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### **The Study of the Health-Wellness Effects of Falun Gong: Applications to Counseling**

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#### **Abstract**

There is growing awareness of Eastern meditative approaches in recent years in the West, and more people are turning to these practices for their health and wellness needs. Falun Gong presents as one such mind-body meditative practice. Little is known about the practice, its beneficial effects, and potential use in counseling. Based on the author's dissertation research, the primary purpose of this paper is to introduce Falun Gong to the counseling community and to present a summary of this pioneering study completed under the auspices of the University of South Australia as partial fulfillment for the Doctor of Counseling degree. Dubbed the 'Australian survey,' the study explores the health-wellness effects of Falun Gong. Findings revealed that Falun Gong respondents are more likely to report excellent health, little or no use of medication, and less medical and health expenses than their friends and family who do not practice Falun Gong. Falun Gong respondents are also more optimistic about their health-wellness statuses. Data elicit interesting implications for our ageing population and counseling integration possibilities.

*Keywords:* Falun Gong, meditation, cultivation practice, benefits, health, and wellness

NOTE: The author uses and cites from the Fair Winds Edition of *Zhuan Falun*, the main text for the teachings of Falun Gong. See Li, H. (2001). *Zhuan Falun*. Gloucester, MA: Fair Winds Press.

## **Introduction**

Gone are the days when people unquestionably turn to their doctors for answers to all their health issues. Taking responsibility for our own health and wellness has increasingly become a way of life for many in our modern society. More individuals are seeking alternative and Eastern spiritual meditative approaches for their health and wellness needs. Often they turn to Eastern meditative techniques because these practices harmonize with their values, beliefs, attitudes, and holistic wellness lifestyles (Astin, 1998; Gordon & Edwards, 2005; Wu et al., 2007). Meditative approaches refer to Eastern meditation and include a variety of “meditative movement” (C. E. Rogers, Larkey, & Keller, 2009, p. 246) practices. The latter refer to mind-body techniques like yoga, tai chi, and qigong that include physical movement or postures with breathing, relaxation, and meditation techniques (C. E. Rogers et al., 2009). Falun Gong can be classified as a meditative movement spiritual practice (Lau, 2010a; Trey, 2016).

Likewise, numerous counseling and other health professionals recognize the therapeutic effects, potential, and wide-ranging benefits of these Eastern meditative practices (Atwood & Maltin, 1991; Bogart, 1991; Carpenter, 1977; Easton, 2005; Goleman, 1976; Marlatt & Kristeller, 1999; McCown, 2004; Ospina et al., 2008; Perez-De-Albeniz & Holmes, 2000; Schopen & Freeman, 1992; Shallcross, 2012; Singer, 2006; Walsh & Vaughan, 1993). The trend towards meditative practices is occurring in private counseling rooms, online counseling platforms, hospitals, clinics, and community centers. Many counselors and progressive health-wellness service providers are encouraging people to meditate to feel good, to manage stress, and to alleviate physical and emotional pain associated with different medical conditions. The days when meditative practices are for the elite few, the hippies, or new age individuals are over. Everyone is welcomed to meditate to be well. Thankfully, counselors are following the trend in their professional practices and exploring ways to integrate these Eastern approaches with counseling and psychotherapy (Shallcross, 2012). They are riding on this trend towards blending and bringing meditative practices into the counseling room.

The promotion of these meditative practices demands ongoing consideration by health and counseling professionals. Falun Gong, a spiritual cultivation discipline, positions itself as one of these ancient Eastern meditative practices that is gaining worldwide popularity. However, knowledge of its health-wellness benefits and potential use in the counseling and other helping professions is still lacking.

### **What Is Falun Gong?**

Falun Gong, also known as Falun Dafa, is an ancient Chinese meditative discipline for the overall improvement of body, mind, and spirit (Falun Dafa Information Center, 2015a, 2015b; FalunDafa.org, 2012; Lau, 2010a; H. Li, 2001a, 2001b; Minghui.org, 2004; Parker, 2004; Trey, 2016; What is Falun Dafa?, 2002). While some writers described Falun Gong as Chinese yoga (Parker, 2004, p. 40), Falun Gong is a mind-body practice with ancient roots in traditional Chinese culture and with elements from Buddhist and Taoist teachings. It is based and grounded in the universal principles of Truthfulness, Compassion, and Forbearance or *Zhen*, *Shan*, and *Ren* in Chinese (H. Li, 2001b, pp. 13–17). Genuinely practicing Falun Gong involves two aspects—cultivation and practice.

Cultivation or *xiu lian* in Chinese, is an Eastern concept for mind, body, and spiritual improvement (Xie & Zhu, 2004). The Chinese word *xiu* means to “repair,” “restore,” or “fix,” while *lian* means to “improve” or “refine” (Clearwisdom Editors, 2006; Life and Hope Renewed, 2005, p. IV). Falun Gong involves cultivating our heart-mind nature and refining our moral character as well as practicing the exercises. Unlike other meditative movement practices, Falun Gong has only four simple standing exercises and one sitting meditation (H. Li, 2001a, 2001b).

Mr. Li Hongzhi, the founder and teacher of Falun Gong, first introduced Falun Gong to the public in China in the city of Changchun in May 1992, and to the rest of the world in 1995 (Ownby, 2008; D. Palmer, 2007; Parker, 2004; Penny, 2001; Porter, 2003). From 1992 to 1995, Mr. Li conducted 54 public lectures cum practice sessions in China (Ownby, 2001; Xie & Zhu, 2004), all of which were organized by the Chinese Communist Party’s (CCP) qigong organization called the China *Qigong* Scientific Research Society (Parker, 2004; The Journey of Falun Dafa, 2002).

The practice spread rapidly across China by word of mouth. Within six years, in 1998, a survey by the CCP established that there were about 70 million Falun Gong practitioners in China (The Journey of Falun Dafa, 2002). Falun Gong is now practiced in over 60 countries and by nearly 100 million people from all walks of life (Minghui.org, 2004). Numerous writers and researchers attributed Falun Gong’s popularity to its healing potential and health-wellness effects (Ackerman, 2005; Kutolowski, 2007; Ownby, 2001, 2008; S. J. Palmer, 2003; Porter, 2003; Pullen, 2000; Trey, 2016; Wang et al., 1998; Xie & Zhu, 2004; Yang & Nania, 2001; Zhang & Xiao, 1996).

### **Related Literature Review**

Despite the popularity and health-wellness potential of this mind-body meditation discipline, there is a scarcity of evidence-based research and literature on the health-wellness effects of Falun Gong (Lau, 2010a). When the Australian survey (Lau, 2010a) was conducted in 2007, a broader literature review that included meditation and other similar Eastern spiritual “meditative movement” practices, such as yoga, tai chi, and *qigong*, had to be conducted to support its relevance and importance to the counseling community.

Thus the aim of the literature review for the Australian survey (Lau, 2010a) was to ascertain whether mind-body, meditative movement practices, similar to Falun Gong, are effective in improving and maintaining health and wellness. Besides the surveys from China before 1999 and studies done in Canada and the United States, the review explored historical contexts, trends in meditative practices, role and effects of meditation, other meditative movement practices—yoga, tai chi, *qigong*—and studies exploring the link between spirituality/religion and health (Lau, 2010a; Trey, 2016).

Various clinical studies indicated the effectiveness and wide-ranging benefits of ancient Eastern meditative practices dating back nearly 3,000 years. In the late 1980s, Walsh (1989) stated that “until recently very little was known of these practices in the West, and what was known was frequently misunderstood and dismissed” (p. 548). The growing body of literature indicates the popularity and increasing use of mind-body Eastern meditative techniques in Australia, the United States, and elsewhere (Barnes, Powell-Griner, McFann, & Nahin, 2004; Bishop & Lewith, 2010; Eisenberg et al., 1998;

Kessler et al., 2001; Lee, Lin, Wrensch, Adler, & Eisenberg, 2000; Long, Huntley, & Ernst, 2001; Mamtani & Cimino, 2002; Mehta, Phillips, Davis, & McCarthy, 2007; Monk-Turner, 2003; Shorofi & Arbon, 2010; Siti et al., 2009; Upchurch et al., 2007; Wolsko, Eisenberg, Davis, Ettner, & Phillips, 2002; Wolsko, Eisenberg, Davis, & Phillips, 2004; Yeh, Davis, & Phillips, 2006). Studies indicated the benefits of Eastern meditative practices for promoting emotional and mental health, resilience, and coping skills and for alleviating stress, anxiety, and other health-related conditions. Perez-De-Albeniz and Holmes (2000) offered a summary of the physiological, behavioral, and psychological effects of meditation from their review of 75 scientific papers. These simple, low-cost meditative approaches (free in the case of Falun Gong) provide solace, enhance mind-body health-wellness, and promote positive ageing, which drugs attempt to do with higher costs and often with undesirable side effects. Studies also indicated that meditation could help to mitigate anxiety, lessen despair, offer hope, and enhance self-esteem for older people living in nursing homes (Lindberg, 2005).

Another team of researchers noted the trend towards meditative practices by reviewing 400 studies across five Eastern meditative practices—mantra meditation, mindfulness meditation, yoga, tai chi, and *qigong* (Ospina et al., 2008). Past writers (Atwood & Maltin, 1991; Bogart, 1991; Perez-De-Albeniz & Holmes, 2000) proposed an East-West integrated model of counseling and self-improvement techniques. Contemporary counseling professionals are becoming more receptive to the integration of Eastern meditative practices into their practices (Shallcross, 2012).

### **Earlier Studies on Falun Gong**

When academic research on Falun Gong was in its infancy (Penny, 2003), there were very few studies that explored the health-wellness effects of the practice. There are two categories of research on the health-wellness effects of Falun Gong: studies conducted in China before the persecution of Falun Gong began on July 20, 1999, and those completed outside of China after the onset of the persecution.

Due to a lack of detailed information, transparency in documentation on methodology, survey process, implementation, and systematic reporting of the findings, there were concerns about credibility, research rigor, and compliance with human research ethics relating to the Chinese studies. The anonymity of the authors and researchers for most of these earlier studies further diminished their credibility and accountability. Academics and researchers in the West have not readily accepted the Chinese studies due to the absence of standards and rigor of research ethics that are comparable to Western universities (Lau, 2010a; Trey, 2016).

Despite limitations, these Chinese health surveys provided interesting insights into the health-wellness effects of Falun Gong and heralded the inception for future studies investigating the health-wellness effects of Falun Gong. Data from the Chinese surveys indicated that the majority of respondents reported significant physical and mental health benefits and success in eliminating their addictions to cigarette smoking, alcohol consumption, and gambling. The results from these studies are available on the Falun Dafa Australia Web site ([www.falunau.org/healthsurvey.htm](http://www.falunau.org/healthsurvey.htm)). The findings indicated the medical and health cost saving potential of Falun Gong, with respondents reporting significant savings in health and medical expenses after starting the practice (Dan et al., 1998; Life and Hope Renewed, 2005; Wang et al., 1998; Zhang & Xiao, 1996).

Studies outside of China can be subdivided into two phases. The earlier phase includes studies by Bruseker (2000), Lowe (2003), Ownby (2003; 2008), Porter (2003; 2005), and S. Palmer (2003). Although findings from these studies indicated that Falun Gong's appeal was largely due to its healing efficacy, the focus of these studies was not on the health-wellness effects of the practice. However, there was one Taiwanese study (Lio et al., 2003) that reported using the Short Form (SF-36) Health Survey to examine the health-wellness effects of Falun Gong. Findings from this study indicated that Falun Gong respondents were physically and mentally healthier than the general Taiwanese population. It also showed that the health-wellness benefits increased with length of practice, that is, the greater the number of years of practice, the healthier, and the lower tendency to use medical care.

Then a combined Canadian and U.S. group of Falun Gong practitioners conducted a health survey and found respondents reporting significant health improvements after starting Falun Gong (North America Dafa Disciples, 2003; "Summary of Results," 1999). During this time, the author completed a study examining counselors' burnout and the application of Falun Gong as an alternative intervention strategy, as a partial fulfillment for the master's degree in social science in counseling (Lau, 2001). This single-case study showed how Falun Gong buffered the negative effects of burnout and assisted in the respondents' full recovery. In another small-scale study involving Russian Falun Gong respondents, Professor Guluoji from the Russian Federal Internal Affairs Department reported a 75% health-wellness improvement rate in respondents ("Russia: Report on the Healing Effects," 2003).

To date, there is only one published peer-reviewed article of an evidence-based study on Falun Gong from a team of U.S. medical doctors and researchers (Q. Li, Li, Garcia, Johnson, & Feng, 2005). They conducted a pilot study on the effects of Falun Gong on gene expression and the role of neutrophils in Falun Gong practitioners. The researchers found superior gene expression, improved immunity, and longer lifespan of neutrophils in Falun Gong respondents compared to the non-Falun Gong respondents, indicating that Falun Gong could influence gene expression, enhance immunity, balance metabolic rate, and promote cell regeneration (Q. Li et al., 2005).

## **Second Phase of Falun Gong Research**

There are few health-wellness studies on Falun Gong in recent years. The Australian survey (Lau, 2010a, 2010b) heralded this second phase of Falun Gong studies that were conducted under the auspices of Western universities. This was trailed by a double study from the University of California, Los Angeles where a psychology doctor of philosophy candidate studied the cognitive and physiological effects of Falun Gong (Bendig, 2013). Bendig (2013) investigated baseline cognitive, physiological, and psychological differences between Falun Gong practitioners and novices in his first study. In the second study, he evaluated the cognitive, physiological, and psychological effects after respondents practiced Falun Gong for 91 minutes. Findings from Bendig's studies indicated that Falun Gong helped to increase energy and enhance positive mood for practitioners, and that regular practice elicits long-term psychological benefits. He found that the length of practice corresponds with the psychological effects and that time spent on studying Falun Gong teachings is linked with better sleep (Bendig, 2013). The results from this study augment findings from the Australian survey indicating the health-

wellness effects of the practice.

In a separate experimental study from the Suez Canal University, Yahiya (2010) investigated the effectiveness of Falun Gong exercises for the competitive sport of judo. Finding from this study indicated that practicing Falun Gong exercises enhances the psychological and performance skills for players in judo. Likewise, in Canada, Cheung (2015) completed a qualitative study on how Falun Gong can facilitate peaceful resistance to global human rights violations and how individuals who practice Falun Gong exude a sense of empowerment and resilience. These studies provide evidence for the role Falun Gong as a body-mind intervention and self-improvement strategy, with the potential of integrating the practice into the Western model of counseling and psychotherapy.

### **Summary of Literature Review**

Three key themes emerged from the literature review for the Australian study (Lau, 2010a). Besides existing Falun Gong studies at the time, the review included a comprehensive review of other meditative movement practices such as a yoga, tai chi, and qigong (Lau, 2010a), which are not included in this paper. The first key theme recognized the therapeutic potential and wide-ranging benefits of various meditation and Eastern spiritual practices by health professionals and researchers. The second theme referred to the integration and potential diversity in the use of these practices in counseling and other health care services. The third indicated that, Falun Gong, like other Eastern spiritual practices, could be considered, learned, and applied as self-regulation strategy, self-help, self-improvement, or self-care practice.

The literature review also indicated that numerous studies indicated a connection between religion/spirituality and health. There is a positive link between religion/spirituality and good health (Coruh, Ayele, Pugh, & Mulligan, 2005; Haynes, Hilbers, Kivikko, & Ratnavuyha, 2007; Hilbers, Haynes, Kivikko, & Ratnavuyha, 2007; Koenig, 1999, 2004a, 2004b, 2007; Koenig & Cohen, 2002; Koenig, E., & Larson, 2001; Peach, 2003; Williams & Sternthal, 2007). Religious/spiritual beliefs and practices have a lasting impact on health and wellness. Spiritual/religious individuals are more resilient: They tend to live longer; have healthier lifestyles, better coping skills, and stronger immune systems; and possess a more optimistic view of their health-wellness status (Lau, 2010a, 2010b). Many health professionals, researchers, and educators are now recognizing and supporting the need to integrate religion/spirituality into counseling, social work, and medical practices (Canda, 2009; Canda & Furman, 2009; Cashwell & Young, 2011; D'Souza, 2007; Haynes et al., 2007; Hilbers et al., 2007; Koenig, 2004a, 2007, 2012; Robertson, 2008). Indeed Standard, Sandhu, and Painter (2000) considered spirituality as the 'fifth force' in the helping profession (as cited in Cormier, Nurius, & Osborn, 2009). Later others, like Garzon (2011), also acknowledged religion/spirituality as the prevailing fifth force in counseling.

### **Survey Design, Setting, and Respondents**

The Australian survey (Lau, 2010a) was designed as a descriptive cross-sectional online survey with a mixed methods approach that allowed comparison between two groups of respondents. The survey method was a simple, convenient method of data

collection and was easy to administer via the Internet. The online survey was chosen because it was the quickest and most effective way to reach out to Falun Gong respondents around the world (Lau, 2010a, 2010b).

The primary aim of the survey was to investigate the health-wellness effects of Falun Gong as perceived by Falun Gong practitioners and whether individuals who practice Falun Gong experience better health and wellness than those who do not. “Health” and “wellness” used in this study were as defined by the World Health Organization (WHO; Smith, Tang, & Nutbeam, 2006; World Health Organization, 2003).

The research process comprised three phases: development phase, data collection phase, and data processing phase, which involved reporting, analysis, interpretation, and presentation of the findings. Research ethics protocol was stringent. Application was made to The University of South Australia’s Human Research Ethics Committee (HREC). It was resubmitted after fulfilling all seven recommendations from HREC. One of these recommendations requested the researcher to obtain a written approval from Falun Dafa Associations before commencing research and to seek permission from Falun Dafa Associations for their support and permission to place the Web links of the two surveys on the Australian Falun Gong Web site.

Due to the Chinese Communist Party’s brutal persecution of Falun Gong in China, HREC expressed security concerns about Chinese practitioners completing the online survey. It requested clarification on how the researcher could prevent Chinese Falun Gong (including Hong Kong) practitioners or those coming from China from participating in the survey. Consequently, a written statement had to be inserted in the research information material and on the survey stating that, “The researcher will not be approaching Falun Gong practitioners in China to participate in the survey. Please do not complete the online survey if Falun Gong is banned in your country or if participating poses a security risk for you and your family.”

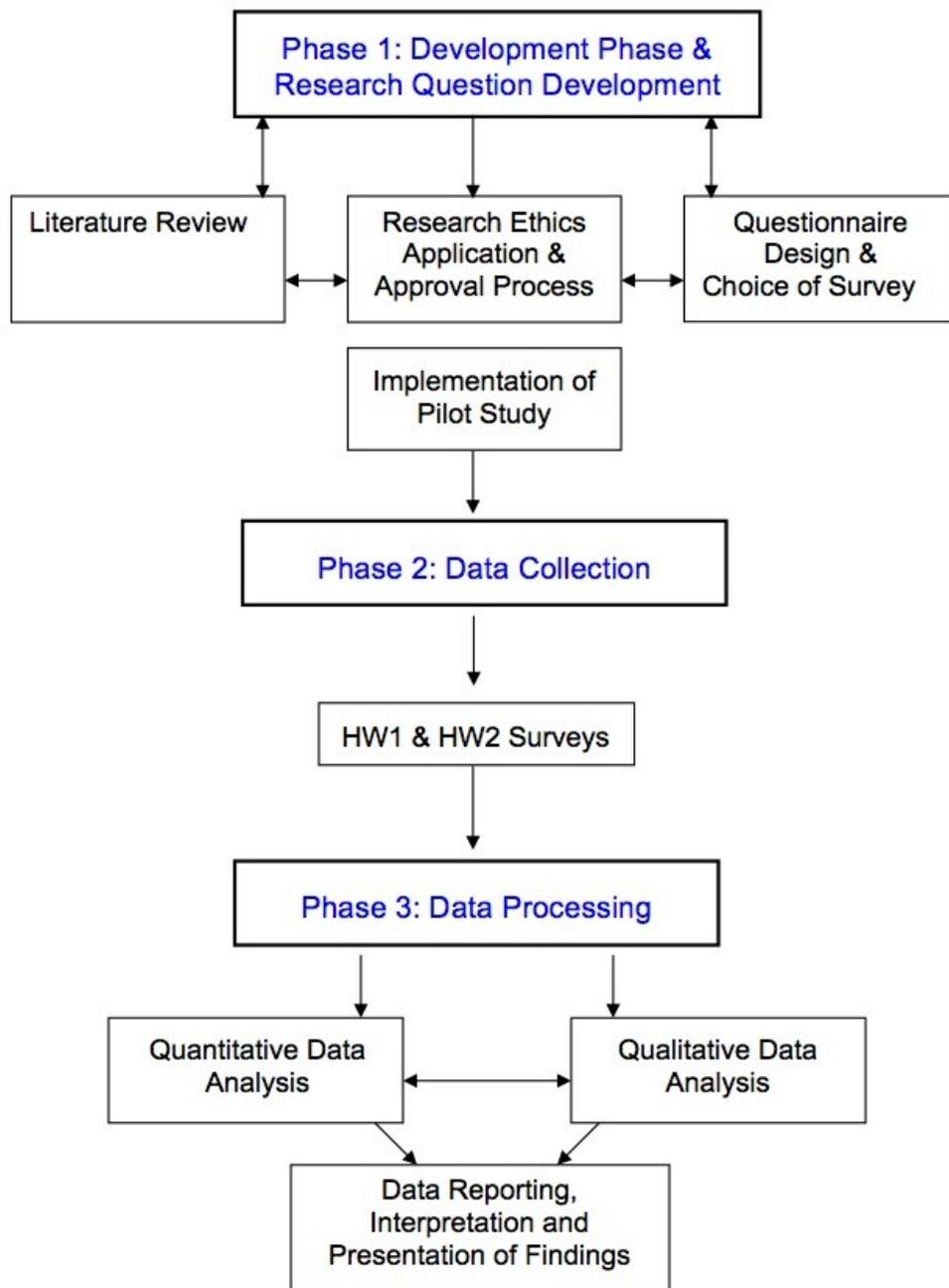
During the final phase of the research process, data was individually transferred and analyzed with the Statistical Package for Social Sciences (SPSS Version 15) software program. Data went through stringent checks and were examined using descriptive statistics and a three-level categorizing or clustering procedure for items that yielded written responses from respondents (Lau, 2010a). A flow chart, as shown in Diagram 1, illustrates the entire research process.

### **Questionnaires Used and Respondents**

The Australian survey used two online questionnaires; one for Falun Gong respondents and the other for non-Falun Gong respondents, as well as the SF36-Health Survey. Both surveys were identical and were comprised of self-designed questions. The survey for Falun Gong respondents had an extra section with 21 items seeking information about their practice. It sought information about their medical conditions before and after beginning the practice; changes in physical, emotional, and mental health; stress coping ability; relationships with significant others; and their attitude towards life since starting the practice. Other questions included what first attracted them to Falun Gong practice and how has the practice led to better health and wellness for them.

The multi-purpose SF-36 Health Survey was deemed a suitable measure for the Australian survey. It contains 36 items or questions and is easy to use. It is designed for self-administration for general, clinical, or non-clinical populations of individuals from 14

**Diagram 1: Falun Gong Health and Wellness Research Flow Chart**



Source: (Lau, 2010a).

years old to older adults. Initially created to assess the general health status for the Medical Outcomes Study (Ware, 2008; Ware & Sherbourne, 1992), the SF-36 is a generic assessment suitable for measuring the health-wellness status of individuals in the general and diverse population (McHorney, Ware, Lu, & Sherbourne, 1994; Stanfeld, Roberts, & Foot, 1997; Ware, 2008; Ware & Sherbourne, 1992). Additionally, the SF-36 has been

consistently tested and validated (Stanfeld et al., 1997; Ware, 2000, 2008).

The two groups of respondents comprised Falun Gong and non-Falun Gong respondents. Sample size was 360 and 230 respondents respectively. Falun Gong respondents invited the non-Falun Gong respondents, who could be friends, colleagues, and family members who had not practiced Falun Gong or any other meditative movement practices during the 6 months before completing the survey. The reason for selecting the comparison group this way was to maintain and to ensure that both groups come from a somewhat similar setting, work, or professional background.

## **Findings**

Data from the Australian survey comprised a demographic profile of both Falun Gong and non-Falun Gong respondents and their health-wellness reports (Lau, 2010a, 2010b; Trey, 2016). However, this paper will focus on the health-wellness effects of the practice based on the respondents' health-wellness reports.

**Table 1: Medical History and Lifestyle Habits**

<b>Items</b>	<b>Summary of Findings Between FG Respondents and NFG Respondents</b>
<b>Doctor Visit</b>	<ul style="list-style-type: none"> <li>• 88% of FG respondents (n=316) did NOT consult a medical practitioner compared with 28% of non-FG respondents (n=65).</li> <li>• 8.3% (n=30) of FG respondents visited a medical practitioner 1–3 times compared to 55% of non-FG respondents (n=127).</li> </ul>
<b>Reason for Visit</b>	<ul style="list-style-type: none"> <li>• FG respondents reported fewer medical conditions and visited a medical practitioner less frequently than NFG respondents.</li> <li>• 10% of FG respondents (n=37) consulted medical practitioners compared to 68% of NFG respondents (n=156).</li> <li>• 2.8% FG respondents (n=10) visited a medical practitioner for minor health issues compared to 32% NFG respondents (n=73).</li> <li>• No FG respondent visited a medical practitioner for severe non-life threatening or life-threatening illness compared to 5.3% of NFG respondents (n=12).</li> </ul>
<b>Use of Medication and Supplements</b>	<ul style="list-style-type: none"> <li>• 95% of FG respondents (n=341) did NOT use any form of medication, remedies, multi-vitamins or health supplements.</li> <li>• Nearly two-thirds of NFG respondents reported using medication, remedies, and supplements. Most of them used a combination of medication and remedies.</li> </ul>
<b>Medical/Health Expenses</b>	<ul style="list-style-type: none"> <li>• 8% FG respondents (n=30) reported spending money on medical and health expenses while 92% (n=330) did NOT spend any money, whereas</li> <li>• 67% NFG respondents (n=153) spent money on medical and health expenses.</li> </ul>
<b>Alcohol Consumption</b>	<ul style="list-style-type: none"> <li>• 97% of FG respondents (n=349) reported NOT consuming any alcohol compared with 37% of NFG respondents (n=85)</li> <li>• 60% of NFG respondents (n=138) reported consuming alcohol.</li> </ul>
<b>Recreational Drug Use</b>	<ul style="list-style-type: none"> <li>• 99.7% of FG respondents and 92% NFG respondents reported NOT taking any recreational drugs. One FG respondent who reported drug use was not using recreational drugs. Half of those NFG respondents who took recreational drugs had no plans to stop.</li> </ul>

Source: (Lau, 2010b). Note: FG: Falun Gong; NFG: Non-Falun Gong

There were noticeable differences in the medical history and lifestyle habits between the Falun Gong and non-Falun Gong respondents (Lau, 2010b). Falun Gong respondents reported better health-wellness than non-Falun Gong respondents. The majority of Falun Gong respondents did not visit medical practitioners, took no medications, and spent very little money on medical and health expenses. They reported better and healthier lifestyle habits: Most did not smoke, drink alcohol, or use recreational drugs (Lau, 2010b; Trey, 2016). Table 1 gives a descriptive summary of some of the key findings.

Overall, Falun Gong respondents were more likely to report excellent health, display more optimistic self-perception, and have a more positive regard for their health-wellness status than non-Falun Gong respondents. Non-Falun Gong respondents had more medical ailments than Falun Gong respondents. They reported 47 instances of two or more listings of medical conditions compared to only three cases from Falun Gong respondents. Fifty percent of those non-Falun Gong respondents who consumed alcohol or used recreational drugs reported having no plans to stop, whereas most Falun Gong respondents reported quitting these lifestyle habits. Table 2 shows the differences between the two groups for four SF-36 items.

**Table 3:** Highlights of differences between groups for SF-36 Health Survey

Items	FG Respondents	NFG Respondents
<b>General Health Status</b>	Excellent=53% (n=192)	Excellent=10% (n=24)
<b>Positive Feelings &amp; How Things Had Been</b>	Full of Life: 81% all or most of the time Calm/Peaceful: 83% all or most of the time A Lot of Energy: 82% all or most of the time Happy Person: 84% all or most of the time	Full of Life: 55% all or most of the time Calm/Peaceful: 44% all or most of the time A Lot of Energy: 44% all or most of the time Happy Person: 64% all or most of the time
<b>Negative Feelings &amp; How Things Had Been</b>	Very Nervous: 86% None or little of the time Down in the dumps: 73% None of the time Downhearted & Blue: 92% None or little of the time Worn-out: 87% None or little of the time Tired: 78% None or little of the time	Very Nervous: 71% None or little of the time Down in the dumps: 49% None of the time Downhearted & Blue: 69% None or little of the time Worn-out: 43% None or little of the time Tired: 39% None or little of the time
<b>Perceptions of Their Health-Wellness Status</b>	87% and 90% reported <u>definitely false</u> for these two statements respectively. 1. "I seem to get sick a little easier than other people." 2. "I expect my health to get worse."  65% and 76% reported <u>definitely true</u> for these two statements respectively. 1. "I am as healthy as anybody I know" 2. "My health is excellent"	47% and 37% reported <u>definitely false</u> for these two statements respectively. 1. "I seem to get sick a little easier than other people." 2. "I expect my health to get worse."  31% and 19% reported <u>definitely true</u> for these two statements respectively. 1. "I am as healthy as anybody I know." 2. "My health is excellent."

Source: (Lau, 2010b). Note: FG: Falun Gong; NFG: Non-Falun Gong

Pearson chi-square calculations done for all of the SF-36 items confirmed that the differences between groups were statistically significant. Chi-square results indicated that the variance between the two groups were all statistically significant at  $p = <0.001$ . There

is one in a thousand probability that the difference in their health-wellness status is due to chance alone and suggests that practicing Falun Gong could be the reason for the stark variances between groups.

## **Discussion**

The Australian survey (Lau, 2010a) has its strengths and limitations. It is a pioneering Falun Gong health-wellness study with a global focus. Completed under the auspices of The University of South Australia, School of Psychology, Social Work and Social Policy, another of its strengths is that the survey incorporated a global pilot study, which augmented its integrity and credibility. The survey adopted a mixed methods approach often used in counseling and social sciences research. Care was undertaken to match Falun Gong with non-Falun Gong respondents to reduce variability and researcher bias. The study embraced the use of modern information technology—the Internet—to benefit the research process. Another merit is the researcher’s endeavor to report all findings—positive and adverse—for authenticity and transparency.

Perhaps one of the most positive outcomes is that data from the Australian survey (Lau, 2010a) has helped to clarify misconceptions about Falun Gong. It informs counseling professionals of the health-wellness benefits based on evidence from the survey. More importantly, findings highlighted a positive link between Falun Gong and health-wellness, although no causal relationship can be established between Falun Gong and the enhanced health-wellness of Falun Gong respondents. It was beyond the aim and scope of the survey to examine variables that contributed to any variance between groups. To establish any causality, the author has embarked on a qualitative longitudinal study that explores the lived experiences of Falun Gong practitioners (Trey, 2016).

Despite meticulous care, the study has limitations. Findings must be considered within the context of its limitations. There could be possible selection bias of non-Falun Gong respondents. Another limiting factor is the over reliance on self-report, given that self-reporting is often vulnerable to conscious or unconscious misrepresentation by respondents.

With the use of the Internet service, there are various issues. For instance, the researcher’s inability to validate the authenticity of the self-reports, security issues, and Internet access glitches, such as browser freeze, server crash, and double entries. Other snares included respondents’ computer literacy skills and proficiency with English (as the survey was in English). Another concern is whether the sample is representative of the target group. Steps were taken to manage risks and to reduce glitches, although certain issues were beyond the control of the researcher.

## **Recommendations**

Findings from the survey identified several interesting recommendations. It is imperative for counselors interested in calibrating integrative approaches to acquire knowledge about Falun Gong, discover integration possibilities, and to adopt a best practice policy. Those interested in blending Falun Gong with their counseling practice may wish to consider the following suggestions.

The first recommendation requires that counselors and other health professionals acquire a good knowledge and understanding of Falun Gong. Consider reading the Falun Gong literature and learning the practice, even if one should decide not to practice it later. Gaining knowledge will demystify Falun Gong and minimize misconceptions about individuals who practice it. It will help counselors to create better therapeutic interactions with individuals from multicultural backgrounds, especially with those who practice Falun Gong. In the nursing arena, Gale and Gorman-Yao (2003) discussed cultural implications and health-wellness potential of Falun Gong in trans-cultural nursing practices. They expressed the need for “culturally appropriate and sensitive nursing care to all clients” (Gale & Gorman-Yao, 2003, p. 124), which counseling professionals could aspire to adopt.

The second recommendation is for counselors to embrace integration within the context of their professional practice. There are several ways to do this. The first is to use it as an alternative, self-help intervention strategy and to refer clients to a Falun Gong practice group so that clients can take up the practice themselves. However, it is ideal for the integrative counselor to show clients in session first how to do some of the exercises. Another way is to genuinely embody the Falun Gong principles of truth, compassion, and tolerance and blend these universal principles with Rogers’ person-centered counseling principles of accurate empathy, congruence, and unconditional positive regard (Elliott & Freire, 2007; Mearns & Thorne, 2007; C. R. Rogers, 1951, 1957) during therapeutic interactions. This method can be extremely synergistic and transformative. Embodying and blending the two sets of principles facilitate wholeness, mutual respect, and true compassion, which in turn will enhance the therapeutic encounter (Trey, 2016).

The third suggestion is to consciously embrace health-wellness enhancing traits, such as optimism and positive self-perception, and to consider the concept of having positive righteous thoughts that Falun Gong teaches and which fortify Falun Gong people to maintain positive and righteous thoughts. In the fourth instance, the counselor could consider introducing elements of Falun Gong teachings during the counseling session, via either discussion or direct reference to the main Falun Gong text, *Zhuan Falun* (H. Li, 2001b). It helps to have a couple of the books on the counseling shelf. This approach works best for the Falun Gong practitioner-counselor who has a good understanding of the teachings of the practice.

### **Falun Gong’s Relevance in the Counseling Context**

The Australian survey (Lau, 2010a) has infused hope and a different perception about Falun Gong—the practice, its health-wellness effects, and potential for integrative practices for counseling students and professionals. This research and this paper voice its relevance and place for counseling professionals who are receptive, interested, and perhaps even curious to explore integration possibilities with Falun Gong.

Falun Gong offers a free-of-charge, mind-body health-wellness activity that has a great potential for people from all backgrounds. It has positive implications for our ageing society. Unlike other meditative practices, like yoga, tai chi, qigong, mindfulness or vipassana meditation, where different practitioners of these approaches charge a fee, all Falun Gong classes and activities are free of charge. Hence, within the counseling context, integration therapists and counselors need to be aware that no one charges a fee for

teaching Falun Gong or running Falun Gong classes. Counselors need to be clear that the fee they charge is for their professional counseling services and not for teaching Falun Gong.

Integration typically occurs during counseling sessions as an adjunct to Western-style approaches. However, it can take place in diverse and multicultural settings—classrooms, universities, medical centers, hospitals, hospices, and child and youth protection services centers. Change usually happens quickly if the integrative approach is appropriate for the client who shares an affinity for a holistic, eclectic, and integrated approach and one who is receptive to trying a new experience (Trey, 2016).

It must be noted that integration work using Falun Gong is usually short to medium-term. Once a shift—healing or improvement—occurs, it is time to encourage the client to consider attending a Falun Gong practice site for ongoing community support. This is also the time to introduce the practice as a self-improvement, self-care strategy, and for the counselor to keep in mind that Falun Gong should not be an ongoing counseling crutch.

### **Conclusion**

This paper provides some insights into the role of Falun Gong as a counseling adjunct, its relevance in therapeutic interactions, trans-cultural and multicultural counseling, and as an overall mind-body-spiritual self-improvement practice for the present and future society. It helps to set the scene for future studies investigating the health-wellness effects of Falun Gong. Hopefully, counseling students are inspired to undertake further studies on Falun Gong and to explore its integration possibilities.

As the awareness of the efficacy of Eastern meditative approaches increases, more people will seek these practices for their health and well-being. Falun Gong positions itself well as a beneficial mind-body and spiritual practice. The practice could be a new force in integrative practices for counseling professionals. Hence, endorsing it as a mind-body intervention appropriate for integrative practices demands consideration from the counseling profession.

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