

PERSPECTIVE ARTICLE

Balancing psychotherapy: A conceptual review

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Abstract

Balancing psychotherapy (BPT), based on Eastern philosophical systems and the theory of balance, is a localized psychotherapeutic approach tailored to the unique psychological characteristics of Chinese individuals. This paper provides a concise overview of the theory of balance. BPT focuses on two core concepts: “mastery of degree” and “coordination of relationship.” Their philosophical foundations, including Confucianism and Yin-Yang theory, and their clinical applications are illustrated. According to BPT, when the intensity of one emotion becomes excessive, it will suppress other emotions and lead to relational imbalances, potentially resulting in psychosomatic disorders. BPT has also been applied to a range of psychological disorders, including depressive disorders, panic disorder, generalized anxiety disorder, obsessive-compulsive disorder, and others. Both individual BPT and group BPT have been implemented in clinical settings and demonstrated effectiveness. The therapeutic steps of BPT are also briefly outlined. In the discussion section, this paper compares BPT with cognitive behavioral therapy and highlights the neurophysiological mechanisms that may underlie BPT. Future studies should further explore the modern neurophysiological basis of BPT to strengthen its scientific validity.

Keywords: Balancing psychotherapy; Psychosomatic disorders; The theory of balance; Eastern philosophical systems

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1. Introduction

A psychosomatic disorder is defined as a physical disorder or disease¹ in which psychosocial variables² play a substantial role. Most psychotherapeutic approaches for psychosomatic disorders originate from Western countries, yet there are substantial differences between Chinese and Western cultures. Chinese culture has shaped the unique psychological characteristics of Chinese individuals. For example, Chinese individuals tend to be more reserved and restrained and are often reluctant to disclose their inner thoughts and emotions. Therefore, there is an urgent need to develop a culturally adapted psychotherapeutic approach. In this context, balancing psychotherapy (BPT) has been developed as an indigenous psychotherapy system tailored to Chinese individuals.³ BPT is a therapeutic approach rooted in Eastern philosophical systems and integrates various schools of psychotherapy, including psychoanalysis, cognitive

therapy, behavioral therapy, narrative therapy, and positive psychology, making it an eclectic and inclusive approach.⁴

BPT may enhance clinicians' understanding of psychosomatic problems and support clients' recovery in a gentle and supportive manner. However, research in this field remains limited, and existing knowledge has not yet been fully integrated into clinical practice. Therefore, this perspective article introduces the theoretical framework of BPT to raise awareness and support its clinical application.

2. The manifestation and essence of balance

Balance is ubiquitous and influences all aspects of human life. Conventional wisdom often treats balance as a static and unchanging state. However, this view is inaccurate. True balance is achieved and maintained through continuous motion and change, as evidenced by the numerous dynamic equilibrium systems in daily life. In this sense, "moving" and "changing" represent the manifestation of balance, while "equivalence" and "stability" represent its essence.⁵

Philosophically, motion is absolute while rest is relative. "Moving" means that all things in the world are in perpetual motion, and balance is no exception. Energy and information are continuously exchanged within and between systems to maintain equilibrium. For instance, when riding a bicycle, continuous pedaling and constant adjustments are required to achieve balance. "Changing" indicates that when one part of a system changes, the other part adjusts automatically to maintain overall balance. This is similar to dancers modifying their steps in real time to remain synchronized with their partners; likewise, a system's elements adapt to one another to maintain harmony.

"Equivalence" suggests that gains and losses are roughly equal in a balanced state. For example, the more time allocated to one activity, the less time remains for other activities. "Stability" represents the intrinsic state maintained within a dynamic system—a condition where perpetual change serves to maintain the system's inherent stability. Whether it is freezing cold or scorching hot outside, the human body dynamically regulates itself through mechanisms, such as sweating or shivering to maintain a relatively stable body temperature.

3. The law of balance

Challenging situations are common in daily life, and several approaches may be used to address them.⁴

3.1. Turn a setback into a comeback

When facing challenges in life, resilience is essential. We can depend on our efforts and perseverance to conquer

setbacks and transform obstacles into opportunities. As stated in the *Book of Changes*,^{6, p.6} "The movement of heaven is full of power. Thus, the superior man makes himself strong and untiring."

3.2. Play to strengths

No individual in the world is perfect; everyone possesses both strengths and weaknesses. Given the finite nature of life, it is wise to capitalize on one's strengths while compensating for one's limitations to maintain balance. In the traditional Chinese story "Tian Ji's Horse Racing" from *Records of the Grand Historian*, Tian Ji often competed in horse races against the King. Both owned three tiers of horses—good, medium, and poor—but Tian Ji always lost because his horses in each tier were slightly weaker. His advisor, Sun Bin, proposed a strategy: Tian Ji should race his poor horse against the King's good horse, his good horse against the King's medium horse, and his medium horse against the King's poor horse. As a result, Tian Ji won two of the three races, transforming an inevitable defeat into victory. This story exemplifies the principle of leveraging strengths to offset weaknesses and restore balance.

3.3. Seek silver linings in adversities

Everything has dual aspects and can be understood as a double-edged sword; therefore, situations should be considered comprehensively. As Laozi observed,^{7, p.266} "Disaster is the avenue of fortune, fortune is the concealment for disaster." This indicates that all circumstances have two aspects. At the same time, the opposites of all phenomena in the universe are undergoing dynamic changes and are mutually transformable.

3.4. Accept

Daily life is filled with trifles—such as a scornful glance, a careless remark, or a small betrayal—which can lead to imbalance. Confucius once stated, "The noble is broad-minded and magnanimous, whereas the petty person is narrow-minded and always overly calculating gains and losses." True wisdom lies in discerning what warrants attention and what should be released, a path that contributes to the maintenance of equilibrium.

4. The principles of BPT

BPT focuses on two core concepts—"mastery of degree" and "coordination of relationship"—with the aim of promoting harmony between body and mind. From the perspective of "mastery of degree", both insufficiency and excess may lead to imbalance. From the perspective of "degree", moderation is balance.⁸ Confucianism, particularly the Doctrine of the Mean, constitutes a key philosophical foundation of BPT. Confucius once stated, "Going too far is as bad as falling

short,” stressing the importance of grasping the appropriate measure in all aspects of life. In clinical settings, counselors guide clients to recognize and accept emotions, express negative emotions appropriately, and regulate affect to achieve moderated emotional expression.⁹

The concept of “coordination of relationship” refers to a state of optimal functioning within an individual, between individuals, and between individuals and their environment.³ From this relational perspective, balance is achieved through harmonious coexistence.⁸ Confucius placed strong emphasis on the importance of harmony in interpersonal relationships. He advocated that “*Ren*” (benevolence) is the foundation of good interpersonal relationships, including “Treat others as you would like to be treated.” Beyond interpersonal relations, Confucianism also advocated the principle of “self-cultivation, family harmony, good governance, and world peace,” emphasizing harmony between individuals and the environment. In clinical settings, counselors seek to understand clients’ feelings, respect clients’ diverse values, and establish an equal and trusting therapeutic relationship with the client. Counseling goals emphasize internal harmony across cognition, emotion, and behavior, as well as the integration of body and mind. Externally, BPT aims to help clients understand their roles in various relationships, modify maladaptive interaction patterns, and enhance social adaptation.¹⁰

In traditional Chinese medicine, the theory of Yin-Yang emphasizes that “Yin” and “Yang” are opposites, achieving dynamic harmony and balance through their waxing and waning and mutual transformation.¹¹ When either “Yin” or “Yang” exceeds its moderate state and disrupts the original harmonious relationship, dysfunction arises. Therefore, BPT emphasizes that psychosomatic problems arise from imbalance: When the intensity of one emotion exceeds a certain threshold (i.e., exceeds the appropriate degree), it suppresses other emotions (i.e., damaging their relational balance), thereby disrupting the natural expression of emotions and leading to psychological distress and suffering.⁴

BPT includes individual, group, and family therapy modalities.⁴ BPT is suitable for a range of psychological conditions, including depressive disorders, panic disorder, generalized anxiety disorder (GAD), and obsessive-compulsive disorder (OCD). Both individual and group BPT (GBPT) have been applied in clinical settings and demonstrated effectiveness. In a 6-week study, Zhang¹⁰ reported that BPT combined with medication produced significantly greater improvements in depressive and anxiety symptoms than medication alone ($p<0.001$). Similarly, Liu’s study¹² compared GBPT with group mental

health education for the treatment of GAD and found that after 8 weeks, there was a significant difference in the levels of anxiety ($p<0.01$) and depression ($p<0.05$) between the two groups.

In addition, innovative integrations, such as combining BPT with virtual reality (VR) technology have further expanded its therapeutic potential for psychotherapy.³ In Zhu’s study,¹³ both VR-based BPT (VR-BPT) ($p<0.001$) and conventional BPT ($p<0.01$) significantly reduced the severity of panic, anxiety, and depression symptoms in patients with panic disorder; however, VR-BPT showed superior therapeutic effects on panic ($p<0.05$) and anxiety ($p=0.05$) symptoms. In addition, Gu’s 8-week study¹⁴ found that although both VR-BPT and BPT significantly ($p<0.01$) improved OCD symptoms with no significant overall between-group difference ($p>0.05$), VR-BPT produced faster symptom reduction, as evidenced by a significant difference ($p<0.05$) in Yale-Brown Obsessive-Compulsive Scale scores between the two groups at week 4.

5. The treatment process of BPT

BPT generally involves six core steps. The order is not fixed and can be flexibly adjusted and applied in an integrated manner.⁴

5.1. Establish a trusting therapeutic alliance

A strong therapeutic alliance is a prerequisite for successful treatment. Establishing a mutually trusting relationship between the therapist and the client helps to reduce psychological defenses and encourages emotional openness, thereby facilitating the healing process.

5.2. Explore and process emotions

During treatment, BPT follows the principle of addressing emotions before addressing problems. Therapists aim to acknowledge and understand the clients’ emotional experiences, and these help alleviate tension and lay the groundwork for identifying underlying causes. In Gao and Yuan’s study,¹⁵ the therapist guided patients with GAD to view anxiety rationally and manage its intensity appropriately. The therapist emphasized that both the absence of anxiety and excessive anxiety may be detrimental to physical and mental well-being, while moderate anxiety can enhance adaptive functioning in social contexts.

5.3. Analyze underlying causes of imbalance

At this stage, the therapist may use techniques, such as sandplay therapy, to help clients explore psychological defense mechanisms and interpersonal relationships,

thereby recognizing recurrent patterns of imbalance. These methods facilitate a “dialogue” between the unconscious and conscious mind, enabling deeper self-exploration and emotional expression. In psychological counseling, the therapist may also guide the client to draw a timeline, in which the client documents the six most important stages of their life on a blank sheet of paper and recounts the key events and the most influential people associated with each stage. This process helps the client identify underlying contributors to their difficulties and explore their innermost needs and motivations.

5.4. Set achievable goals and implement effective strategies

A 7-year longitudinal study involving individuals aged 40–90 showed that participants without clear life goals were twice as likely to die from illness or by suicide compared with those who had definite objectives.⁴ Establishing appropriate treatment goals can enhance clients’ motivation and engagement throughout the treatment process. In addition to goal setting, clients also need to engage in effective training. In therapeutic practice, clients are required to complete homework assignments, such as practicing relaxation techniques or filling out emotion logs. At the conclusion of therapeutic intervention, clients are also required to complete a Balanced Feedback Form to review their therapeutic experience and reflect on the gains achieved during treatment.

5.5. Develop relaxation and coping skills

When clients experience stress, they can develop skills to manage stress and increase self-awareness through relaxation exercises. Relaxation techniques can be broadly categorized into dynamic and static practices.

Tai Chi is a dynamic relaxation exercise. The external component involves practicing movements and adjusting postures, while the internal component requires focused attention and the elimination of distractions to attain tranquility and spiritual cultivation.⁴ Across Tai Chi practice, individuals may also learn to perceive their environment from a balanced and comprehensive perspective, which aligns closely with the goals of BPT.

Meditation is a static relaxation exercise. Meditation is an ancient mindfulness practice that stems from Buddhist and Hindu traditions, in which practitioners intentionally cultivate heightened awareness of thoughts and feelings.¹⁶ Meditation promotes not only physical relaxation but also psychological relaxation, thereby achieving the balance among cognition, emotion, and

behavior.⁴ In therapeutic practice, clients are guided to focus on their breathing, which helps reduce distracting thoughts and may reduce amygdala activity, thereby alleviating stress and anxiety.

5.6. Leverage the group dynamic

Group therapy can significantly improve the effectiveness of psychotherapy. Group members’ behaviors often mirror their social behavior in broader society. Their interactions within the group also reveal their typical patterns of interpersonal relationships. Therefore, individual issues may be more readily identified and addressed effectively by group psychotherapy. In Wang’s study,⁹ compared to medication alone, GBPT combined with medication produced significantly ($p < 0.001$) greater reductions in the severity of anxiety, depression, and panic symptoms in patients with panic disorder.

6. Discussion and future directions

Cognitive-behavioral therapy (CBT) constitutes part of the theoretical foundation of BPT. Elements, such as establishing a therapeutic alliance, setting treatment goals, identifying emotions, and behavioral activation reflect the integration of CBT principles within BPT. Although both CBT and BPT involve cognitive processes, they differ in their conceptual frameworks. CBT focuses on identifying and challenging negative cognitive patterns to reshape cognition, whereas BPT proposes a balanced-oriented cognitive model, emphasizing movement, change, equivalence, and stability, as well as the mastery of moderation and the coordination of relationships. Gao and Yuan¹⁵ compared the efficacy of GBPT and group CBT (GCBT) for GAD. Both interventions effectively alleviated anxiety and depressive emotions in patients with GAD and reduced the level of somatization symptoms; however, the reduction rates of anxiety ($p < 0.001$) and somatization symptoms ($p < 0.05$) were significantly greater in the GBPT group than in the GCBT group, indicating superior efficacy. This may be due to the advantages of GBPT in incorporating local culture, being more inclusive, and easily fostering a free and relaxed group atmosphere. In previous BPT studies, control groups have typically received no treatment or mental health education. Future research should compare BPT with other psychotherapies to elucidate differences in mechanisms of action and comparative efficacy.

Recent clinical studies have also begun to explore the neuropsychological mechanisms of BPT. Wang⁹ investigated the efficacy of GBPT combined with medication on heart rate variability (HRV) in patients with panic disorder. The 8-week treatment results showed no

significant difference ($p>0.05$) in HRV indices compared with baseline, suggesting that HRV may not be a sensitive and effective indicator of therapeutic change in this context.³ Liu¹² used the Eysenck Personality Questionnaire-Revised Short Scale-Neuroticism to measure the neuroticism levels of GAD patients before and after treatment. The results showed that, compared with group mental health education sessions, GBPT significantly ($p<0.05$) reduced patients' neuroticism levels. This suggests that BPT may reduce individuals' stress-related hyperactivation by correcting their state of imbalance, thereby attenuating neuroticism. Present research on the neuropsychological mechanisms of BPT remains limited; future studies should further investigate the connections between BPT principles and neurophysiological factors, such as brainwave activity, endocrine function, prefrontal regulation, and other related processes.

7. Conclusion

In summary, BPT integrates Eastern philosophical systems with various schools of psychotherapy and emphasizes the concepts of "degree" and "relationship," offering a novel perspective on psychosomatic symptoms and a fresh framework for psychological treatment.

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Conflict of interest

Yonggui Yuan serves as one of the Editors-in-Chief of this journal, while Zhi Xu is an Editorial Board Member. Both of them were not, in any way, involved in the editorial and peer-review process conducted for this paper, directly or indirectly. Separately, other authors declared that they have no known competing financial interests or personal relationships that could have influenced the work reported in this paper.

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References

1. Kellner R. Psychosomatic syndromes, somatization and somatoform disorders. *Psychother Psychosom.* 1994;61(1-2):4-24.
doi: 10.1159/000288868
2. Fava GA, Cosci F, Sonino N. Current psychosomatic practice. *Psychother Psychosom.* 2017;86(1):13-30.
doi: 10.1159/000448856
3. Yang N, Yuan Y. Balancing psychotherapy: A comprehensive review of clinical applications, efficacy, and innovations. *J Clin Basic Psychos.* 2025;3(4):12-20.
doi: 10.36922/jcbp.8288
4. Yuan Y. *Balancing Psychotherapy*. 1st ed. China: Southeast University Press; 2018.
5. Ge C. *Balance Studies*. 1st ed. China: Hubei People's Publishing House; 2013.
6. Wilhelm R. *The I Ching or Book of Changes*. 3rd ed. Baynes CF: Routledge and Kegan Paul; 1968.
7. Lin Y. *The Wisdom of Laozi*. 1st ed. New York: Random House; 1948.
8. Yuan Y, Huang H, Zhang L, et al. Balancing psychotherapy and psychosomatic disorders. *Pract Geriatr.* 2017;31(10):906-909.
doi: 10.3969/j.issn.1003-9198.2017.10.003
9. Wang C. *The Effect of Group Balancing Psychotherapy on Patients with Panic Disorder*. Master's Thesis. Southeast University; 2017.
10. Zhang M. *The Effect of Balancing Psychotherapy on Adolescent Patients with Major Depressive Disorder*. Master's Thesis. Southeast University; 2019.
11. Lam KH, Ng SH, Wan H, et al. Development of traditional Chinese medicine philosophy and cognitive practice. *Tradit Chin Med.* 2020;9(1):1-7.
doi: 10.12677/TCM.2020.91001
12. Liu Q. *The Auxiliary Curative Effect of Group Balancing Psychotherapy on Patients with Generalized Anxiety Disorder*. Master's Thesis. Southeast University; 2021.
13. Zhu J. *Study on the Effect of Virtual Reality-Based Balancing Psychotherapy in the Adjuvant Treatment of Panic Disorder*. Master's Thesis. Southeast University; 2021.

14. Gu Y. *The Effect of Virtual Reality-Based Balancing Psychotherapy in the Treatment of Obsessive-Compulsive Disorder*. Master's Thesis. Southeast University; 2023.
doi: 10.36922/JCBP025300055
15. Gao Y, Yuan Y. A comparison of group balancing psychotherapy and group cognitive behavioral therapy for generalized anxiety disorder in China. *J Clin Basic Psychosom*. Published online 2025.
16. Basso JC, McHale A, Ende V, Oberlin DJ, Suzuki WA. Brief, daily meditation enhances attention, memory, mood, and emotional regulation in non-experienced meditators. *Behav Brain Res*. 2019;356:208-220.
doi: 10.1016/j.bbr.2018.08.023