

Research on Shandong Community Health Service Model Integrating TCM Emotional Therapy and Art Therapy

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Abstract:

Aiming at the practical dilemmas of high incidence of emotional health problems among grassroots residents and insufficient supply of community mental health services, this study takes urban and rural communities in Shandong Province as the research field, integrates traditional Chinese medicine (TCM) emotional therapy and modern art therapy in both theory and practice, and constructs a new community health service model with both Qilu cultural characteristics and universal promotion value. Using methods of literature research, questionnaire survey, field interview, practical intervention and effect evaluation, this study systematically explains the internal compatibility between the core theories of TCM “unity of body and spirit, restriction among emotions, imbalance of seven emotions” and the physical and mental regulation mechanism of art therapy, investigates the current situation of emotional health, service needs and supply shortcomings of community residents in Shandong, develops a localized art therapy curriculum package and standardized operation manual integrated with Qilu TCM culture, Shandong folk art and intangible cultural heritage elements, carries out 3–6 months of intervention practice in pilot communities and conducts scientific evaluation. The study builds a cross-departmental collaborative mechanism of “government guidance—community implementation—medical institution support—cultural team participation”, and forms a reproducible, promotable and sustainable health service system of TCM emotional-art therapy in Shandong communities, providing theoretical support, practical plans and decision-making references for the construction of Healthy Shandong, the creative transformation and innovative development of TCM culture, and the improvement of grassroots public health services.

Keywords:

TCM Emotional Therapy, Art Therapy, Community Health Service, Qilu Culture, Service Model

1. Introduction

Under the background of the comprehensive promotion of the Healthy China 2030 Planning Outline and the implementation of Shandong Province’s strategies of “Cultural Power Province and Healthy Shandong”, China’s grassroots health service system is accelerating the transformation from “disease treatment-centered” to “health

promotion-centered” [1]. Holistic physical and mental regulation, prevention first, and full-cycle protection have become the core orientations of health services in the new era. With the acceleration of social rhythm and the increase of life pressure, emotional-related problems such as anxiety, depression, insomnia, excessive contemplation, and chronic stress among community residents remain high, which has become an important public health problem affecting national health. Traditional mental health services mostly rely on professional psychological counseling and drug intervention, which have practical shortcomings such as shortage of professional resources, high service costs, low public acceptance, and weak local adaptability.

Rooted in the traditional Chinese medical system, TCM emotional therapy takes the view of unity of body and spirit as the core and the restriction among emotions as the basic rule [2]. It emphasizes regulating emotional state to achieve visceral harmony and physical and mental balance, with unique advantages of being mild, safe, easy to popularize, and close to people’s lives. As an important means of modern psychological intervention and health promotion, art therapy realizes emotional catharsis, stress release, cognitive reconstruction and social integration through artistic expression forms such as music, painting, calligraphy, dance and handicrafts [3], and has natural affinity and accessibility in community scenarios. The two are conceptually similar and consistent in goals in regulating emotions, maintaining physical and mental health, and promoting health, with a theoretical basis and practical potential for in-depth integration [4].

As one of the birthplaces of TCM culture and a major province of folk art and intangible cultural heritage, Shandong has rich TCM resources, cultural resources and a perfect grassroots public service system, providing unique regional conditions for the integrated development of TCM emotional therapy and art therapy [5]. However, most of the current relevant studies in the province focus on theoretical discussion or small-scale activities in a single field, lacking a health service model that integrates the two, is community-oriented, and can be standardized and scaled up. Based on the actual situation in Shandong, this study conducts research on the community health service model integrating TCM emotional therapy and art therapy, which has important theoretical significance and practical value for improving the grassroots health service system, promoting the popularization of TCM culture, and facilitating the integrated development of cultural tourism and health care.

2. Theoretical Basis and Research Status at Home and Abroad

2.1. Core Theories of TCM Emotional Therapy

TCM emotional therapy is a prevention and treatment method with emotional regulation as the core in the TCM system[6]. Its theoretical foundation mainly includes three aspects: first, the view of unity of body and spirit. It holds that “the body and spirit coexist”, the body and spirit are interdependent and interactive. The body is the foundation of emotions, and emotions dominate the body. Emotional disorders can cause physical diseases, and physical lesions can also lead to emotional abnormalities [7]. Second, the theory of restriction among emotions. Following the law of five elements’ generation and restriction, it puts forward that “anger injures the liver, sorrow conquers anger; joy injures the heart, fear conquers joy; overthinking injures the spleen, anger conquers overthinking; sorrow injures the lung, joy conquers sorrow; fear injures the kidney, overthinking conquers fear” [8], using one emotion to restrict and correct another emotional imbalance. Third, pathogenesis of seven

emotions imbalance. It regards seven emotional changes (joy, anger, sorrow, overthinking, grief, fear, shock) as important internal injury causes. Excessive or persistent emotional stimulation will lead to visceral qi and blood disorders, inducing insomnia, anxiety, depression, digestive disorders, aggravated chronic diseases and other problems [9].

2.2. Development Status and Limitations of Art Therapy

Western art therapy has formed mature branches such as music therapy, painting therapy, dance movement therapy, drama therapy, and expressive art therapy, which are widely used in psychotherapy, rehabilitation medicine, geriatric care, special education and community services, with a sound theoretical, technical and evaluation system [10]. However, its theoretical basis is mainly Western psychology and psychiatry, and there are differences between its cultural context, intervention methods and values and China's national conditions, making it difficult to directly adapt to Chinese community scenarios.

Domestic art therapy has developed rapidly in recent years and gradually entered schools, communities, hospitals and elderly care institutions, but it is still in the initial stage as a whole [11]. The prominent manifestations are: insufficient localized theory, low standardization of intervention plans, shortage of professional talents, fragmented services, and weak sustainability. Most projects stay at the level of interest activities and have not formed a scientific and standardized health service model [12].

2.3 Research Status of Integration of TCM Emotional Therapy and Art Therapy

TCM emotional therapy and art therapy are highly compatible in holistic physical and mental regulation, emotional catharsis, cultural nourishment, non-invasiveness, and suitability for grassroots [13], with a natural integration foundation. At present, relevant domestic interdisciplinary studies are mainly theoretical discussions, focusing on the analysis of their compatibility and feasibility [14]. Empirical studies on community implementation, integration with regional culture, and formation of replicable service models are relatively scarce, and systematic studies in Shandong are even weaker. This study has obvious value in filling the gaps.

3. Research Design and Methods

3.1. Research Ideas and Contents

This study adheres to problem-oriented, demand-oriented and application-oriented approaches, and advances in accordance with the technical route of theoretical construction—demand investigation—plan development—practical verification—model extraction. The core contents include: first, theoretical integration research: constructing a localized theoretical model of TCM emotional-art therapy, clarifying the integration mechanism and intervention logic [8]. Second, community demand and supply investigation: conducting assessment of demand and supply status for urban and rural community residents, community health service centers, cultural stations, and elderly care institutions in Shandong Province. Third, development of integrated intervention plans: developing curriculum packages, operation manuals and safety specifications integrated with Qilu culture and folk art for common emotional problems such as anxiety, depression, insomnia, stress and excessive contemplation. Fourth, community practical intervention and effect evaluation: selecting pilot communities to carry out 3–6 months of intervention, using emotional scales, sleep

scales, TCM constitution identification and other methods for pre-test and post-test comparison. Fifth, construction of health service model and policy suggestions: refining collaborative mechanism, operation process and guarantee system, forming a promotable model and policy suggestions [10].

3.2. Research Methods

The literature research method is used to sort out relevant theories, policies and research results of TCM emotions, art therapy, community health and public culture [11]; questionnaire survey and interview methods are used to carry out quantitative and qualitative investigations in many communities in Shandong to grasp demands and pain points; practical intervention method is used to carry out group intervention in communities and implement standardized art therapy activities; comprehensive evaluation method is adopted to evaluate the effect from the dimensions of emotion, sleep, constitution and satisfaction through a combination of quantitative and qualitative methods.

4. Research Results

4.1. Construction of Localized Integrated Theoretical Model

This study constructs a TCM emotional-art therapy theoretical model with unity of body and spirit as the core, restriction among emotions as the regulation rule, artistic expression as the intervention carrier, and cultural nourishment as the long-term support, clarifying the complete path of “TCM syndrome differentiation—emotional classification—art adaptation—activity intervention—effect feedback—continuous maintenance”, realizing the scientific connection between traditional TCM wisdom and modern art therapy [10].

4.2. Current Situation of Demand and Supply in Shandong Communities

The survey results show that the detection rate of emotional health problems among community residents in Shandong is relatively high, with stress response among young and middle-aged people, anxiety and insomnia among the elderly, and emotional disorders among adolescents being particularly prominent; residents prefer low-cost, convenient, non-medical mental health services with cultural identity. There are obvious shortcomings in community services: insufficient professionals, fragmented services, lack of cross-departmental collaborative mechanism, insufficient utilization of TCM and cultural resources, and poor service sustainability [12].

4.3. Localized Art Therapy Curriculum Package and Specifications

The study has developed five modules of curriculum packages: music therapy, painting therapy, calligraphy therapy, handicraft therapy, and dance therapy, designing differentiated plans for different groups and emotional problems, deeply integrating Shandong intangible cultural heritage, folk art, TCM allusions and health preservation culture. It is equipped with standardized processes, safety specifications, guidance manuals and material lists, featuring ready-to-implement, low cost and easy promotion.

4.4. Effect of Practical Intervention

The results of pilot community intervention show that TCM emotional-art therapy services can significantly improve residents' indicators such as anxiety, depression

and insomnia, enhance emotional regulation ability and sleep quality, strengthen community belonging and life satisfaction, with an overall acceptance and satisfaction rate of over 90%, suitable for long-term promotion at the grassroots level [14].

4.5. Formation of Community Health Service Model

The study constructs a four-in-one collaborative service model of “government guidance—community implementation—medical institution support—cultural team participation”, clarifying the responsibilities of culture and tourism, health, civil affairs, communities and other parties, establishing a complete system of personnel training, site sharing, funding guarantee, effect evaluation and long-term operation, forming a community health service paradigm that can be replicated and promoted across the province.

5. Discussion

This study has achieved innovations in four aspects: first, perspective innovation, carrying out the first systematic interdisciplinary empirical study of TCM emotional therapy+art therapy in Shandong, promoting the integration of oriental traditional wisdom and modern health services. Second, model innovation, breaking through the bottlenecks of “emphasizing theory over implementation, emphasizing activities over standardization”, forming a standardized, operable and evaluable community service system. Third, regional innovation, deeply embedding Qilu TCM culture and Shandong folk art, significantly improving local identity and sustainable operation capacity. Fourth, mechanism innovation, building a multi-department collaborative promotion mechanism, breaking down barriers of policies, resources, personnel and sites, and improving service sustainability [13].

The research results can be directly applied to urban communities, rural communities, elderly service centers, youth activity venues, chronic disease rehabilitation stations and other scenarios, providing empirical basis and decision-making reference for Shandong Province to improve grassroots health services, promote the inheritance and innovation of TCM, and facilitate the integration of public culture and health services. The model has the advantages of low cost, easy replication, high acceptance and strong inclusiveness, and can be promoted in similar regions across the province and even the whole country.

This study still has certain limitations, such as limited scope of investigation and pilot, insufficient long-term effect tracking, and imperfect professional talent training system. In the future, the coverage area can be further expanded, large-sample long-term tracking research can be carried out, the talent training and standard system can be improved, and TCM emotional-art therapy can be promoted to standardization, scale and institutionalization.

6. Conclusions

The in-depth integration of TCM emotional therapy and art therapy conforms to the development trend of grassroots health services, and is an important path to promote the Healthy China strategy and inherit excellent traditional Chinese culture. Based on Shandong's regional resources, the community health service model constructed in this study is theoretically scientific, practically feasible and outstanding in promotion value, which can effectively meet residents' emotional health needs, reduce the burden of grassroots medical care, improve the efficiency of public cultural services,

and assist the construction of Healthy Shandong and a culturally strong province. The model nourishes the mind with art, consolidates the foundation with TCM, and educates people with culture, providing a Shandong plan and practical demonstration for constructing a localized art therapy system with Chinese characteristics.

Conflicts of Interest

The author declares that there is no conflict of interest regarding the publication of this article.

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