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Received 07.11.2025

Accepted for publication 23.12.2025

Published 23.01.2026

DOI: [10.52982/1kj287](https://doi.org/10.52982/1kj287)

Abstract

In this study, the clinical value of Positive Psychotherapy in the traditional Chinese medicine (TCM) psycho-cardiovascular clinic was explored through questionnaires and experiments.

In Experiment One, the predominant somatic complaint among patients in the psycho-cardiovascular department was digestive. The outcome of Experiment Two showed that Positive Psychotherapy, along with Traditional Chinese Medicine treatment, was efficient in reducing the anxiety and depression levels of the patients.

The essential pathogenic principle of somatic form disorder, as described by TCM, is centered on the issues of liver dysfunction in governing the body's Qi, as well as Yin and Yang imbalance within the internal organs. At the same time, TCM theory emphasizes the psychological elements of patients. This is consistent with the multi-pathogenic principle in modern medicine, which posits that pathogenic processes involve elements of biochemistry, psychology, and social factors. Positive Psychotherapy, through the process of rebirth and rebuilding the cognition and internal potential of the patients, fits the theory of "regulate liver depression and regulate qi flow" and "unify form and spirit" in TCM. Psycho-cardiovascular TCM outpatient clinics may, as an innovative approach, integrate Positive Psychotherapy into the overall treatment and provide new references and insights for the establishment of a Chinese-style psycho-cardiovascular medical system.

Keywords: somatization symptoms, Positive Psychotherapy, Yin-Yang and Five Elements theory, traditional Chinese Medicine

Introduction

Somatization Disorder is a general term for a category of mental disorders characterized by complex and variable physical symptoms. Its primary clinical manifestations involve multiple organ systems. Common symptoms observed in TCM psychosomatic outpatient clinics include discomfort and sensory abnormalities (such as burning sensations or numbness). (Gao & Zhang, 2013)

Patients repeatedly seek care at general hospitals and specialty clinics due to persistent symptoms and ongoing anxiety. Despite undergoing various examinations, their concerns remain unresolved. Some patients exhibit significant comorbid anxiety and depression, severely impacting their work and daily life.

The 2025 Expert Consensus Guidelines on Diagnosis and Treatment of Somatic Symptoms in General Hospitals indicate that somatic symptoms have a high prevalence, accounting for 20%–50% of outpatient visits at primary care facilities. However, the diagnosis rate in general outpatient departments of Chinese general hospitals is only 33.8%. The pathogenesis of somatoform disorders remains unclear and is influenced by biological, psychological, and social factors. It correlates with individual personality susceptibility (e.g., neuroticism), early trauma, and stressful life events (Branch & Group, 2025). For such patients, establishing a strong doctor-patient alliance is crucial. A comprehensive assessment of somatization symptoms from a bio-psycho-social perspective is essential. While screening for organic diseases, it is particularly important to consider potential comorbid anxiety or depression and analyze the influence of psychological factors on the disease or symptoms.

In Traditional Chinese Medicine (TCM), somatoform disorder does not have any distinct diagnostic name and is classified under syndromes named "depression syndrome," "insomnia," and "palpitations." However, TCM, together with the Western medicinal system, always attributes the development of this disease to psychological instability or psychological disturbances. The body systems most commonly involved in psychosomatic-related clinics in Traditional Chinese Medicine are the spleen-stomach system, followed by the Qi-blood-body fluids system, then the heart system, then emotional disorders (emotional

symptoms), and finally the head-body-limb system (Li et al., 2019). In accordance with the treatment principle, Traditional Chinese Medicine consistently regards the dysfunctional liver and viscera as the root pathologic principle and mechanism. The liver is wood, and wood loves free-flow activity and hates stagnation. As mentioned, it regulates Qi activity, modulates mechanisms, and is associated with "joy and pleasure" and "anger" (Zhou et al., 2008). Psychological instability adversely affects the body, impairs liver function in regulating free-flow activities, and, consequently, generates stagnated "liver Qi." Prolonged stagnated "liver Qi" will develop into "liver Qi stagnated and transformed into fire by long-lasting stagnation of Qi," "liver Qi stagnated and accompanied by spleen deficiency by excessive wood overcoming and conquering the earth and spleen functions," and then stagnated Qi consumes body "blood and body fluids, and then affected other organs, and then affected five internal systems' balance of Qi and blood." Hence, the differential diagnostic aim should primarily focus on the "liver," with malfunction in "dispersal" as the guiding principle, with other signs and symptoms, such as stagnated fire and spleen deficiency, being less crucial. Traditional Chinese Medicine, following the principle of "unity of heaven and humanity," consistently de-emphasizes the separation of body and mind and therefore considers all the global concepts encompassed by "unity of heaven and humanity and body and mind." The body and mind are inseparable and mutually cause. Even though patients often refer to complaints in the body, they always reflect psychological disturbance or conflict in the mind. The body and mind mutually cause and are inseparable. Hence, Traditional Chinese Medicine always designs treatment plans that aim to relieve and eliminate psychological disturbances and disorders by alleviating bodily symptoms, regulating and relieving liver activity, and reducing depression. "Resolution of depression" is achieved through emotional counseling based on trust between physician and client, as follows in Ling Shu: "Give them advice on their defects, speak to them of their merits." Positive Psychotherapy, with all its attributes, is used as an adjunctive method of healing together with various herbs and pharmaceutical preparations. Hence, by relying on trust between physician and client, as well as on herbs, acupuncture, and other techniques,

both the mind and body are cured simultaneously, and as such, “Yin and Yang are perfectly balanced.”

Positive Psychotherapy is an integrative model of therapy developed by Professor Nossrat Peseschkian through his cross-cultural studies. In different models of therapy, the conventional approach to psychotherapy considers the client as the bearer of the symptoms and disorders, and the treatment aims at curing the psychological damage. But Positive Psychotherapy implies that the symptom or disorder is actually the positive capabilities of the client, which have been interrupted, neglected, and inadequately developed within the client throughout his or her growth period. Therapists need to understand the 'two legs' of the client's development process. The aim is not only to cure symptoms but also to explore the client's positive capabilities, and therapists should look for potential within the client's conflicts and hopes for progress amid adversity. (Cui, 2009; Hao & Yue, 2000; He, 2007; LIXiao-guang. & XUYa-xia., 2007).

From the standpoint of the treatment process, the five-stage integrated treatment of Positive Psychotherapy comprises observation/distancing, inventory, situational encouragement, verbalisation, and goal expansion. It draws on both Eastern and Western mythologies and narratives and employs them through stories and dialogue to assist the individual in transforming their cognition. This is consistent with Traditional Chinese Medicine's principle of whole-observation and treatment according to the patient's overall health. Traditional Chinese Medicine views humans as an integrated whole comprising mind and body, and both are mutually necessary for survival. The integration of Positive Psychotherapy with Traditional Chinese Medicine involves using herbs within Positive Psychotherapy techniques to balance the body and mind through “a mutually supportive body and mind” (Yu et al., 2021).

Methodology

All the studies have received ethical approval.

2.1. Experiment 1

In this study, 2,000 patients visiting the outpatient department of psychosomatic

medicine at a hospital were selected as research participants to understand the reasons for their hospital visits. The random sampling process enabled the selection of outpatient visitors for surveying, resulting in the collection of 2,000 questionnaires. The questionnaires were conducted through the use of a 'patient background information' and 'Somatization Symptom Self-Rating Scale' devised by the researchers.

The Patient Demographic Questionnaire included general details such as gender, age, and education level.

The Self-Rating Scale for Somatization Symptoms (SSS) demonstrated high test-retest reliability ($r = 0.96$). The correlation coefficients for the total score and the factors range from 0.76 to 0.88 and from 0.56 to 0.70, respectively. The SSS has been validated as reliable and valid (Ji, Jian, et al., 2020). The SSS comprises 20 items, identified as follows: 10 items for somatization symptoms, 4 items for depressive symptoms, 4 items for anxiety symptoms, and 2 items for anxiety-depression symptoms. Each item is rated on a 4-point scale: no symptom (1 point), mild (2 points), moderate (3 points), and severe (4 points). The total score ranges from 20 to 80 points. SSD assessment for psychosomatic patients follows ICD-11 criteria, with total scores distinguishing severity levels: Normal: 20–29 points, Mild: 30–39 points, Moderate: 40–59 points, Severe: ≥ 60 points

The Criteria for the Patient Questionnaire are as follows:

1. All patients must fulfill the diagnostic criteria for anxiety/depression in Western Medicine ICD-11 and the criteria for “depression syndrome” in Chinese Medicine, with the pattern identification of liver Qi stagnation and spleen deficiency.
2. Aged 18-65 years.
3. Primary onset of the disease.
4. Alert consciousness without severe impairment of cognition.

Exclusion Criteria:

1. Affective psychoses, mental conditions due to and related to general diseases, organic mental conditions, paranoid conditions, stress-related conditions, schizoaffective conditions, schizophrenia, and a history of either alcohol or substance abuse.

- History of chronic general diseases, including high blood pressure, kidney disease, Diabetes, or chronic heart disease.

2.2. Experiment Two

2.2.1. Sample

A total of 80 patients visiting the psychosomatic outpatient department of a hospital in 2024 were randomly assigned to an observation group and a control group, with 40 patients in each group. Inclusion criteria:

- Patients met both Western medical ICD-11 diagnostic criteria for anxiety/depression and Traditional Chinese Medicine (TCM) diagnostic criteria for "depression syndrome," with a pattern differentiation of liver Qi stagnation and spleen deficiency.
- Patients aged between 18 and 65 years.
- Primary onset of symptoms.
- No prior medication use or participation in psychotherapy/counseling at enrolment.
- Informed consent obtained.
- Clear consciousness with no severe cognitive impairment.

Exclusion Criteria:

- Patients with affective disorders, mental disorders caused by physical illnesses, organic brain disorders, paranoid psychosis, stress-related mental disorders, schizoaffective disorder, schizophrenia, or a history of alcohol/drug abuse.
- Patients with a history of severe physical illnesses such as hypertension, kidney disease, diabetes, or heart disease.
- Patients refusing mental health education/psychotherapy.

2.2.2. Research Methods

Intervention Measures

The observation group received standard treatment and psychotherapy support. In addition, the intervention group received health education for 20-30 minutes during an outpatient visit. The health education session was conducted by a psychiatrist, together with either a Positive Psychotherapy counselor or a clinician with psychological and medical backgrounds who had completed at least 24 hours of Positive Psychotherapy training, or a

clinical graduate student. The follow-up visit was conducted one month later. Written informed consent was required from all participants to participate in the research.

Intervention Method

Chiefly involving one-on-one individual advice between counselor and client. Intervention Content:

- In the first consulting visit, the physician gives the client an early diagnosis and plan of treatment.
- For clients experiencing light to moderately severe psychosomatic illnesses, four alternatives are proposed: psychotherapy, psychological education, combined medicinal and psychological education, and combined medicinal and psychotherapy. In psychotherapy / psychological education, mainly centered on the five-step Positive Psychotherapy, the aim is to help the client understand their problem from a psychological point of view and reduce anxiety and depression.
- Clients are advised on healthy lifestyle practices, mainly quitting smoking, stopping drinking, practicing moderate exercising, and refraining from overtaxing their brains, while recognizing the value of giving high priority to their psychological health. The entire intervention takes one month, including both outpatient treatment and follow-up studies.

2.2.3. Evaluation Criteria

GAD-7 Generalized Anxiety Disorder Scale

The GAD-7 consists of 7 items, each with 4 response options: Not at all, Several days, More than half the days, Almost every day. Scores are assigned the values 0, 1, 2, and 3. The total score is out of 21 points. A total score ≥ 5 is considered positive, indicating possible anxiety. Scores of 5–9 may indicate mild anxiety, 10–14 may indicate moderate anxiety, and 15–21 may indicate severe anxiety.

PHQ-9 Patient Health Questionnaire

The PHQ-9 consists of 9 items, each with 4 response options: Not at all, Several days, More than half the days, Almost every day. Scores are assigned the values 0, 1, 2, and 3. The maximum total score is 27. A total score ≥ 5 is considered positive, indicating possible depressive symptoms. Scores of 5–9 may indicate mild

depression, 10–14 may indicate moderate depression, and 15–27 may indicate severe depression.

2.2.4. Statistical Analysis

Data entry was performed using Excel 2003, and statistical analysis was conducted using SPSS 24.

Results

3.1. Somatization Patterns Among Outpatients in the Psychosomatic Medicine Department

The types of somatization disorder among patients who visited the outpatient clinic for psychosomatic medicine are shown in Figure 1.

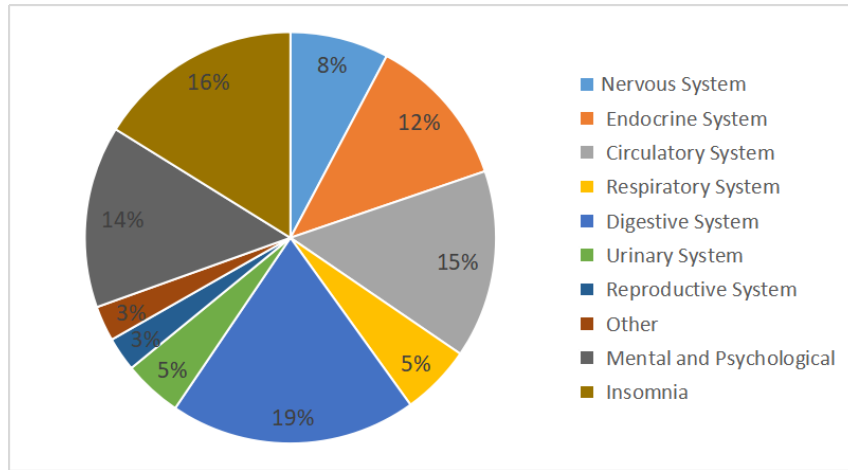


Figure 1. Proportion of Somatization Disorder Types Among Outpatients in the Psychosomatic Medicine Department

2,000 patients that visited the outpatient clinic for psychosomatic medicine were surveyed, including: Endocrine system - 260 patients, which accounts for 12% out of total; Circulatory system - 320 patients, which accounts for 15% out of total; Respiratory system - 120 patients, which accounts for 5% out of total; Digestive system - 420 patients, which accounts for 19% out of total; Urinary system - 100 patients, which accounts for 5% out of total; Reproductive system - 58 patients, which accounts for 3% out of total; Psychiatric/Psychological - 310 patients, which accounts for 14% out of total; Insomnia - 350 patients, which accounts for 16% out of total; Other Types - 60 patients, which accounts for 3% out of total.

3.2. Comparison of Anxiety and Depression Scores Between Two Groups of Psychosomatic Outpatients

Following two weeks of interventions, PHQ-9 scores declined in the intervention group relative to baseline, $p < .05$, indicating a significant within-group difference (see Table 1). Following four weeks of interventions, PHQ-9 scores declined in the intervention group compared with scores obtained prior to the interventions ($p < .05$), indicating a significant within-group difference.

Table 1. Comparison of Depression and Anxiety Scale Scores Between Groups

Group	Item	Pre-intervention	After 2 weeks of intervention	After 4 weeks of intervention
PHQ-9	Intervention Group	10.20 ± 2.67	8.20 ± 2.37*	6.60 ± 2.39*
	Control Group	10.65 ± 2.67	9.78 ± 3.10	7.53 ± 2.89
GAD-7	Intervention group	8.85 ± 3.06	7.28 ± 2.77*	5.88 ± 2.52*
	Control Group	9.03 ± 3.44	8.25 ± 3.30*	6.18 ± 2.75*

Note: * $p < .05$.

After two weeks of treatment, there was a significant difference in PHQ-9 scores between the intervention and control groups ($p < .05$). After four weeks of treatment, there was a significant difference in PHQ-9 scores between the intervention and control groups ($p < .05$).

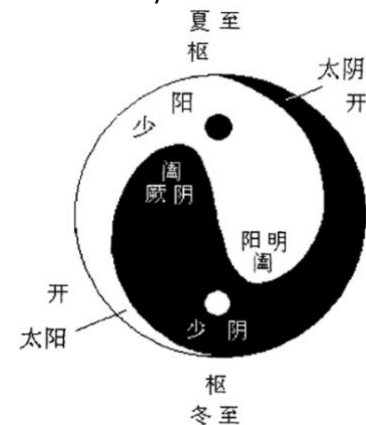
GAD-7 scores after two weeks of treatment were lower in the intervention group than before the intervention ($p < .05$). This indicates there is a significant difference within this group. GAD-7 scores after four weeks were lower in the intervention group than before the intervention ($p < .05$).

At two weeks, the intergroup comparison of GAD-7 scores between the two groups showed $p > .05$. This indicated that there were no significant differences between the two groups. At four weeks, the intergroup comparison of GAD-7 scores between the two groups showed $p > .05$.

Discussion

The core pathogenesis of somatoform disorders involves impaired regulation of liver Qi and disharmony between Yin and Yang within the internal organs. The liver, belonging to the wood element, governs the free flow of Qi. It thrives on smoothness and abhors stagnation. Emotional disharmony leads to Qi stagnation, which over time transforms into fire and invades the spleen, resulting in patterns such as liver Qi stagnation with fire transformation and liver Qi stagnation with spleen deficiency. The patient's recurrent somatic symptoms represent an external manifestation of psychological conflict, embodying the pathological characteristic of "unity of form and spirit." As stated in the Classic of Categories: Yin and Yang: "*The Dao* is the principle of Yin and Yang. Yin and Yang are one, divided into two." *The Suwen*: Great Treatise on the Origin of Heaven also states: "The five movements and Yin-Yang are the principles of heaven and earth. Yin-Yang and the Five Elements form the foundation of all transformations. When Yin-Yang imbalance occurs, the interaction between the patient's "Yin" and "Yang" becomes disrupted. The internal emotional suppression associated with "Yin" and the external symptom manifestations associated with "Yang" mutually influence each other, creating a vicious cycle. This results in an imbalanced state characterized by either "Excess Yang and Deficient Yin" or "Excess Yin and

Stagnant Yang." Positive Psychotherapy employs a five-stage intervention to guide patients in understanding their illness from a psychological perspective. Its essence lies in helping patients reconstruct their cognitive frameworks, rebalancing overdeveloped external physical symptoms with delayed emotional regulation, thereby harmonizing psychological imbalances of Yin and Yang. This intervention shares the same underlying principle as the traditional Chinese medicine concept of "soothing the liver and resolving depression, regulating Qi flow", both aiming to restore the steady state of "Yin and Yang in equilibrium." Clinical data show significant reductions in patients' GAD-7 and PHQ-9 scores post-treatment, confirming the pivotal role of Yin-Yang harmonization in the integrated mind-body treatment.



1. 太阴: in Chinese we call it "tai yin"
2. 太阳: "Tai Yang"
3. 少阴: "Shao Yin"
4. 少阳: "Shao Yang"
5. 夏至: June solstice
6. 冬至: The Winter Solstice
7. 阳明: "Yang Ming"
8. 阴厥: "Yin Jue"

Figure 2. Three Yin and Three Yang Tai Chi Chronophase Diagram

The synergy between Positive Psychotherapy and TCM fundamentally embodies the practical application of the "mutual rooting of Yin and Yang" theory in psychosomatic medicine. This study further integrates the Five Elements theory into the treatment approach, emphasizing imbalances in the internal organs and shifts in pathogenic mechanisms, reflecting a systemic "unity of heaven and humanity" perspective. The Five Elements connect human organs with natural and social environments, emphasizing "symbiotic relationships" and dynamic

equilibrium. It addresses individual stressors – such as liver *Qi* stagnation (Wood element) – while coordinating social adaptation – such as spleen-stomach function (Earth element) – and is supplemented by the "verbal verbalisation" phase, which uses mythological allegories. This approach aligns with TCM's principle of "adapting treatment to time, place, and individual." Unlike traditional pharmacotherapy, which prioritizes restoring organ function, Positive Psychotherapy emphasizes activating the patient's inner potential to promote "mutual support between body and mind." This synergistic approach makes the harmonization of Yin and Yang more sustainable.

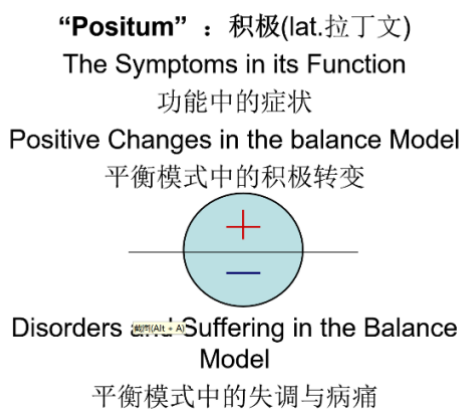


Figure 3. Balance Model in Positive Psychotherapy

It primarily introduces the practical application of Positive Psychotherapy in TCM psychosomatic clinics, with some limitations. It has a small sample size, for which further validation may be necessary. Also, there are individual differences in medication among

patients in psychosomatic clinics. The aforementioned study did not have fixed medication regimens, opting for the concept of 'medication plus psychological therapy.' It aimed to validate the active role of psychological therapy in alleviating negative emotions among patients. It has numerous practical applications because it identifies the feasibility of integrating psychological therapy into routine treatment in TCM psychosomatic clinics, with profound implications for developing a new concept for China's psychosomatic medical system with Chinese cultural features. Future studies must explore closer collaborations between different areas, with further applications for Yin-Yang theory in dynamic psychological studies, aiming for an in-depth integration with traditional views on modern science.

Conclusion

In conclusion, there is initial affirming evidence for the therapeutic role of Positive Psychotherapy in TCM's psychosomatic outpatient clinic, with its mechanism for efficacy being in full alignment with Yin-Yang philosophy on mind-body harmony, in addition to Five Elements theory. Through integrated treatment, it fulfills its ultimate objective: "regulating the mind to coordinate with the body, while regulating the body to nurture the mind," thereby providing more individualized therapeutic interventions for each type of psychosomatic illness. Future studies could further explore its mechanisms and develop innovative paradigms to promote the advancement of integrated Western-Chinese Medicine in the field of psychosomatic illness.

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Acknowledgements

The authors thank every patient who participated in the research, the traditional Chinese medicine hospitals that provided the intervention sites and necessary medical services, and the staff involved in the research.