The Ethical Issues which must be addressed in online counselling

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Abstract

Advocates of internet-based counselling cite benefits such as cost effectiveness, relative anonymity, immediacy, increased access, easy self-disclosure, and convenience for clients with mobility and transportation issues (Deardorff, 2010). However, this article uses the research emerging within the profession to discuss a range of ethical issues which must be considered in order to develop best practice. Such issues involve the inability to utilize non-verbal cues as part of treatment; potential threats to confidentiality and privacy the unsuitability of particular client groups for online counselling; difficulties maintaining professional boundaries. Several other issues are also outlined in this article. Guidelines recommend that as a minimum standard, there are several topics must be addressed within the informed consent process, including items such as possible advantages and disadvantages of online therapy, encryption; file storage procedures; privacy policy; the practitioner's geographical jurisdiction.

Key Words: Internet-based counselling, Online counselling, Ethical issues, Online mental health services, Guidelines

Introduction

Online Counselling is a contemporary issue facing counsellors in this current internet-focused world. This is whether they are personally in favour of this modality or not. However, perhaps the technology is outpacing our understanding of how to best utilize it, not only from a treatment perspective but also in an ethical manner (Deardorff, 2010). Online mental health services are clearly here to stay and client demand for online services is growing (Hunt, 2002). Therefore, it is the responsibility of every practitioner to address these ethical concerns, familiarize themselves with the guidelines and standards for the use of technology in clinical practice, and then to comply with these standards.

This article discusses text-based internet counselling in particular, and uses the research emerging within the profession to define and give an overview of this new online mode of interacting, as well as to discuss a range of ethical challenges that are arising. Best practice guidelines currently available for professionals wishing to use this mode of helping clients will be incorporated throughout, as will discussion around suitability of clients for online counselling, and any noticeable differences in building the therapeutic relationship online.

Definitions of online counselling

There is a myriad of internet facilities which can provide forms of counselling online. Some modalities are synchronous (real time) such as IRC chat, Instant Messaging, texting and videoconferencing, and others are asynchronous (time-delayed) such as email. The majority of modalities are text-based while some are video-linked.

Mallen and Vogel (2005) offer the following definition of online counselling:

Any delivery of mental or behavioural health services, including but not limited to therapy, consultation, and psychoeducation, by a licensed practitioner to a client in a non-face-to-face setting through distance communication technologies such as the telephone, asynchronous email, synchronous chat, and videoconference (p.764).

As each form of online counselling has its own unique ethical considerations, as well as advantages and disadvantages, for the purposes of this article, when referring to online counselling, the author will primarily be referring to fee-paying, text-based, asynchronous email counselling.

An overview of text-based internet counselling

Deardorff (2010) provides a clear summary of current views in the literature when he states that proponents of Internet-based treatment cite benefits such as cost effectiveness, relative anonymity, immediacy, increased access, easy self-disclosure, and convenience for clients with mobility and transportation issues. For example, "mental health issues are not constrained by geography, but rather by access to a computer and an internet connection" (Baker & Ray, 2011). However, opponents of this increasingly prevalent mode of treatment list such issues as a loss of the human factor in psychological treatment, the inability to utilize non-verbal cues as part of treatment,

potential threats to confidentiality and privacy, a variety of potential ethical and legal problems, and a lack of research and guidelines to justify its use. This paper will address some of the ethical challenges in more detail.

The ethical challenges of text based internet counselling

Although there are mutually inclusive ethical considerations for online counselling and face-to-face counselling, there are additional challenges that are unique to on-line delivery. Lee (2010) states that therapists should become familiar with these unique risks of e-therapy and be prepared to discuss these concerns with the client during the informed consent process. Some of these unique challenges are outlined below.

1. Identifying the types of concerns which are appropriate for online counselling

One of the first risks which needs to be discussed with clients during the informed consent process is which concerns are suitable or not suitable for online counselling. Several authors suggest that clients whose presenting concerns are due to an immediate crisis, eating disorder, or severe psychosis would not fit well within this modality due to the difficulty in ensuring the safety or accuracy of assessment without visual cues and the physical proximity of the client (Kanani & Regehr, 2003; Metanoia, 2009, as cited in Lee, 2010). Neither is asynchronous text based counselling suitable for suicidal clients due to the time delay between sending and receiving communication. In addition, provision of emergency care may be difficult if the client is resistant to providing contact information such as current location (Shaw & Shaw, 2006).

Due to these safety concerns, the International Society of Mental Health Online (2009) guidelines recommend that therapists inform clients of possible emergency procedures, obtain proper contact information that can be used to inform emergency officials if the situation arises, and identify an alternative therapist or another mental health professional who is local to the client and has agreed to be accessible to the client if needed. Jencius and Sager, (2011, as cited in Harris & Birnbaum, 2015) suggest creating a list of emergency, urgent or distress contacts and supportive services in the client's community, which they could access for immediate assistance.

2. The Possibility of Misunderstanding

Another risk that clients are likely to encounter while engaged in online counselling is the potential misunderstanding between therapist and client due to the missing non-verbal cues (ACA, 2005; Alleman, 2002; Mallen, Vogel & Rochlen, 2005). Traditional counselling relies heavily on characteristics such as tone of voice, facial expression, body language, eye contact and even silences to communicate information that words may be unable to (Gedge, 2002). Given that accurate diagnostic assessments require an evaluation of non-verbal cues, online counselling services may not be able to provide an accurate diagnostic assessment. Consequently, online counselling may not be an appropriate service for individuals who are experiencing complex or comorbid mental health concerns (Harris & Birnbaum, 2015).

The therapist could build trust by addressing these risks early within the informed consent process. Some alternative methods which have been suggested are: emoticons, use of capital letters, fonts, and size, as a means to provide text-based cues of typical non-verbal behaviour (Alleman, 2002). Another way of overcoming this issue would be to encourage clients to consider using teleconferencing technology, such as Skype or Zoom, which allows for direct observation of the non-verbal body language communication (Lee, 2010).

3. Maintenance of Professional Boundaries

Another challenge is to keep the delicate balance between professional and personal boundaries in order to avoid dual relationships which may be potentially harmful. Of particular concern is the growing accessibility of private information about the counsellor on sites such as social network webpages. There is documented evidence of an increase of clients utilizing these websites to gain additional information about health professionals (Lehavot, 2009).

APA ethical guidelines do state that any foreseeable multiple relationship that may be potentially harmful should be avoided. Therapists should be aware of the type of personal information about themselves that is accessible to the public online. Boundaries in cyberspace should also be discussed (e.g. not 'friending' clients on facebook) and privacy options for social

networking sites should be utilized as a means of controlling the type of information which is accessible to the public.

4. Electronic Confidentiality and Privacy Issues

The risk to maintaining confidentiality and privacy, of both client and counsellor must also be addressed within the informed consent process. Breaches to confidentiality for the client can occur either due to unauthorized access of information (i.e. inadequate security) or an error in correspondence transmission (i.e. human error when sending an email) (Kanani & Regehr, 2003). Also, emails and chat histories can be potentially accessible to others not intended to have access to the information, either on a home, work or public computer. Privacy can also be an issue when clients participate in a session from their home as they are subject to interruptions (Gedge, 2002). It is important for the counsellor to disclose this potential risk and to educate the client about how to keep their information secure.

The ISMHO (2009) and APA (2002) ethical guidelines state that proper security must be taken by the therapist in maintaining confidentiality. This would include implementing proper security such as the use of encryption software, firewalls and passwords to protect information from hackers or third-party viewing. Counsellors must also follow ethical guidelines with regard to storage of data and making provisions for what happens to this information should they become incapacitated or killed.

5. Interruption of Therapy Due to Technological Problems

During the informed consent process counsellors should discuss with the client the possibility that therapy may be interrupted due to technological problems, such as when servers crash, equipment malfunctions, or the internet goes down.

To minimise the risk of undue harm to the client in these circumstances, the APA (2002) code of ethics states that therapists should make a reasonable effort to plan with the client an emergency plan for alternative continued services if online counselling is interrupted. The ISMHO (2009) ethical guidelines address this concern more specifically by stating that clients should be informed of safeguards to service interruptions, alternative contact information for the therapist,

procedures in case of emergency, and local therapists who can act as a back-up in case of interruption.

6. The Capacity to Form a Therapeutic Alliance Using Online Counselling

The microskills approach to counsellor training proposes that attending behaviour is essential to an empathic relationship (Ivey, Ivey & Zalaquett, 2014, p.64). As Pelling (2009) states, attending behaviours involving eye contact, body language and vocal qualities have no functional equivalents in the typed electronic realm, and so the interest and caring demonstrated by the counsellor attending behaviours is missing in text-based internet counselling.

The ability of online counselling to develop a positive and effective therapeutic alliance has been questioned (Barnett, 2005). However, there is evidence that a significant therapeutic alliance can be established in online counselling (Carlbring et al. 2006; Hanley, 2009; King et al. 2006; as cited in Harris & Birnbaum, 2015). It has been suggested that perhaps the ways that counsellors form a therapeutic bond might be different in an online environment than a face-to-face environment (Mallen & Vogel, 2005). For example, Williams et al. (2009) found that rapport-building processes were used more and had a greater effect in online sessions than in-person sessions. Many authors have discussed phenomena such as "time to think" (Dunn, 2012) in asynchronous online communication, "transitional space" (Winnicott, 1990, as cited in Dunn, 2012) in which the anonymity and protection afforded by the computer, offers increased choice and control over when and how to engage, and the "disinhibition effect" (Suler, 2004) where people say or do things more openly and with less restraint in cyberspace than in face-to-face environments. These factors are unique to the online counselling approach, and appear to contribute to developing the alliance. Surprisingly, some researchers have found that counsellors who previously expected to be less capable of forming a relationship in distance modes, were actually surprised at their ability to form a therapeutic alliance over a distance, (Mallen, Jenkins, Vogel & Day, 2011; Day & Schneider, 2000, as cited in Mallen et al, 2011). Barak, Klien & Proudfoot, (2009) reviewed the treatment outcome literature on online therapy and found that "in terms of process and contrary to common myths, most studies show that close, empathic, warm, and allied therapeutic relationships can be created and maintained online through various types of technologies" (p. 10).

7. Competence Issues

The Australian Counselling Association (ACA) guidelines remind practitioners that they are required to work within their professional capabilities. This may necessitate specialist training in online provision of counselling in order to obtain additional skills and experience.

Since the majority of online counsellors report not having training in online counselling during their professional training programs (Finn and Barak, 2010), associations and regulatory organisations should provide professional training in online counselling that promote and highlight best practice approaches given the ethical issues that can arise in the online world of counselling (Fang et al. 2013, as cited in Harris & Birnbaum, 2015).

The BACP (British Association of Counselling and Psychotherapy) Guidelines for Online Counselling (3rd ed.) (Anthony & Goss, 2009) state that practitioners also need to ensure they have a sufficient understanding of technology as it relates to delivery of services online such as encryption, backup systems, password protection, firewalls and virus protection.

8. Client Identity Issues

Therapists have a duty to protect clients from harming themselves and others. However, it may be difficult to intervene when needed if they do not have accurate client identity and contact details (Pelling, 2009). She goes on to state that obtaining such information can be difficult when clients choose electronic contact for the assumed increase in privacy such contact provides. However, the BACP Guidelines recommend that a formal identification number such as a Driver's License be required at the initial screening and intake process.

Another related issue involves clients giving a false identity - including children presenting themselves as adults. The Australian Counselling Association's Guidelines warn practitioners that the definition of 'minor' and the implications of working with those below that age at which legal consent may be required to participate in activities such as counselling, may vary from state to state.

Harris & Birnbaum (2015) state that verifying a client's identity becomes most critical to providing online therapeutic services when serious issues such as psychoses, sexual abuse, suicide or intimate partner violence are raised, and that given the level of uncertainty surrounding client identity, offering online counselling may be less appropriate with serious clinical issues that involve individuals who are a significant threat to self or others or who are in significant danger themselves.

9. Counsellor Identity Issues

It can also be difficult for clients to verify the authenticity of online counsellors. Clients may have difficulty verifying a prospective therapist's qualifications via the internet, which may leave them more vulnerable to unqualified individuals who are pretending to be counsellors for financial gain.

A website called Metanoia, associated with ISMHO, has developed a Credentials Check for therapists listed through their site (Gedge, 2002). The Australian Counselling Association (ACA) recommend that clients should be able to verify a practitioner's identity, and the accuracy and adequacy of their stated credentials by referring to the ACA Practitioner Register found on the ACA website www.aca.asn.au.

10. Time delays

The natural time delay in asynchronous communication can lead to potential anxiety for both the client and counsellor (Richards and Vigano, 2013, as cited in Harris & Birnbaum, 2015). Gedge (2002) explains that for the client experiencing long delays between disclosures or insights and the therapist's response may be quite uncomfortable.

The ACA guidelines suggest that practitioners need to clearly communicate at the outset to clients, issues around when the practitioner will be available to read and respond to messages, as well as what the expected response time might be.

Harris & Birnbaum (2015) raise concerns for the therapeutic process and the counsellor's ability to effectively engage in interventions, due to the delayed response in asynchronous communication. Harris, Danby, Butler & Emmison, (2012) suggest that in situations that require

more intensive support, changing to telephone counselling has been found to be beneficial in overcoming immediate needs and conveying empathy.

11. Recordability

Online counselling sessions can be saved to a file. While this may be useful for a client to view at a later date, these emails would very likely have been tailored to the client's specific situation and may not be applicable to another person. They may also become public material without the counsellor's consent (Gedge, 2002). Counsellors should discuss at the outset with the client that the emails remain the property of the counsellor, and should always be mindful that their written emails could potentially be subpoenaed to appear in court one day.

12. Limits to Informed Consent

Many authors have raised the concern about the limited capacity of the counsellor to determine a client's capacity to consent without the use of verbal and non-verbal cues (Wiggins-Frame, 1998; Harris & Birnbaum, 2015). Issues such as the client's literacy level, cognitive capacity, and whether they speak the language they are being asked to sign the consent form in, will affect their ability to consent for themselves. Therefore, it is critical that the therapist conveys adequate information to the client so that they can decide about whether to proceed. Additional concerns with assessing a client's condition in an online environment, relate to whether the practitioner could adequately determine whether a client was under the influence of drugs or alcohol, or whether they were experiencing distortions in reality.

Another ethical issue concerns the fact that some online consent forms only require clients to tick a box to indicate consent, which means the client may not necessarily have even read or understood the information.

13. Licensure Issues

Since the work of counsellors is governed by national or state regulatory bodies, the introduction of online counselling means that these counsellors may now be providing services to clients outside of their regulated jurisdiction and in a different country altogether (Alleman, 2002; Mallen et al. 2005). It would be advisable for counsellors to check with their licensing board that

they are practicing ethically and responsibly since there are still so many questions around this topic.

The ethical issues discussed in this essay highlight the urgent need for ongoing development of best practice guidelines for online counselling.

Current guidelines for ethical use of text-based online counselling

With continuous and rapid growth in technology, legal and ethical regulatory bodies have enormous challenges in keeping up with the changing online landscape.

While the Australian Counselling Association (ACA) Code of Ethics does not mention online counselling, the ACA website does provide a link to two related documents entitled "*Guidelines for Developing a Counselling Service Website*", and "*Guidelines for Online Counselling & Psychotherapy*". The Psychotherapy & Counselling Federation of Australia (PACFA) only makes a very brief mention of online counselling in one sentence. However, the following sources provide specific guidelines for mental health services over the internet. The American Counseling Association (ACA, 2005); American Mental Health Counselors Association (AMHCA, 2010); the National Board of Certified Counselors (NBCC, 2005), the British Association of Counselling and Psychotherapy's (BACP, 2009), and the Australian Counselling Association (ACA) Guidelines for Online Counselling and Psychotherapy. The Online Therapy Institute provides both training and an ethical framework for the use of technology in mental health.

Minimum standard for the informed consent process when using online counselling

The BACP Guidelines recommend that as a minimum, the following topics must be addressed within the Informed Consent Process – possible advantages and disadvantages of online therapy; encryption; therapist as owner of the record; file storage procedures; privacy policy; the practitioner's geographical jurisdiction; how to proceed during a technology breakdown; emergency contact for the client; dual relationships (explanation of boundaries); fees and payment details.

Compliance to ethical standards

Because online counselling is becoming increasingly popular it is critical that these ethical concerns be consistently enforced to ensure the safety of clients (Lee, 2010). Shaw & Shaw (2006) found that less than half of the online counsellor websites surveyed followed the accepted American Counselling Association's ethical guidelines. This is of great concern as it puts both the client and the counsellor at greater risk of harm. Perhaps harsher penalties need to be implemented to ensure compliance? One solution might be for associations to withdraw membership for their members who do not comply with ethical guidelines.

Conclusion

The literature showcases a range of practitioner attitudes towards online counselling from complete opposition to embracing the approach whole-heartedly. However, regardless of one's position on the matter, it is necessary to be informed about this increasingly popular mode of delivery and its impact on mental health treatment. It is the responsibility of every counsellor to consider and address the ethical concerns surrounding the use of the internet to provide counselling services. However, equally importantly, associations must ensure that their guidelines for ethical use of the internet for online counselling are keeping up with the ever-changing advances in technology, and work to improve compliance by their members to meet minimum standards, in order to ensure the safety of both clients and counsellors in this era of online counselling.

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Emergent Mindfulness in Managing Stress

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Abstract

The theme of this study is the path to discovery of emergent mindfulness. Organizations worldwide are continuously increasing spending on health care due to the negative impact of occupational stress. This reveals the absence of an effective method of stress management, irrespective of emotional intelligence training which has been in place for over two decades. Subsequent to a literature review, mindfulness was identified as a possible answer to the problem. Two contrasting study centers were identified. Personal interviews with leaders were substantiated by focus group interviews. Extensive data analysis, coding and categorizing was carried out and reliability and validity established. The findings revealed that a form of mindfulness did exist, but was not exactly the same as that arrived at from the scriptural path of meditation. Hence, this form of mindfulness was termed as emergent mindfulness, a new construct that emerged from grounded theory.
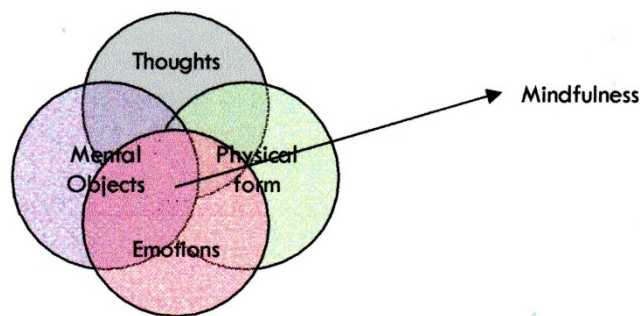
Keywords: emergent mindfulness, occupational stress, performance, intelligences.

Origin of Mindfulness

Sri Lanka is a predominantly Buddhist country with a culture based on mindfulness meditation since the 3rd century BCE, when Buddhism was first introduced into the country by the monk Mahinda, son of King Asoka the Great of India (Geiger, 2002). Since the Buddha, the founder of Buddhism was born in India, it would be correct to say that Buddhism and the method of mindfulness originated in India. However, today Sri Lanka is regarded as the world center for Buddhism. Mindfulness as set out in the Buddhist scriptures encompasses body, mind, feelings and mental objects. Mental objects are emotions evoked by prolonged cognitive reflection and can be either positive or negative. Special attention is paid to mental objects in Buddhism, whereas it is mainly treated as a part of emotions in other theoretical areas. For example: Daisy has a conversation with her supervisor in the workplace. Daisy comes away satisfied with the outcome. However, at home, Daisy dwells on the conversation and the more she thinks about

it, the more she is convinced that her supervisor was indirectly insulting her. Daisy's anger grows, and the more time she spends thinking about the conversation, the more convinced she is of the insult. Ultimately, her anger snowballs out of proportion and she harbors vengeful feelings towards her supervisor.

Figure 1. Creation of Mindfulness

Source: created by author

Mindfulness is attained by meditation with a view to achieving coordination between thoughts, emotions, physical health and mental objects (see **Figure 1** above). Mindfulness is further defined broadly, as the capacity to maintain stability in the face of life stressors.

The intelligences

Since thoughts, feelings/emotions, physical management and mental objects manifest themselves in individuals as intellectual capacity (ability to reason, understand, and ability to appreciate or engage in creative arts), research was undertaken into the different forms of intelligence, and intelligence theories. According to Eysenck & Keane, (1990), a quick thought process is required, when an emotion is triggered, thereby validating the fact that emotions cannot work independently of cognition. Ultimately cognitive intelligence and the form of physical intelligence in cognition, emotional intelligence as defined by Goleman, (1998) and spiritual intelligence as defined by Zohar and Marshall, (2001) were researched to assess their impact on mindfulness.

The review of literature revealed that there should be a co-ordination of these intelligences for creation of mindfulness, as that was what was envisaged to take place through meditation. Mindfulness itself had some commonalities with Sternberg's (2005) Successful Intelligence Theory, but there were areas of divergence that led to the observation that mindfulness was a stand-alone theory. One area of divergence was that in Successful Intelligence Theory, the individual moves on to another environment if he or she is not successful in present environment, whereas in mindfulness, the individual has the capacity to adapt to any environment, and in addition has the ability to meet all situations and take on stressors with equanimity. Others around the mindful individual change their way of interacting to deal with this unique personality.

The methodology and the study centers

Subsequent to a few pilot studies, the workplace in the commercial sector in Sri Lanka was selected as the research center, to test the existence of mindfulness. This followed on from the research question: 'Will mindfulness be better than emotional intelligence at managing workplace stress?'. Two top management executives, one from a high performing banking institution, with many local branches and the other, a comparatively low performer, a garment retailer with many local branch offices were selected for the study. The performance rating of these companies was undertaken by the local branch of A C Nielsen, a leading global performance measurement company (nielsen.com, 2012), and published in a magazine, the 'Most Respected Entities in Sri Lanka' (2010).

The research was undertaken as a qualitative study according to the Grounded Theory method initially set out by Glaser and Strauss as adapted by Strauss and Corbin (1997), hence, the use of two study centers at two ends of the performance scale. The relationship between performance and stress is an established one with high performance related to low stress and vice versa. Stress affects performance, as people make more mistakes and are less effective, since their judgment is impaired. (Duyck, 2008). In-depth interviews were conducted with the leaders and validated at focus group interviews with support staff. In addition to this, observations were carried out, both in each study center, as well as in branch offices. Data

collection and data analysis of the interviews and observations, in addition to other secondary data collection and analysis, formed the core of this research. For example: Prior to interviews, the interviewees were given an overview into mindfulness, using graphical illustrations. At NO-LIMIT, the garment retailer, the General Manager in charge of overall operations was interviewed first. He was asked open-ended questions and a few closed questions to elicit personal details. His team of six support staff was interviewed thereafter, using Focus Group techniques (Krueger and Casey, 2000), and they were once again asked open questions to elicit their views of the General Manager to validate the results of the in-depth interview. More than one interview took place and at the end of the study, the results were re-visited with the leader to obtain his views. Prior to this, visits were made to the branch offices at Mt Lavinia, Borella, Nugegoda and Colombo 6, to obtain any relevant observations from personnel there. Secondary material, such as Annual Reports, media articles etc., were also sourced to have an overview of the company culture and initiatives, since the Leader was directly responsible for these areas. Finally, open, axial and selective coding was employed to draw out value statements, categories and key emergent patterns.

Since mindfulness was regarded as an 'under-developed' area in the academic research field, a conceptual framework of 'sensitizing concepts' was drawn up to guide the research in the commercial workplace, as advocated by Clarke (2005). In terms of this framework, the qualities of a mindful manager is expected to be as follows: patient at all times; calm and unflustered in stressful situations; understanding of employee difficulties; slow to anger and aggression; possessing a deeper understanding of self and others; maintaining discipline without being dictatorial; aware that appearance has an impact on the staff and clients and maintains his own; expects high ethical standards from employees; thinks a controversial issue over and elicits opinions of involved parties before taking a decision, and ensures that employee training and development needs are satisfied. Finally, he would also avoid continuously referring to past negative experiences, when dealing with similar situations. His focus would be on the present, the here-and-now.

Managing stress in the commercial world

The research indicated that the General Manager of the garment retailer with comparatively lower performance (at the time), had a good degree of spiritual and cognitive intelligence, but with a lower degree of physical intelligence, and that this failed to create mindfulness and was insufficient to manage his stress levels. He was an eminently approachable man, well respected in the workplace, and he endeavored to teach his staff that the 'customer was king', by employing a 'learning-by-doing' approach. One of his favorite quotes is 'attitude is equal to altitude', indicating that a good attitude can empower one to greater heights, whereas a bad attitude has a negative impact.
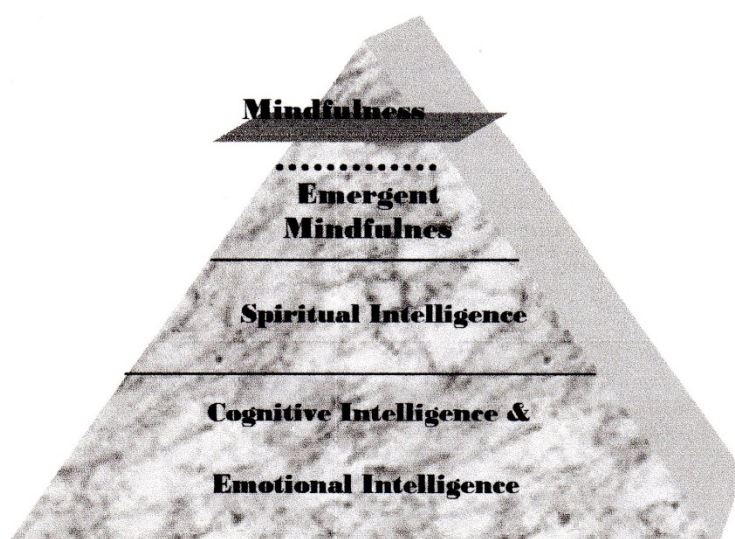
At the time, delegation or empowerment of his personal responsibilities, were minimal and the company was expanding to more outlets around the country. The physical information he provided and the fact that he had too many responsibilities to cover single-handed, and the general situation in office, reflected the fact of high stress levels, with the accompanying danger to his physical health. He was advised of this at the end of the research, and advised to take appropriate action in this regard.

The research further revealed that the Chief Financial Officer (CFO) of the high performing bank was using a form of mindfulness to manage his stress and avoid burnout. He had a high level of cognitive and physical intelligence and a reasonable level of spiritual intelligence. However, he had never engaged in meditation, but hailed from a Buddhist family and had been educated in the Buddhist cultural tradition. An in-depth look at his family revealed that he had been taken to temple up to age 10 and that thereafter he had been given the choice by his father on whether or not to attend temple. He chose the latter. As a child he had observed his grandmother's religious devotions and mentioned this during the interview, indicating that her actions had cemented themselves in his mind. There is some indication here of the intergenerational impact that is discussed in Family Therapy: "Within the context of the family's current phase of development, a host of intermingled and intergenerational transactions occur concurrently." (Goldenberg & Goldenberg, 2013: 29).

A look at the CFO's individuality revealed a calm and stable man, who took time to introspect and had a compassionate understanding of the people who worked for him. At the same time as he was compassionate, he was also a realist and was under no misapprehension that the people he helped would return the favour. He balanced his professional, family and extra-curricular life with great wisdom, managing to meet his demanding workload with equanimity. His focus group of subordinates and colleagues indicated that he never lost his temper and was always calm. They also indicated that he had time to speak to people and that it was not a characteristic of his predecessor who whilst being respected, was more detached in the workplace.

The CFO had no hesitation in empowering his staff, and indicated that he had faith in the competencies of his staff. It is noted here that he would have found it difficult to manage his professional and official workload without stress, if he did not have the capacity to recognize and empower the right people. Overall, he had qualities of mindfulness, but this was not obtained by the path of traditional meditation. Hence, this was called emergent mindfulness to set it apart from traditional mindfulness.

Figure 2. The Mindfulness Pyramid

Source: created by author

Figure 2 above is a representation of the fit of emergent mindfulness in the mindfulness pyramid. Emergent mindfulness had enabled the CFO to avoid stress and burnout and juggle his responsibilities with physical, mental and emotional stability. Emergent mindfulness had enabled him to ensure his company's overall performance remained in the top five ranking, in a largely stress-free workplace.

Your genome, culture, religion and environment

People are shaped genetically and by aspects of their environment to possess better developed mental, emotional or physical aptitudes. "The genomes of all individuals except identical siblings are unique. Like fingerprints, genomes provide a unique personal identification." (Lesk, 2007: 221). Hence, the individuality of each person differs from the other. At the same time siblings in the same family have different intellectual capacities, and possess different individualities, because of genetics, different school environments and different role models (e.g. Gottfredson (1998)) and the new values, attitudes, beliefs and behaviors they adopt as their personas develop. This aspect gains importance in view of the studies into the human genome in the last decade.

Cultural beliefs of a community, and often religious beliefs which are intertwined with culture, can influence individual thinking, if not consciously, at least sub-consciously. For example, for centuries mainly Buddhist cultural practices, with an intermingling of Hindu cultural practices dominated the social system of Sri Lanka. The fact that the royal family of Sri Lanka espoused Buddhist cultural practices set an example for the populace, who willingly followed these practices. According to Vajiranana, (1962) the mental culture has had a great impact on everyday life. In Sri Lankan culture even today, the Buddhist and Hindu New Year, the harvest time in mid-April, is celebrated with more enthusiasm than New Year on the 1st of January each year, and it is now called the Sinhala and Tamil New Year since the major ethnic groups celebrate the festival, irrespective of religious beliefs (e.g. Fernando, 2016). In counseling practice too, emphasis is placed on the importance of handling culturally and linguistically diverse groups, with greater sensitivity, thereby acknowledging the impact of culture on

attitudes, beliefs and value systems. As McDaniel and Samovar (2015) maintain, culture does provide us with an identity, establishing to some extent, who we are.

Your Emergent Mindfulness

Irrespective of lifestyle, social status and other factors, people are not all born equal in a genetic sense, excluding exceptions such as identical siblings discussed earlier (eg. Lesk, 2007). Hence, according to the findings from the research, due to various factors such as genetics, religion, school environment and home environment, emergent mindfulness can exist in some individuals and be further developed by training, whilst certain individuals have the innate capacity to self-develop their emergent mindfulness. Certainly, meditation would help development, and so according to our findings, would own initiatives such as self-help: being realistic about oneself and one's actions on others, by setting aside time for introspection; seeking out time for quiet reflection in tranquil surroundings; paying attention to food habits and general health; and not indulging in excesses of any sort.

Avoiding stress, substance abuse and negative acculturation

Stress in daily life has a wide-ranging impact. It is important for managers and others around them to possess the capacity to overcome the impact of work stressors. Aside from the workplace, adolescents, youth and adults succumb to stress, for example, failure to perform well at examinations, loneliness, fear of the unknown etc., and are induced covertly or overtly into substance abuse, in a bid to overcome anxiety and other manifestations of stress (eg. Thombs, 2006).

It is also noted that many children in the absence of validation from parents and others, have succumbed to peer pressure. Lack of validation makes the child more vulnerable to peer pressure as stress is created by the inability to be true to oneself and freely express ones thoughts and feelings (e.g. Hall & Cook, 2012). Relief is obtained by following a group of peers who by their numbers are regarded as strong, and thereby perceived as adding validation to the follower, who is then sometimes led into addiction.

Educational programs are in place, along with other interventions in an attempt to prevent escapes into substance abuse, with minimal success. For example: According to a study by Soole, Mazerolle and Rombouts (2008), School-based Drug Prevention (SBDP) Programs, are regarded as having little success in reducing illicit drug use, though it did record a reduction in licit drug use. It is at this point that we note that each individual has a different level of each of the three intelligences, and the coordination of these intelligences creates levels of emergent mindfulness in certain individuals. Hence, if the emergent mindfulness in an individual is developed, that individual would have the capacity to overcome temptation by managing stress before it occurs, and at a minimum have the capacity to self-correct and maintain equilibrium. The criteria for emergent mindfulness as based on the study would be: a reasonable component of cognitive intelligence (For example: the ability to recognize that there is always a solution), coupled with the capacity to manage one's physique by maintaining moderate food habits and regular exercise, along with the capacity to manage emotions without giving into excesses, negative or positive, and an average level of spiritual intelligence (For example: the ability to realize that one can be better than one's baser self, and aspire to oneness with nature, embracing diversity etc.).

Another aspect that may improve with emergent mindfulness is acculturation issues in migrant and indigenous populations. Acculturative stress was first identified in migrants to the USA. They experienced psychological stress whilst trying to adapt to a culture, vastly different to their own. One of the qualities of emergent mindfulness is the ability to adapt to different environments, as it teaches one to accept new experiences and different views with a balanced mind. Especially in cultures where there is emphasis on mind, body and spiritual experiences, (e.g. Indigenous cultures) people are better equipped to accept and develop their emergent mindfulness. Somatic and psychotic disorders have been identified among the Indigenous communities in Australia. Aboriginal people in Australia relied on their spiritual beliefs, which gave them guidance in their daily activities and knit them together as a community (e.g. Parker, 2010). However, colonization, forced resettlement and other issues changed the fabric of their environment causing among other things, acculturative stress as they tried to adapt to an alien

culture. Hence, emergent mindfulness which attempts to draw on the spirituality which is a part of their cultural beliefs should have a positive impact on eliminating mental disorders that are likely to have originated from acculturative stress.

The way forward

Developing cognitive, emotional and physical skills is the way forward. As each skill is developed, the individual is likely to notice their perceptions stabilizing and becoming well-rounded. Conscious recognition of thoughts as thoughts, emotions as emotions, and bodily fluctuations as just that, developing consciousness or awareness of the total self, will assist in individual progress. Science commenced its explorations into the embodied mind, with studies being undertaken initially by Varela (1998) and later with his colleague Thompson, who carried forward their studies (e.g. Thompson (2010)) after Varela's demise in 2001. These studies are aimed at validating the fact that the mind does not function on its own, but is an organized control center, similar to the cockpit in an airplane, that takes messages from other parts of the whole system to function in the most effective way under pilot guidance.

Non-judgmental attitude is another innate capacity that develops along with degrees of compassion, and loving kindness. According to the research physical intelligence has a major impact on the development of emergent mindfulness, and due attention must be paid to healthy living, inclusive of physical education. Not every person has the capacity to commit to inner change, there are those who need disciplined training and there are those who can develop themselves independently. It is up to the individual to decide which option suits them most. However, prior to this they need to make a self-assessment of their place on the pyramid of mindfulness, to decide if their present progress is a sufficient indicator of their ability to develop self, independently.

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