Paré, D.A., Richardson, B., and Tarragona, M. (2009) Watching the Train: Mindfulness and Inner Dialogue in Therapist Skills Training, in S. Hick (Ed.), *Mindfulness and Social Work,* **pp. 76 – 91. Chicago, Illinois: Lyceum Books.**

Knowing that we can slow things down to determine where our questions are stemming from is both exhilarating and frustrating.

My inner dialogue is such an integral part of my counselling process that I have difficulty articulating it... Yet, when you sit and look at your hand, and really look at it, you see all of these weird lines, and it becomes something completely foreign...

I strongly believe my role as a counsellor is to stimulate thought and help the client reach their own conclusions. I think I chose to respond differently when I found my inner dialogue was becoming too judgmental or when I was taking on a stance of fixing the client.

The quotes above are samples of reflections from student therapists on their experience of attending to their inner dialogue in the midst of a therapeutic conversation. The task of directing their attention inwardly during a session reaps a rich range of reflections, from exasperation with conflicting impulses, to delight at the discovery of what becomes visible when one slows down and attends to the moment at hand. Their comments capture some of the paradox and possibilities unveiled by mindful attention to therapeutic conversation.

In this chapter, we share some of our experience in applying mindfulness to therapist training. The aspect of mindfulness practice we are most concerned with here is the way it promotes an exquisitely fine-grained awareness of experience as it unfolds, moment by moment. More specifically, we will reflect on how mindfulness practice renders more visible to practitioners what one of our students described as the ongoing "train of thought" that accompanies the outer dialogue of therapeutic conversations. In this chapter we will take a look at that "train" and how to relate to it in specific ways in

order to enhance the therapeutic relationship. Further, we will explore some ideas and exercises related to mindfulness and inner dialogue in therapeutic conversations.

<p align="center">Attention, Intention, and an Ethic of Care</p>

Our interest in mindfulness as it relates to therapeutic conversations is at the service of a more fundamental priority—the promotion of ethical relationship practices as a core feature of practitioner training. The imperative to "do no harm" is central to ethical codes in the helping professions; however it is not the adherence to codes we refer to in invoking the word "ethics" (Strong, 2005), but a more general and ubiquitous ethic of care (Crocket, Kotzé, & Flintoff, 2007). The development of one's therapeutic practice is a lifetime's work, and "fully ethical practice" is an aspiration rather than a destination. It is a *fundamental* aspiration, however, because it relates to our accountability to the person across from us in a therapeutic conversation. Mindfulness as refined and compassionate attention serves this aspiration for many reasons and is an important tool in therapist training.

We believe the possibility of minimizing unanticipated harm to clients increases as therapists attend more closely to what they are experiencing, both externally and internally, in the course of their work. The intention to 'do no harm' is a necessary *starting* point, but in itself is insufficient to assure care-filled practice. In the course of our careers as therapists, we have heard numerous stories from clients about hurtful experiences they have previously had in therapy. It is unlikely their therapists generally *intended* harm; and so how can this have occurred? A therapist's intentions can be sabotaged by overlooking a pained look or a pregnant pause that leads them to lose step with a client's mood or meaning. Alternately, they may fail to notice their own

emotional response to a situation, a response that leads them to avoid or hone in on a particular detail without consideration for the impact on the client. Or they may not apprehend a deeply entrenched belief that persuades them to champion some goal contrary to the client's preferences. These blind spots can otherwise be understood as failures of attention, of practice that is insufficiently mindful. When we notice more, we are able to make more informed decisions: *attention supports intention* in this respect.

Donald Schön's seminal work on reflective practice (1983, 1987) has influenced the work here: our aim is to promote increased reflexivity on the part of practitioners by inviting them to be more mindful in their practice. This includes awareness of the subtle nonverbal cues within the room, as well as the broader cultural discourses originating outside the room (Hare-Mustin, 1994), which influence how we go forward at every utterance. This is not to suggest practitioners must settle for nothing less than full awareness—a sort of 'enlightenment or nothing' position. Neither do we presume that therapists can achieve certainty that their actions, however well intended, are without harm. But this ongoing striving for an ethic of care in the sense we are describing it here is central to our therapist training, and mindfulness practice supports that aspiration. In the remainder of this chapter we will say more about how we introduce mindfulness into our teaching-- especially pertaining to therapist inner dialogue--elaborating further on our purposes as they relate to ethical relationship practices.

Counselling As Conversation: Exoticising The Domestic

At the outset of our skills training we suggest to graduate students that, previous career experience aside, they all have long histories of practice directly relevant to their professional training. Drawing on social constructionist (Gergen 1994, 1999) premises,

we make sense of therapy as conversation (Anderson, 1997; Eaton, 1998; Labov & Fanshel, 1977; Strong 2006), in which meaning is jointly constructed between therapist and client, utterance by utterance, as the conversation unfolds (Anderson, 1997; Shotter, 1993 Anderson & Gehart, 2006). We remind students that it is their long-developed, well-honed abilities to be helpful to others through conversation that brings them to the program.

This is the *good* news. However, we also acknowledge that as Langer (1987) has discovered through dozens of wryly crafted experiments, it can be more difficult to notice and make distinctions about what we are doing when the task is familiar than when it is novel. Engaging repeatedly with the familiar can lead to what Langer (1987) calls a "mindlessness" (p. 11) characterized by automatic, unreflected action. In this mindless state, there is little discernment regarding experience. We act on impulse and are more likely to fall back on rigid categorizations, and to foreclosing prematurely the weighing of options. Langer's observations about how a mindless orientation leads to rigid categorization resonates with Schön's (1983) description of practitioners who act from theories and models unreflectively:

> (They) carry a danger of misreading situations, or manipulating them, to serve the practitioner's interest in maintaining his (sic) confidence in his standard models and techniques. When people are involved in the situation, the practitioners may preserve his sense of expertise at his clients' expense. p.45

Mindfulness applied to therapeutic dialogue offers much to counteract these tendencies. It starts with encouraging in our students a fine-grained attention to what they experience through their eyes and ears, moment by moment in dialogue. This is the

"bare attention" referred to by Epstein in his integration of Buddhism and psychotherapy (1995, p. 110): the invocation to "pay precise attention, moment by moment, to exactly what you are experiencing, right now" (p. 110).

Early in our classes, we introduce students to the raisin exercise mentioned by Hick in the introduction to this book. The discovery of a raisin's complexity of color, shade, shape texture, odour and taste opens students to the nuances presented in each therapeutic moment. It is not as though those nuances are available only to the trained practitioner. On the contrary, they constitute a wide range of information readily available to the observer but more often overlooked. Bennett-Goleman (2001) speaks of studies which show that most people stop hearing the sound of a metronome after ten clicks—the phenomenon literally drops out of experience in its repetitive familiarity. On the other hand, experienced meditators continue to be aware of the sound for four times as long (Bennett-Goleman, 2001). It is that attention to their experience that we encourage in our students with a number of variations on the raisin exercise, such as directing them to listen to a "client" without speaking and to direct their attention exclusively to nonverbals.

Predictably, students report the discovery of cues previously unnoticed— variations in voice tone and body posture, facial expression and hue, cadences and rhythms of speech. They also frequently report that the act of attending to these knocked them off balance, as it were, disrupting conventional conversational practices and rendering the familiar strange. This is what anthropologist Bourdieu (1988) referred to with the term "exoticising the domestic"—an orientation of wonder and curiosity that unveils the complexity and variation of phenomena that might otherwise be taken for

granted. Becoming mindful opens us to an array of previously unnoticed phenomena. In the short term, this can be overwhelming; in the longer term, as we shall see as this discussion unfolds, much of the newly discovered information recedes to the background where it is available but does not hamper practice. Witnessing this process unfold with our students has prompted insight into the challenges of expanding one's awareness while engaged in complex tasks such as therapeutic dialogue.

Noticing Discourse from a Position within Discourse

The openness to that which makes each person unique is an orientation we encourage in our teaching. It stands in contrast to an expert stance characterized by predetermined categories, labels, and explanations which pre-frame our experience and our view of the client. For us, this orientation relates to an ethic of care because it guards against inadvertently supplanting clients' meanings with our own, an act which might arguably be described as a form of violence.   Elsewhere, this therapeutic posture is described as "not-knowing" (Anderson, 1997), "beginner's mind" (Epston, 1993), and "curiousity" (White, 1997). Despite this diversity in terminology, we find here a shared theme—an openness to being surprised, a holding lightly to presuppositions, a relinquishing of certainty. All of these are congruent with a mindful orientation, with "bringing a gentle curiousity to something" (Segal, Williams, & Teasdale, 2002, p. 227) as a means to greeting the moment and meeting the person before us in their exquisite uniqueness.

In this chapter we want to share some reflections about how this posture of wonder can be brought to a very specific aspect of the wide range of phenomena open to awareness: our inner dialogue in the midst of therapeutic conversation. Mindfulness

literature often speaks of letting go of discursive mind chatter, which may include "unsolicited mental mail" in the form of preoccupation with the past or future, self judgment and critique, and so on. This letting go creates space to attend more fully to what Epstein (1995) calls a "raw sensory event" (p. 110). It also promotes a quiescence in which practitioners may bring their attention *back* to their thoughts, this time with intention and discernment, to note the various options presented to them in their inner dialogue--the potentially productive features of discursive mind. And so we encourage students to apply the same bare attention to inner dialogue that they do to, for instance, the nonverbals in a therapeutic exchange.

Overtly, one-on-one therapy conversations are single dialogues between two persons. Making space for the *covert*, however—taking into consideration the inner experience of the two conversants--there are at least *three* dialogues going on (Anderson, 1997). Taking this notion further, we believe there are *multiple* and often contradictory dialogues available to a therapist's attention. In a sense, "the I fluctuates among different and even opposed positions" (Hermans, 2004b, p. 19, as cited in Rober et. al, in pressb). Some of these positions have the potential to be harmful to clients. Awareness of inner dialogue, like awareness of other sensory impressions, supports practitioners in acting in ways that are congruent with the intention to be helpful.

To make meaning of what we notice when we attend to it—even something as apparently straightforward as a facial expression or tone of voice--we nevertheless have to rely on a historically- and culturally-situated interpretive repertoire. This repertoire provides a myriad of frames or filters available to us, otherwise referred to as "lenses" (Hoffman, 1990), "voices" (Bakhtin, 1986; Penn & Frankfurt, 1994), or discourses

(Fairclough, 1992; Paré, 2002). Attending to inner dialogue sheds light on this extensive repertoire--the ideas, beliefs, values, concepts, etc. which influence the meanings we make of the moment at hand.

Some of that repertoire is the outgrowth of institutional knowledge-making—the innumerable theories, constructs, categories, labels, and so on generated by twentieth century psychology. A client becomes tearful and one therapist seeks to intensify the emotion through an empty chair exercise. A client expresses an unhelpful belief, another therapist hears "irrational self talk" and steers the conversation towards disputing the cognition. There are many *other* varieties of frequently unnoticed discourse that impact on how we respond in therapeutic conversations. Some relate to professional codes and legal statutes—for example in relation to reporting abuse to authorities. Gender discourses often come into play, as well, and may lead us in conversations with families to turn to mothers for nurturance and fathers for discipline. Some of our own longstanding values and beliefs traceable to particular experiences may also influence what we attend to, as when we automatically hear accounts of work stress as equivalent to our father's "workaholism", or we turn a conversation about quitting smoking into a critique of advertising and the perils of capitalism under the influence of Marxist ideas informing our politics.

These are of course just a few of the infinite possible sources of influence, frequently unnoticed, that impinge on the unfolding therapeutic conversation. Rober et al. (in press) identified 282 varieties of inner dialogue in a study of eight therapy sessions. While they found that "the therapist gathers information, constructs hypotheses, and tries to formulate therapeutic goals"(p. 8), the authors' qualitative study demonstrated

that "the therapist also doubts, hesitates, senses what the client experiences, notices the client's resources, is surprised, and so on." (pg. 8). None of this happens in a vacuum. Hare-Mustin (1994) refers to the "mirrored room" to portray the culturally-imbedded repertoires of sense-making that reflect back at us from all sides as we attend to and speak with the people who consult us. Mindfulness practice allows therapists in training to notice these discourses while acknowledging that they always do so from a place within discourse.

Choosing that place is central to ethical practice. Bakhtin (1984) depicts inner experience as a struggle between discrepant voices "speaking from different positions and invested with different degrees and kinds of authority"(as cited in Morson and Emerson, 1990, p. 483). Noticing and attending to inner dialogue thus helps a practitioner to "find one's own voice and to orient it among other voices, to combine it with some and to oppose it to others, to separate one's voice from another voice with which it has inseparably merged" (Bakhtin, 1984, p. 239). We see this as an important component of developing a reflexive practice (Schön, 1987).

Consider the example of a therapist who hears a client speak of frequent arguments with their partner. This week they yelled at each other every day but for Thursday, where they averted an argument by walking away from a heated exchange and reconvening later to more calmly talk their issue through. Turning their attention inwards, the therapist might notice various strands of dialogue. One might be speculation about how the relational conflict may be the outgrowth of trauma originating in childhood, a focus on what is "broken". Taking up this strand might lead to steering the conversation towards an exploration of childhood trauma and a curiousity about what dysfunctional

patterns are being duplicated in the current relationship, and so on. A second strand might feature identification of Thursday's events as a personal victory, a celebratory moment rife with promise. Taking up that strand might lead to an exploration of how the couple managed to avoid yelling, what skills they may have drawn on in doing things differently, what this development might say about their commitment to peaceful relations, etcetera. These are distinct "trains" and they lead to very different places. A therapist who is not mindful will "board" one or the other without the experience of having chosen to do so, in much the same way that the mind undeliberately latches onto discursive strands during meditation practice and draws us away from attention to the breath. Doubtless different readers may favour one or the other of the two conversational directions cited here; the point is that intentional selection from inner dialogue supports practice congruent with an ethic of care.

In the parlance of emerging approaches integrating mindfulness practice with cognitive therapy (Segal, Williams, & Teasdale, 2002), we therefore invite students to experience "decentering" (p. 38) themselves in relation to their trains of thought—to watch those trains from the platform as it were. From here, the thoughts can "be seen as passing events in the mind that [are] neither necessarily valid reflections of reality nor central aspects of the self" (Segal, Williams, & Teasdale, 2002, p. 38). However, we do not advocate that practitioners merely dismiss these thoughts en masse. Like all other data in their field of awareness, this is useful information. Selecting what to respond to and what to ignore is all at the service of being helpful though conversation..

Slowing the Train Down Through A Pedagogical Exercise

Anderson (Anderson & Gehart, 2006) stresses the importance of pauses in conversation in order to open space for inner and outer dialogues. The first author (DP) has devised a pedagogical exercise (cf. Paré & Lysack, 2005) designed to open this space. It is focused on inner dialogue with masters-level students in their core therapy skills course.   The exercise is one of several practice-based assignments in the full-semester course and calls upon students to conduct a therapy session with one of their classmates, recording their inner dialogue during that conversational exchange.

The exercise is fashioned to slow conversations down and to provide a window for observing inner dialogue. In one variation, we introduced a text-based medium in order to create the possibility for a dialogic exchange in slow-motion. Students were paired up (therapist/client) and began a conversation outside of class. The spoken conversation provided the beginning of a conversational exchange in which the "client" broadly outlined the presenting concern being brought forward. The face-to-face contact also made it possible for client and therapist to develop some degree of rapport through direct verbal contact.

The students were then instructed to continue the conversation *online*—talking by typing, as it were. As registrants in the course, they had access to a WebCT[1] site to do this, though most opted for more familiar publicly available chat rooms on the internet. The assignment instructed students to record inner dialogue at the time it came up. Following each utterance from their "client", the "therapists" were asked to type notes in their word processor offline to remind them of their inner dialogue (thoughts, feelings, images, ideas, etc[2].) prior to typing a response to the other student. The online exchange and the offline notes on each utterance were combined in the written assignment

presented by students. In a more recent course, students did a variation of this assignment. Instead of "conversing" online, they conducted the exercise face to face, with both therapist and client pausing to jot inner dialogue after key utterances. Our aim here is not to summarize the considerable qualitative data that emerged from these studies of student responses, but rather to reflect more broadly on the pedagogical challenges associated with encouraging mindful attention to activities previously performed automatically.

Slowing an activity down makes it possible to turn one's attention to features of the activity typically overlooked. Reporting on the inner dialogue exercise, some students described the luxury of time to reflect; others recounted how they came to be more comfortable with and to value the pauses and silence the exercise demanded. The inner dialogue itself took many forms, from speculating about details of the client's story or the possibility of implementing a particular intervention, to fretting about a perceived lack of direction in the session or noticing hunger or boredom.

In many cases, attention to inner dialogue provided the students with useful information for making adjustments in accordance with their preferred therapeutic positioning. This included reflecting on the direction of the session, as in *before I can delve further, I need to get a better idea of how she feels "restricted". This would give me a clearer picture of what she is going through at the moment.* Other opportunities for making adjustments arose when students caught themselves doing more of "the work" than they considered helpful: *(he) needs to come to his own conclusions and I am to facilitate or guide him.* In attending to inner dialogue about the prospects of encouraging a client to take steps, a student concluded *I will be curious and ask if he might be ready to*

join a club or a team.

These are examples of intentional practice informed by inner dialogue. By turning their attention inwards, students were presented with further options, making selections based on their preferred directions. Many students, like Nancy[3], found their discoveries surprising: *I never noticed that such thoughts and feelings were occurring while I listened to someone else. Being aware of this was a powerful experience.* Nancy described the experience as "exhilarating". This noticing by the students of particular patterns in their practice and in their reflections on their practice will usefully inform their ongoing work.

But the students did not uniformly cite the benefits of the exercise. Like dancers who fumble when encouraged to count the beat so as to refine their steps, many spoke of being overwhelmed by the new information entering their awareness. For some, this resulted in "losing connection" with their clients. Irene spoke of feeling overwhelmed by the potential complexity of the work itself:

> *I would like to feel good about my role as a therapist and not second guess myself at all times. What did I learn from this session? Honestly, I learned that counselling is a lot harder than it seems. It is more than "how does that make you feel questions" like people think.*

For Irene, the familiar task of "having a talk" was rendered exotic, and in the process, she lost touch with her own longstanding ability to be present and connected to the other through conversation. Reflections like Irene's have led us to ponder deeply on the connection between mindfulness and what appears at first glance like a contradiction betweens intentionality and responsivity in therapeutic conversations. It would be useful

to briefly explore this distinction before sharing some closing reflections on mindfulness and inner dialogue as it pertains to pedagogy.

<div align="center">Intentionality and Responsivity in Dialogue</div>

One distinction surfaced in this research is between practice characterized more by *intentionality*, primarily informed by active choice-making involving selecting from options presented through reflection (as described here), versus practice mostly oriented to *responsivity*, primarily informed by the client's contributions, utterance by utterance (Tom Strong, personal communication, May 23, 2007). It is certainly possible to engage with either aspect of practice mindfully. With the former we attend to a repertoire of conversational options that may open a crack to new possibilities; with the latter we attempt to stay as close as possible to client meanings. Lowe (2005) highlights this distinction in writing of practice more oriented to "structured methods" and pre-conceived question sequences versus practice characterized primarily by the spontaneous responsivity to unanticipated "striking moments".

Useful as the distinction between responsivity and intentionality is, it suggests an unnecessary polarization. We do not believe the two are at odds; indeed, neither aspect of practice is sufficient in itself. With regard to responsivity, Lynn Hoffman (2006) describes a range of contemporary "conversational " or "dialogical" approaches[4] embodying "the art of withness" (2006). These approaches emphasize the importance of "being with" the client, of following the conversation closely and responding to the client's narrative moment by moment and joining together in a mutual inquiry. Anderson (2006) says: "Listening is…a participatory activity that requires responding to try to understand… It requires checking with the other to learn if what you think you heard is

what the other person hoped you would hear" (p.36). To be intentional (reflecting on choices and making decisions as to how to position oneself with regard to sometimes conflicting options presented) *without being responsive* could lead to practice dominated by therapist meaning making and could be unhelpful or inadvertently harmful.

On the other hand, to be responsive without being intentional is also insufficient. Responsivity calls upon therapists to examine what meaning they are making of what they are hearing, to attend to what is informing their choices to go forward in the conversation. To merely "respond" unreflexively on the assumption that what we say will always *be right* if it *feels right* is perilous. "Withness" does not happen in a vacuum. As White (2007) says, our very approach to therapeutic conversations is informed by some sorts of guiding ideas which inform how we listen and what we notice, " although very often these guiding ideas have become so taken for granted and accepted that they are rendered invisible and unavailable for critical reflection" (p. 6.).

A "guiding idea" may not always be an explicit thought expressible in discursive terms. Some forms of knowing are more elusive and difficult to capture in words--and certainly not all of our teaching focuses on inner dialogue. But we are interested in encouraging students to be mindful of the variety of knowledges available to them, and these include not just the subtle knowledges, sometimes thinly described as "intuition", but other knowledges as well. They may include ideas about gender or family patterns and their influence on actions, to name but a couple of potentially endless knowledges that might inform the conversation at hand. As therapists acquire experience, these knowledges may increasingly be associated with repertoires of potentially useful questions and intervention options honed by oneself or others, consistent with a

practitioner's values and appropriate to the circumstances at hand. White (2007) likes to employ the term "map" to characterize this repertoire. For beginning therapists, it is difficult to summon up these maps in the therapeutic moment (Stoltenberg & Delworth, 1987) and more so, to choose from them deliberately in a manner congruent with their overall ethical intentions. The journey towards more complex[5] practice includes the development of the ability to do this while maintaining a conversational flow, being responsive, and staying connected to clients. It is a demanding journey, however: to learn to be responsive while also staying in touch with multiple possibilities presented through attending to inner dialogue takes time. As one student reflected, the word "practice" as in "therapeutic practice" has more than one meaning.

<div align="center">Mindfulness, Tacit Knowledge and Flow</div>

Therapeutic practice is rife with paradoxes and certainly the issues associated with therapist pedagogy discussed here are not exempt. As we have seen, we are advocating for an expansion of awareness that, in the short term, may detract from rather than enhance therapist flexibility. As therapists attempt to be more mindful in their practice they initially stumble and find it more difficult to be responsively present. But it is through doing this that they learn to increase their options while staying true to their ethical intentions. And here a second seeming paradox surfaces. The development of intentional practice involves rendering conscious material previously unnoticed,,but it also leads over time to the expression of what Polanyi (1975) has called "tacit knowledge". While engaging with therapeutic "maps" is initially very challenging to novice therapists, more experienced practitioners are able to incorporate them into their

repertoires to the degree that they become "second nature" and retreat to the background of attention.

Take, for example, the therapist who through attention to inner dialogue has come to distinguish conflicting ideas about clients who have survived abuse. One strand of inner dialogue may be centred on the notion of "dysfunction" and may initiate conversation that leads clients to view themselves as deficit-ridden in the way of childhood trauma. A second strand of inner dialogue may highlight the various skills of living acquired through the adversity faced by persons who have been abused, which might promote talk that leads to clients experiencing themselves as resource-full.   In our own experience, the latter view plays out more usefully in practice and we typically prefer to be informed by it as we go forward in therapeutic conversations. It might lead to questions such as "How did you manage to realize that you weren't responsible, despite being told otherwise?" or "Who would predict that you would survive this, and what might they tell me about what qualities support you in that?", and so on. As our own practices have unfolded over time, questions such as these come more easily, with less need for conscious deliberation over disputing strands of inner dialogue. However, we see this tacit knowledge (ready availability of particular question sequences) as an accomplishment, the product of sustained mindful attention to conversational options, rather than a gift.

Earlier in our practice, identifying the crossroad where we might join with the client in two very different conversations was somewhat of a revelation, and selecting the direction that meshed with our preferred ethical posture was the fruit of sustained training, reading, and practice. More recently, we are inclined to gravitate towards

curiousity about client knowledges, skills and resources without so often making that conscious choice. This is not necessarily a good thing to the extent that we could become complacent in our practice and overlook openings ripe with meaning. But it is the expression of tacit knowing, similar to what Schön (1987) calls "knowing-in-action" and akin to the knowledge of, for example, how to ride a bicycle. At first it is necessary to pay attention to placement of feet on pedals, maintenance of an upright posture, and so on. Over time, this knowledge is embodied and takes care of itself.

There is a movement towards complexity here along two continua: 1. awareness of the options available in the task at hand, and 2. ability to access them. The evolutionary progression is as follows: unaware/unable → aware/unable → aware/able → unaware/able. We do not mean to suggest that one's practice ever unfolds with such precise linearity, but these pairings loosely capture the trend we are discussing where the "unaware" in the final pair refers not so much to what is unavailable, but available without conscious and deliberate effort.

To achieve the highest levels of performance of any task requires much practice: consider again the accomplished dancer who, along with a partner, expresses a wide range of human emotion while responding to the partner's subtle movements. The technical skills here take years to master. The expression "Prepare, prepare, prepare, and then be spontaneous" captures the lead-up to this exquisite moment. In that moment of expression, the knowledge is merely *performed*, without discursive thought.

Csikszentmihalyi (1991, 1997) has studied this optimal moment for thirty years and has coined the term "flow" to describe the state that resonates with descriptions of practitioners (eg. cyclists, dancers, therapists) in a moment of mastery. Among the

features of flow, Csikszentmihalyi cites deep concentration and being in the present, a sense of letting go of control and losing one's ego, and an altered perception of time,

Ronnestad and Orlinksy (2005) found that therapists who have practised for many years and whose work is rewarding and characterized by what they call "healing involvement" frequently experience in-session moments of flow. This is not the case for therapists in training when they are engaged in attempting to enlarge their repertoires. How, then, can therapists be trained to be mindful of options presented by various therapeutic "maps", without sacrificing the apparently non-discursive expression of tacit knowledges, the experience of flow? Our own conclusion is that the *former* makes the *latter* possible. When we attend deliberately to tasks long performed "mindlessly", we are temporarily impaired in our performance of those tasks. But it is for a worthy long term cause. To experience flow in the performance of highly complex tasks such as therapy requires considerable rigour, despite the feeling of effortlessness that might eventually be experienced in the moment.

Closing Thoughts: Mindfulness, Flow, and Pedagogy

Given the staggering complexity, and the dialogic nature, of therapeutic conversations, we are not waiting for the emergence of "empirically validated treatments". However, we are interested in training new therapists to practice with the welfare of the person across from them informing their actions as much as possible. This is about an ethic of care, and this chapter has examined the role of mindful attention to inner dialogue in that quest.

It is common to advocate for qualities such as compassion, nonjudgment and hopefulness in therapeutic relationships. Achieving this, however, requires more than the

mere aspiration, and this is where mindfulness comes in. When we respond automatically in therapeutic conversations, our responses are sometimes guided by unnoticed ideas that are incongruent with our preferred relational style.   When we selectively attend with curiousity to the stream of ideas, thoughts, impressions etc.--the internal dialogue--while engaging in an outer dialogue, we are more able to let go of that which does not serve our intentions to be helpful, and to benefit from that which does.

We do not mean to assert that therapy is all about attending to inner dialogue, and we hope we have made it clear that to merely do that risks losing touch with the client altogether. But we do believe that what goes on internally deserves our attention as practitioners, and we continue to develop pedagogical exercises that refine this attention.

Our research on mindful attention to inner dialogue has led to a variety of interesting places, some somewhat paradoxical in nature. For instance, we have encountered the dilemma of how attending to inner experience may disconnect us from outer experience. But we have also identified how (like any well-practiced skill) it becomes possible, over time, to pay attention and to select from inner dialogue during therapeutic conversations in a less effort-full manner. When this happens, our ethic of care becomes more tacit, blended into the wholeness of our practice. We come to more fully embody our values, and are more free to act spontaneously without fear of inadvertently harming the other. Mindfulness practice supports this evolutionary movement from awkward self-consciousness to a fuller practice featuring expanded attention to both inner and outer experience.

1. WebCT is the copyrighted name of educational software developed by WebCT, Inc., 6 Kimball Lane, Suite 310, Lynnfield, MA. 01940.

2. Inner dialogue is frequently characterized solely in cognitive terms, ie. as "self-talk" (cf. Morran, 1986; Morran, Kurpius, & Brack, 1989). We believe the notion of "dialogue" extends beyond cognitions—it is the meaning making we do in response to anything in the field of perception And so we were deliberate in not limiting students attention to cognitions alone.

3. Student names were altered to preserve confidentiality.

4. Hoffman mentions include the work of Harlene Anderson and Harry Goolishian, Tom Andersen, Peggy Penn, Jaakko Seikkula, Mary Olson, Chris Kinman among others.

5. Despite its occasional usage in the field (cf. Jennings Skovholt, 1999; Murphy, Cheng & Werner-Wilson, 2006) , "mastery" suggests what we feel is an unattainable endpoint, and is an individualistic term which fails to capture the collaborative, relational process of therapy.

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