaces, is on safety. The emphasis on safety is both tricky and incredibly important. What is or feels safe for one student could be potentially harmful or re-traumatizing for another. Law school administration will also do well to question their own intentions around safety. Who are they trying to make safe and why? For example, at the law school where we teach, the building exterior is almost entirely glass windows, and classrooms have been equipped with mandatory swipe card access. The response from students has varied. Some feel safer while others feel like they now have a reason to feel unsafe that had not previously occurred to them. From, “Anomalous Alliances: Spinoza and Abolition,” Alejo Stark, citing Stevie Wilson’s interview about prisons, recounts, “I encourage the questioner to think about what they want, safety, and what they often get, security. I remind them that as prisoners, we live in a very secure environment. But security doesn’t mean safety. There are barbed-wired fences, concrete walls, locked doors, cameras, gun towers and officers with riot gear, shock shields, tear gas and metal batons. But are we safe?”²⁷ In cases like these, law schools can enter into discussions with students, often led by their student bar associations, as a whole and also be open to entertaining the possible re-traumatization of individual students. Partnering with students in this way offers traumatized students and students who are at risk of becoming traumatized, directly or vicariously through their law school, work an opportunity to rebuild control over their own learning and surroundings.²⁸

Additionally, “Trauma-informed care is a strengths-based framework that is grounded in an understanding of and responsiveness to the impact of trauma, that emphasizes physical, psychological, and emotional safety for both providers and survivors, and that creates opportunities for survivors to rebuild a sense of control and empowerment.”²⁹ The central goals of trauma-informed practice, including trauma-informed lawyering and teaching, are to reduce re-traumatization and to improve legal advocacy by recognizing the role trauma plays in the lawyer-client relationship. We will look closer below at the ways trauma-informed teaching can show up in the classroom or clinic seminars, but as a starting point, law

school faculty, staff, and administrators would do well to recognize, as an entry level understanding, “Becoming trauma-informed results in the recognition that behavioral symptoms, mental health diagnosis, and involvement in the criminal justice system are all manifestations of injury, rather than indicators of sickness or badness.”³⁰ Trauma-informed lawyering and teaching moves the conversation from “what’s wrong with you” to “what happened to you.”

Trauma-informed lawyering has become prevalent in the practice of law, especially in the social justice realm, and “[e]ssentially the basis of teaching from a trauma-informed perspective comes from being trauma-informed.”³¹ Clinicians have been teaching trauma-informed practices across all manner of clinics for well over a decade, but with the changing face of higher education, especially in urban law schools and law schools situated in or near marginalized communities like Native American enclaves, historically Black communities, and pockets of poverty, law school clinicians *and* their doctrinal counterparts need to educate themselves on ways to create trauma-informed classrooms and teaching methods. “Trauma experiences are more common for youth, the impoverished, racialized, indigenous and minority groups.”³² These are the students in our classrooms more and more frequently. Beyond that, “[t]rauma-informed practice can be particularly salient for attorneys because traditionally attorneys are trained to separate emotions from the law in order to competently analyze legal problems.”³³ The goal of this paper, and of people like Deborah Archer with whom this article began, is to build resilience among new lawyers, especially those entering social justice practices. This work begins by turning traditional teaching and legal practice on its head and to assume that reattaching emotions to practice is the best way to competently and zealously advocate for clients. Attorneys have an ethical imperative around student and lawyer self-care. Without having our fingers on the pulses of our students and teaching them to monitor their own trauma intake, re-traumatization, and burn-out, they will lack the skills, stamina, and resilience required for the hard work of social justice.

Law school clinicians and professors must enter into, first, a basic understanding of what a trauma-informed classroom looks like and, second, learn, practice, and share strategies for supporting students in this important way. “A trauma-informed law school classroom is one in which professors and students have a basic understanding of how trauma impacts the body, emotions, and cognition. Beginning from this shared knowledge base enables both parties to create a space in which difficult material and difficult

conversations can be tolerated without resorting to emotional shut-down, silence, or maladaptive coping mechanisms.”³⁴ In clinics these behaviors show up in a variety of ways: not preparing for class or participating when students do come; not following through on assigned client work; thinking too much about client cases and not sleeping or eating well; and oversharing with classmates and supervisors. Related to this last bit are students who may not engage with a client, even refusing to conduct and interview or make a phone call especially when the client’s legal issue might mirror something from their own past. As noted above, traumatized law students frequently seek out clinic work that feels familiar to them because they or their families have experienced similar interactions with the legal system. “A crucial aspect of the pedagogy of trauma-informed lawyering consists of acknowledging for law students that they may have their own trauma histories that have an effect on them as they proceed in their legal careers, particularly in working with clients with trauma histories. It is important to create a space for students to talk about and/or reflect on their own trauma experience as needed, as they proceed in working with clients with trauma histories.”³⁵ This trauma shows up similarly in doctrinal classes.

Students come to us with a variety of real, lived, direct and primary trauma. When we think of law school clinic clients, we easily acknowledge that “[f]amilies exposed to urban poverty face a disproportionate risk of exposure to trauma based on factors such as low neighborhood safety, daily hassles, and racial discrimination.”³⁶ This can be our students too. Law schools need to move past the image of the glass castle and recognize that, more and more, our students are products of urban poverty and minority groups. Students are at risk of re-traumatization or the development of vicarious trauma in clinic spaces because of their direct interactions with clients; however, doctrinal classes are not protected, safe spaces for students. For example, for Black students, racial trauma is collective trauma. Thus, listening to case law dating back to the beginning of the American legal system that de-humanizes and disproportionately punishes Black, indigenous, people of color (BIPOC) is potentially traumatizing to Black students whether or not they have direct experience with that kind of treatment. Unfortunately, often, that experience is direct. Again, Alejo Stark, citing Ejeris Dixon, writes, “I believe that when people of color and particularly Black people make the choice to call emergency services, it is an inherent negotiation. We come from generations of state violence. Many of us have family members in prison. Most of us have either directly experienced

police violence or intimately know people who have. These are not flippant decisions.³⁷ The re-traumatization here is compounded when BIPOC students try to raise these issues are faced with microaggressions or dismissal. These examples are only the beginning of the ways that case book study and traditional ways of conducting law school classes might do harm or traumatize or re-traumatize students.

Beyond this, just looking at the conditions under which our students were raised. They never lived in a world without active shooter drills, and their formative young adult years were stunted by COVID shutdowns and disruptions. If the legal system has not traumatized them, these additional factors certainly may have. Last, our students (and, indeed, our faculty members) face intersectional trauma. Simply studying case law as if the parties in the case do or do not represent the “reasonable man” erases the multiple and overlapping identities of these very real people. As noted, traditional attorneys are trained to separate emotions from the law. But students and clients who suffer from intersectional discrimination and, thus, intersectional trauma cannot be asked to sever their experiences from their case work and their case study.³⁸

In terms of intersectionality women and students of color in law schools still suffer the most despite the fact that women now make up the majority of law school students.³⁹ James Baldwin noted in his *Collected Essays*, “it took many years of vomiting up all the filth I’d been taught about myself, and half believed, before I was able to walk the earth as though I had a right to be here.”⁴⁰ For women, especially women of color in law schools, faculty can work to undo the harmful language of “imposter syndrome” which pathologizes ordinary feelings of stress and anxiety. Minority students do not have a syndrome; they are faced with real systemic barriers to their success, barriers they have likely been facing their entire lives. Continuing to face these barriers, and the microaggressions that come with them, is likely a traumatic experience for these students.

There are practical tools for both clinicians and professors. Some are as easy as giving trigger warnings and alternate assignments, but others might require a total re-imagination of the classroom space. “The law school classroom can be a trauma-filled environment for students, and it is an experience that stays with them long after law school.”⁴¹ Some practical strategies for applying trauma-informed lawyering to students include transparency, predictability, patience, physical space, body language and verbal communication, student control/empowerment, reliability, avoid re-traumatization. This paper will not seek to explore each of those options, but many are self-explanatory. Clinicians

and professors can prepare students for what is coming, be patient and flexible with the intellectual requirements and the physical space, and be a reliable source of safety and empowerment.⁴²

Becoming a trauma-informed teacher requires training and the knowledge that sometimes a referral is necessary. Though clinicians continue to hone this kind of teaching, doctrinal professors should be open to consulting their clinical colleagues on this matter. However, all educators should be aware of and able to recognize the symptoms of vicarious and re-traumatization. Notably, when and if these symptoms arise, the professor must not equate their role as an educator with that of a counsellor or therapist. Professors should be prepared to have some conversations about students’ experience but also should be ready to make referrals to community and campus services and facilitate access to those resources.⁴³ Beyond these two outward facing suggestions, how else can clinicians and professors apply trauma-informed practices to students? First, and always, assume students want to learn but also assume that students have been traumatized: depression is rampant among law students and reaching out to a student can feel like a lifeline. If an educator wants to, but does not know how to, have difficult conversations, they should seek training. Finally consider expanding the cannon beyond casebooks and standard law school texts. Doing so can connect the students to the hard work of understanding the law while they manage their past trauma and possible new vicarious trauma. One way to do this in clinical settings is to consider offering client stories in their own words. Section three of this paper discusses this possibility and other ways to introduce non-traditional texts and other forms of art to connect to clients and their legal matters. These same techniques can be used in doctrinal classes to expand the way that law school students understand jurisprudence and the inextricable history that is bound with it.

B. Self-care is Community Care

Beyond managing seminar and clinical settings to avoid trauma and re-traumatization and to manage the influx of vicarious trauma and burn-out, techniques of self-care can and should be taught and modeled from the beginning of law school to the end by every teacher, staff member, and administrator in the school building. Of course, that is a tall order, but doing so is good for students, and it is good for faculty and practicing lawyers too. It must be noted here that for clinicians, as faculty who are also actively practicing attorneys, self-care becomes a paramount consideration. The modeling of it by clinicians might be key

to building law student resiliency as a core component of professional identity building in order to withstand the demands of the same social justice work after graduation that students practice during their time in clinic. Trauma-informed care recognizes the widespread prevalence of trauma and its impact while aiming to reduce re-traumatization. Integral to trauma-informed lawyer is the practice of employing modes of self-care to counterbalance the effects trauma has on students (and clients). “To successfully manage vicarious traumatization as a lawyer, you have to know that it’s ok to take the time to actually manage it. Lawyers who take care of their own needs and work thoughtfully with themselves to combat these occupational hazards then have the ability to give more authentically and consistently to their clients.”⁴⁴ The same is true of managing the past trauma and potential re-traumatization of students. Stripping law school and law school students of a connection to their mental and emotional state is fraught. It is walking a dangerous line and imagines a scenario where law school students have either never faced trauma or come to law school with the tools to address it on their own.

In our clinic at Georgia State University College of Law, while we do not charge for our services, we prepare students for the reality of legal practice in a firm by asking them to track their time in billing software. Beyond billing for the legal work they do, we allow clinic students to bill for self-care and dedicate an entire class of precious seminar time to self-care in connection with professional identity formation. “One very effective way to teach students about preventing vicarious trauma is to encourage good self-care and model good self-care.”⁴⁵ Thus, during this class we invite students to share ways that they care for themselves, and the faculty also share the various ways they care for themselves because, “[c]linical professors may also find it helpful for themselves to model good self-care techniques for students. For instance, professors can be transparent about making sure they themselves get to exercise regularly, or about using mental health services.”⁴⁶ Another way clinicians can model good, self-care behavior is to set boundaries about when they will or will not do client work and when they will or will not respond to students outside of regular business hours. Often, for students, being at the receiving end of healthy boundary settings can be the best lesson of all.

Admittedly, doctrinal classes have little opportunity to teach the skill of self-care in a way that is sustainable through the career of a young attorney. Law schools can lean on administrators and other staff to develop programs that normalize the practice and

offer regular opportunities. The kinds of self-care students and attorneys can engage in vary: physical (exercise and good sleep as examples); psychological like therapy and healthy relationships; social (spending time with friends and loved ones or doing things like joining a book club); moral or spiritual; professional (in particular, creating good boundaries); and practical or life management (cleaning the house, paying the bills for example.)⁴⁷ Law schools and clinics (and, truly, law practices beyond law school) need to find ways to integrate personal self-care into the reality of legal practice, not as a class here and there or an offer to do office yoga once a month, but as a genuine and sustainable practice to create resilience.

Here we would also like to introduce the idea of collective self-care, predominantly in the clinical setting. “Collective care practices can include providing a positive culture to support needs that may differ from our own.”⁴⁸ Currently, not many examples of this kind of care exists. Recognizing the vulnerability of students with traumatic histories and addressing vicarious trauma, clinical faculty can take steps to prioritize learning and safety. That is, make sure that every lesson, example, and activity is in service of learning. Clinicians should always be asking (and teaching students to always ask): “why am I doing what I am doing” and “why do I need to know or do this?” Other steps include the knowledge that trauma can interfere with performance necessitating the creation of alternate assignments or alternate ways of assessing productivity. Doing this work requires continued research on the effects of trauma on students in law schools.⁴⁹ Finally, clinicians need to be ready, as mentioned above, to make the appropriate referrals for traumatized students.

While the above gets at care for the community, a need exists in legal clinical education for further development of a methodology to engage in collective self-care, that is, self-care of the community, of the class, and of the law school as a whole. In the HeLP clinic, this manifests in several ways which can be reproduced in other spaces. First, as a medical-legal partnership, we have a team of experts at our disposal: doctors, social workers, bio-ethicists, public interest attorneys, and law school faculty. We can, and do, use our deep and diverse knowledge to understand trauma and the ways it affects our students and our clients. This collective work helps us be better teachers and better models for our students. We also set our seminar classes up for success. We carefully assess the space. For example, for a while we had a U-shaped classroom with two layers. We found that a particular set of students flocked to the outer-U and were not as

engaged in class. When we pushed the tables back and created a circle, students reported feeling more comfortable and connected to their peers. In our seminar, we also create community agreements during clinic orientation. Although these agreements often look the same semester after semester, we allow the students to create them anew. Importantly, though, as classroom facilitators, we regularly and intentionally revisit them during the semester.

Further, we give trigger warnings in the beginning of the semester and in advance of difficult seminars; in doing so, we offer a non-punitive alternate assignment. For those students who opt in to those difficult discussions, we work hard to support them through creating and modeling discussion protocols, using transparent facilitation, and, again, reminding students frequently of our agreements such as confidentiality within the classroom and understanding impact over intention. We also create a seminar built for success by letting students be leaders in class. We allow them to set up community groups which allow them to bond outside of course and client work. Seminar students form groups to work on any issue they think would benefit the clinic-community. Examples include livening up the clinic space, creating social hours, and giving each other weekly “shout outs” to encourage healthy and productive behaviors.

Last, case rounds can and should be used to solve client issues other than legal issues. When we opened the door to a more broadly constructed vision of case rounds, we found students would bring us client issues that were really student or personal issues. For example, if a client was not returning calls or had disappeared entirely, a discussion about next steps often revealed student insecurities about their own lawyering skills or failure in general. Another example is when the client’s legal issue simply has no solution. Case rounds often begin with trying to find a solution but often end with students realizing that the real problem has no solution and the truth that “government and the systems designed to fight discrimination”⁵⁰ are broken. This realization can be re-traumatizing for students who have been subjected to those systems, and having their classmates and clinicians surround them in supportive, reflective ways can be empowering. Unfortunately, even if case rounds offer a healing space, students can become exhausted when they are faced, again and again, with these social justice pitfalls. Frequently we see students “losing faith that meaningful change through the law is even possible.”⁵¹ In our final section, we look at ways to combat this fatigue and build resiliency through joy and imagination.

III. Elevating Black Joy

We previously discussed the need to take a trauma-informed perspective with our students, which includes acknowledging that our students join our clinics with lived, direct and primary trauma. Additionally, in the clinic setting, the students can and likely will experience vicarious trauma. A trauma-informed clinic must also account for our students’ resilience to be challenged when they realize the disparate impact our legal system has on our low-income clients. Deborah Archer writes “When faced with the reality of systemic inequities, even the most committed students may surrender to hopelessness, despair, and inaction ... because they cannot imagine a path towards justice.”⁵² We must recognize this and teach our students how to build the resilience necessary to do this work.

In the context of our clinic, most of our clients are Black people, therefore our focus will be centering Blackness and the Black community’s resilience. Norrinda Hyatt calls clinicians to challenge our students to “sharpen [their] focus on the lived experiences of the Black female, Queer, and disabled clinic client through the latter’s own firsthand narratives.”⁵³ What if we also used that same challenge to teach our students that our clients’ lived experiences make them experts in resilience, and that we should learn from their communities about how to build the same. Hyatt states that centering Blackness in our teaching, scholarship, and practices “recognizes our clients as experts in their own lived experiences, including about their lived experiences as Black people in America ...”⁵⁴ To understand the Black communities’ mastery of resilience, we must look at our history. Studies have shown that Black Americans demonstrate a higher level of resilience “via culturally sanctioned coping strategies despite exposure to psychosocial stressors such as trauma, and discrimination.”⁵⁵ In “Joy is resistance: cross-platform resilience and (re)invention of Black oral culture online, Resistance,” Jessica H. Lu and Catherine Knight Steele elevate Black oral culture online and seamlessly connect it back to resistance efforts during slavery. As slaves in the eighteenth century, African Americans deployed several tactics to demonstrate resistance of their enslavement, including “embedded speech practices like song, storytelling, and signifying into their everyday lives.”⁵⁶ These coded acts allowed “African Americans to forge kinship ties, strengthen community, and critique the racial caste system.”⁵⁷ These acts were not only a form of opposition to the community’s circumstances, but they were also ways to communally share each other’s pain AND joy.” Black joy has acted as a kind of resistance offer-

ing a counternarrative that neither minimizes nor dismisses Black pain, but rather recognizes that Black suffering and Black joy can coexist.⁵⁸

These tools of resistance elevated the paradox of Black pain and Black joy created a community resilience that has influenced and inspired the Black community to this day. Bettina Love writes,

Black joy is to embrace your full humanity, as the world tells you that you are disposable and that you do not matter ... Black joy is a celebration of taking back your identity as a person of color and signaling to the world that your darkness is what makes you strong and beautiful ... Black joy is understanding and recognizing that as a dark person you come with grit and zest because you come from survivors who pushed their bodies and minds to the limits for you to one day thrive.⁵⁹

There are specific influences from the past, like the song “Swing Low, Sweet Chariot,” which is still sung in hometown Baptist churches to this day. This song was created in the spirit of dissent and joy.⁶⁰ There are also numerous rich and new instances of the Black community displaying that duality today as they continue to build collective resiliency.

In 2015 Kleaver Cruz started the Black Joy Project which is a digital movement that seeks to elevate and center Black joy in our world.⁶¹ Cruz has now published a book with the same title that includes photographs and essays that demonstrate the life and joy of being Black. Cruz states, “Black Joy is not ... dismissing or creating an ‘alternate’ Black narrative that ignores the realities of our collective pain ... it is about holding the pain and injustice ... in tension with the joy we experience.”⁶² Similarly, the annual Black Joy parade in Oakland, California is a celebration of Black joy and history during Black History month. “The Black Joy Parade exists to provide the Black community and allies a live experience that celebrates our influence on cultures past, present and future.”⁶³ Finally, author Kwame Mbalia edited a book of seventeen stories on *Black Boy Joy*.⁶⁴ The goal is for the reader to share in the joys and struggle of Black boyhood.⁶⁵ Mbalia writes in the *Black Boy Joy* summary, “Black boy joy is ... Picking out a fresh first day of school outfit. Saving the universe in an epic intergalactic race. Finding your voice — and your rhymes — during tough times. Flying on your skateboard like nobody’s watching...”⁶⁶

These examples of elevating Black joy are beautiful and intentional extensions of our ancestors’ work of survival, and our continued push to do the same. Bet-

tina Love beautifully connects the necessity of these acts as required for the community’s resiliency in its fight for justice:

The hashtags #BlackGirlMagic, #BlackBoyJoy, #BlackGirlsRock, #CareFreeBlackKids, #BlackManJoy, and #BlackJoy Project are not just social media gimmicks or trends. They are what is needed for resistance, freedom, healing, and joy. **Joy is crucial for social change ... A revolutionary spirit that embraces joy, self-care, and love is moving towards wholeness... Joy makes the quest for justice sustainable.**⁶⁷

For generations, the Black community has consistently demonstrated that community resilience is forged through joy. As educators we have an opportunity to teach this to our students and give them historic and current examples and inspiration on how a community does this and does it well. It will mean expanding the typical educational mediums we use to teach so we can fully illustrate how this is done collectively. This radical method has many benefits to our students, but we will discuss two here.

First, by demonstrating to our students how our client communities are experts at building resilience, we are supplying our students with inspiration on how to continue doing this work. Joy is essential for freedom dreaming, which is necessary in social justice work. Bettina Love defines freedom dreaming as “imagining worlds that are just, representing people’s full humanity, centering people left on the edges thriving in solidarity with folx from different identities who have struggled together for justice knowing that dreams are just around the corner and with the might of people power.”⁶⁸ Joy brings the love and empathy necessary to freedom dream, which generates imagination. Love argues that “abolitionists greatest tools against injustice were their imaginations. Their imaginations fueled their resistance.”⁶⁹ Joy begets freedom dreaming which begets the imagination necessary to envision the social justice we want to see. This is what our students need for this work and beyond. Examining how our client communities find the strength and courage to continue their fight for social justice is what will help our students see that they can do it too.

Second, teaching our students how clients are experts on resilience is client centered and disrupts the single-story narratives that surround our client communities. Lu and Steele write that the Black community’s story has been historically defined as the “antithesis of life, and certainly disassociated from joy” because the constant portrayal of Black life is about

impoverishment, crime, and violence.⁷⁰ In Chimamanda Ngozi Adichie's Ted Talk titled the "The Danger of Single Story", she says a single story is created when you "[s]how a people as one thing, as only one thing, over and over again, and that is what they become."⁷¹ Black joy challenges that narrative and shows Black people "as fully human, capable of experiencing and expressing a full dynamic range of emotions" including and especially joy.⁷² If our students are working with our clients, this is how they should see them, and teaching them the value of our client's community resilience will help students fully see who their cli-

ingful change through the law is even possible."⁷⁵ How do we, as clinicians, square this circle? How do we move forward when the very things law students are promising to do cause them trauma or retraumatize them? The second pledge that young lawyers make is to their clients directly to "offer faithfulness, competence, diligence, and good judgment."⁷⁶ Further, lawyers swear to "represent [clients] as [they] would want to be represented." Competent, diligent lawyers who engage in good judgement must acknowledge their own trauma and work to engage in practices that address it and minimize the effect it has

Competent, diligent lawyers who engage in good judgement must acknowledge their own trauma and work to engage in practices that address it and minimize the effect it has on their personal and professional lives.

Law schools have not yet made intentional strides towards making trauma-informed practices part of the curriculum even though, at the same time, they claim to prepare students to make these promises to their clients and the legal system. This important work can begin in clinical settings where supervising faculty work hand-in-hand with students on real time clients to ensure that zealous representation includes faithfulness and competence, but there is a growing call for trauma-informed pedagogy. Now is the time for the answer.

ents are. "Stories matter. Many stories matter. Stories have been used to dispossess and to malign ... but stories can also be used to empower and to humanize."⁷³ Helping students recognize clients as resilient fully human individuals will inspire our student's own resiliency and drive them to be stronger zealous advocates.

Conclusion

Law students are asked to take a vow of moral integrity and unselfish dedication in the pursuit of legal welfare. The Lawyer's Creed and Aspirational Statement on Professionalism in Georgia is similar to that of every other state in the nation asking students to do two things that are in growing conflict with each other. First, in part, students are asked to "strive to improve the law and our legal system, to make the law and our legal system available to all, and to seek the common good through representation of ... clients."⁷⁴ However, to repeat the Deborah Archer quote that opened this paper, "[l]aw students ... are losing faith in government and the systems designed to fight discrimination, questioning whether they can do anything to effect meaningful change, and losing faith that mean-

ingful change through the law is even possible."⁷⁵ How do we, as clinicians, square this circle? How do we move forward when the very things law students are promising to do cause them trauma or retraumatize them? The second pledge that young lawyers make is to their clients directly to "offer faithfulness, competence, diligence, and good judgment."⁷⁶ Further, lawyers swear to "represent [clients] as [they] would want to be represented." Competent, diligent lawyers who engage in good judgement must acknowledge their own trauma and work to engage in practices that address it and minimize the effect it has

Note

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