

Webinar Reflections: Perspectives of Arts in Health as a Discipline – Dialogue with World Leaders: History, Frontier, and Future, IACAET Webinar, November 1, 2025

线上研讨会回顾：艺术在健康领域的学科视角——与世界领袖对话：
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Abstract

This global webinar report synthesizes key insights from international leaders in the field of arts in health, tracing the field’s evolution, emerging research, and the growing call for decolonized, community-centered practice. Drawing on the work of Vivien Speiser and Tony Yu Zhou, Jill Sonke, Naj Wikoff, Susan Magsamen, Nsamu Moonga, and David Leventhal, the report highlights how the arts serve as a vital modality of healing, health equity, and social transformation. Integrating research from the World Health Organization and major US arts organizations, the webinar panelists advocate for interdisciplinary collaboration and culturally grounded practices that position creativity as both a human right and a health imperative.

Keywords: arts in health, expressive arts therapy, International Association for Creative Arts in Education and Therapy, decolonization, global health, creativity, cultural resilience

摘要

这份全球线上研讨会报告综合了国际艺术健康领域领军人物的关键见解，追溯了该领域的发展历程、新兴研究成果以及对去殖民化、以社区为中心的实践日益增长的呼吁。报告借鉴了Vivien Speiser、Tony Yu Zhou(周宇)、Jill Sonke、Naj Wikoff、Susan Magsamen、Nsamu Moonga和David Leventhal等人的研究成果，重点阐述了艺术如何成为促进疗愈、健康公平和社会变革的重要途径。报告整合了世界卫生组织和美国主要艺术机构的研究成果，倡导跨学科合作和植根于文化的实践，将创造力视为一项人权和一项健康要务。

关键词: 艺术健康, 表达性艺术治疗, 国际创造性艺术教育与治疗协会, 去殖民化, 全球健康, 创造力, 文化韧性

Overview

This article and reflective webinar report explores the “Perspectives of Arts in Health as a Discipline—Dialogue with World Leaders: History, Frontier, and Future.” As part

of the IACAET Arts & Health Global Series, held on November 1, 2025, which was curated by the authors, this webinar brought together leading voices to reflect on how arts in health have grown as a discipline and has been shaped by diverse cultures, practices, and philosophies. IACAET Arts & Health Series (<https://www.iacaet.org/iacaet-arts-health-global-dialogue-series/>) started in summer 2025 and will continue until June 2026. The International Association for Creative Arts in Education and Therapy (IACAET, <https://www.iacaet.org/>) and Tony Yu Zhou's leadership has been essential to framing the global, intercultural, and decolonial scope of the arts in health movement. IACAET provides a cross-cultural platform linking education, health, creative arts therapy, and research. Through its *Creative Arts in Education and Therapy (CAET)* journal (<https://caet.inspirees.com/>), IACAET advances intercultural dialogue and champions the recognition of indigenous practices as integral to the artistic, creative, and therapeutic process (Zhou & Marcow Speiser, 2023).

This global webinar report brings together leading voices from around the world to reflect on arts in health as a rapidly growing and evolving field. The full recording of the webinar is available in YouTube (<https://www.youtube.com/watch?v=Zfu2A7aLFos>). The webinar explores the history, current frontiers, and emerging futures of the field through discussion with leading experts and founding influencers examining how this discipline has developed across different regions, cultures, and contexts. This series is designed for professionals, educators, practitioners, and researchers working at the intersection of arts, health, and well-being, including arts in health practitioners, creative arts therapists, medical professionals, community arts workers, policymakers, and students interested in the field. This webinar session features presentations from internationally recognized leaders, followed by an interactive panel discussion and open dialogue among professionals from diverse disciplines, including healthcare, therapy, education, community development, and the arts. Together, these global collaborations affirm that the arts are not merely complementary to health, but they are constitutive of it.

Introduction to the Field and the Work of the Panelists

The arts in health movement has evolved from a peripheral humanitarian practice into a global field grounded in evidence, ethics, and aesthetic inquiry. This webinar report traces the roots of arts in health through the words and writings of key contributors, reviews current interdisciplinary research, and envisions a decolonized, community-centered future. Drawing upon their work and conversations, Vivien Speiser, Tony Yu Zhou, Jill Sonke, Naj Wikoff, Susan Magsamen, Nsamu Moonga, and David Leventhal situate the arts as an essential modality of human flourishing, by bridging creativity, social justice, and health equity. The discussion by and between the presenters advocates for integrative models that honor indigenous knowledge systems, expand access, and reimagine care as a creative and cultural act.

As we explore with the presenters the history, frontiers, and future of arts in health, we are reminded that the arts connect body, mind, and spirit, thus offering a bridge between science and creativity, North and South, East and West, and the many dimensions of human experience.

In every culture, healing begins in rhythm, in the pulse of the drum, the brush, the breath, and word, ritual, enactment, ceremony, and sound. Across the centuries and around the world, the arts have held what medicine could not name, including the building of resilience, belonging, and meaning.

This webinar situates the evolving field of arts and health within a global, decolonial, and evidence-based framework. Drawing upon the work of leading practitioners and researchers, it presents an integrated vision of health that centers creativity, cultural knowledge, and community participation as core determinants of well-being. The webinar presenters draw upon their research and practice to weave reflection with scholarly insight to propose a future where arts and health are co-constructed through cultural agency, ethical research, and relational care. The arts have long been integral to human healing, ritual, and resilience. They recount that in recent decades, arts in health has emerged as a professionalized field that unites the artistic, expressive, therapeutic, and public dimensions of artmaking within health and community systems.

This global webinar report draws on the reflections of thought leaders from around the world to articulate the expanding disciplinary landscape of arts in health. Together, these experts examine how the field's history, frontiers, and emerging futures are shaped by regional and cultural differences while united by shared commitments to creativity, health equity, and human dignity. Designed for practitioners, educators, researchers, clinicians, community arts workers, policymakers, and students, the series highlights how the arts function not merely as complementary modalities but as constitutive dimensions of health and social well-being.

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The Global Framework for Arts and Health and the Contributions of the Panelists

The movement toward professional recognition of the field of arts in health in the United States began with the Society for the Arts in Healthcare (SAH) in 1991, evolving into the Global Alliance for Arts and Health (2012) and later the Arts & Health Alliance (2014). Since 2016, the National Organization for Arts in Health (NOAH) has taken leadership in defining standards and competencies for practitioners, supported by foundational reports such as *Arts, Health, and Well-Being in America* (NOAH, 2017).

The *Arts, Health & Wellness* report by Americans for the Arts (2017) foresaw a growing shortage of healthcare professionals, calling for artists to become integral members of care teams through design, arts-based therapies, and preventative creative practice. The arts and health field has achieved international recognition through research, policy, and advocacy which situates the arts as integral to public health. Similar developments are emerging worldwide, including arts-on-prescription programs, cultural health initiatives, and international collaborations led by organizations such as the IACAET. Across continents, arts and health initiatives are expanding and range from social prescribing programs in Europe and the Americas, to arts-based

community healing in Africa, Asia, and Latin America. The NOAH White Paper (2017) situates creativity as a vital determinant of health, whereas IACAET has been pivotal in recognizing and supporting existing local and indigenous forms of creative healing worldwide. Parallel developments have emerged globally. The World Health Organization's (WHO, 2019) landmark report on arts and health provided robust evidence of the arts' contributions to prevention, treatment, and social well-being. The 2019 report of the WHO synthesizes evidence from over 900 studies affirming the arts' role in the prevention, treatment, and management of mental and physical health conditions. It concluded that arts participation improves mental health, supports child development, and enhances social cohesion (WHO, 2019). The report identified the arts as essential for achieving the Thirteenth General Program of Work (2019–2023) and the 2030 Agenda for Sustainable Development.

The presentations affirm that arts in health practices draw upon creativity as an essential human right and a foundation of health, healing, and social cohesion. They describe how the field of arts in health spans expressive arts therapy, community arts, and creative health and has evolved into a global movement that recognizes the arts as integral to individual and collective well-being. As Sonke (2017) and colleagues have shown, artists working alongside clinicians improve patient outcomes, safety, and satisfaction, demonstrating that the arts are not peripheral but central to interprofessional care. Susan Magsamen's (2023) *Your Brain on Art* extends this understanding through neuroscience, revealing how aesthetic experience transforms neural pathways, supporting cognition, empathy, and emotional regulation.

The key contributors of arts and health featured in the webinar envision creativity as a form of care and civic engagement. Naj Wikoff, our first panelist, is a founding figure in the modern US movement and helped build the infrastructure that made arts in healthcare visible at the policy level. His early leadership within SAH and its later iterations, and his advocacy throughout the years, including his work in NOAH and the Americans for the Arts (2017), established the principle that artists are integral members of the healthcare team. Wikoff's (1998; 2004) work *Cultures of Care* remains a seminal text, demonstrating how artists, designers, and performers contribute to holistic healing environments.

Our next presenter, Sonke (2017) and the Center for Arts in Medicine at the University of Florida (n.d.) (<https://arts.ufl.edu/sites/creating-healthy-communities/resources/evidence-based-framework/>) have built a robust empirical foundation for the field, demonstrating measurable impacts of the arts on resilience, recovery, and social connection. She has charted how professional artists are now active collaborators in inter-professional care teams. Her research at the University of Florida shows that artists working alongside clinicians help improve patient satisfaction, safety, and outcomes. She has extended this foundation through a research-based framework for community health integration. Her research and studies have shown that the arts reduce stress, build empathy, and strengthen community resilience (Sonke et al., 2025). She argues that the arts should be considered core public health infrastructure, a view that is now reflected in national and global policy discourse.

Followed in the webinar by Susan Magsamen, through the International Arts + Mind Lab, has added neuroscientific rigor to the field, demonstrating how aesthetic engagement reshapes neural pathways, enhances cognition, and fosters emotional balance (Magsamen & Ross, 2023). Susan Magsamen at Johns Hopkins has given us new tools, such as the impact thinking model to map how aesthetic experience measurably changes brain, body and behavior (<https://www.artsandmindlab.org/people/susan-magsamen/>).

Our next presenter, David Leventhal's (2018) Dance for PD[®] program, exemplifies how creative movement can restore agency and community connection for people with Parkinson disease and other movement disorders. Through Dance for PD[®] (Retrieved from <https://danceforparkinsons.org/>), Leventhal has demonstrated that movement and rhythm can reawaken a sense of agency and joy among people with Parkinson disease, helping to establish dance as a vital therapeutic medium in arts in health.

Our final presenter, Nsamu Moonga (2022), brings a crucial decolonial lens to this work, emphasizing the restoration of African indigenous methodologies and creative rituals as valid systems of knowledge. His perspective calls for dismantling hierarchical Western frameworks and centering local epistemologies oral traditions and indigenous healing arts within health interventions. His work and practice emphasize that decolonization in the arts is not metaphorical and that it requires recognizing indigenous methodologies as legitimate epistemologies and redistributing power in knowledge creation Moonga reminds us that arts and health must be rooted in local cultural expression, indigenous knowledge systems, and decolonial praxis.

Vivien Speiser has been pivotal in expanding the arts and health discourse to global, intercultural, and trauma-informed contexts. Her presentation demonstrates that artistic expression functions as relational activism, restoring balance and connection in communities fractured by displacement, war, and social rupture (Marcow Speiser & Speiser, 2024; Speiser et al., 2024; Speiser & Zhang, 2025).

The *CAET* journal, under the leadership of Tony Yu Zhou, has been instrumental in documenting regional practices, from Chinese calligraphic therapy to African dance rituals, offering models of embodied education that challenge Western paradigms of evidence and effectiveness.

A Decolonized Approach to Arts and Health

A decolonized approach to arts and health involves recognizing and valuing local cultural practices, embodied traditions, and community wisdom as central and not peripheral to healing. As Speiser and Speiser (2022) argue, the principle of Ubuntu, "I am because we are," reminds that health cannot be separated from community or creativity. Decolonial practice calls for relational ethics: working with rather than on communities; co-creating knowledge; and integrating indigenous, folk, and artistic epistemologies into care.

Yet, this movement must also confront the legacies of colonialism that have historically marginalized indigenous, community-based, and traditional healing practices. To ensure equity and relevance across contexts, the field calls for a decolonized

approach that honors local epistemologies, restores agency to communities, and builds cross-cultural pathways for healing grounded in relational ethics. These movements affirm that creativity is a 21st-century health competence. As such creativity is a catalyst for connection, resilience, and transformation. However, a decolonized framework demands that these initiatives center the voices, practices, and leadership from around the world and draws also upon the voices of indigenous communities in defining what constitutes healing, evidence, and ethical practice. Emerging evidence demonstrates that creativity as a 21st-century competence is therefore a vital tool for emotional resilience, cultural continuity, and collective recovery (Marcow Speiser & Speiser, 2024; Vosnesenska et al., 2025).

The Global South, in particular, is producing transformative models that link art, cultural identity, and community care, adapt to, and are transformed by local philosophical and aesthetic traditions. The Global South is leading innovative models in arts and health—from dance movement therapy training in South Africa (Speiser, 2023) to community arts in refugee and conflict zones (Speiser et al., 2024). These initiatives embody transnational solidarity, including North and South and East and West collaborations that are dialogical, ethical, and grounded in mutual learning. A decolonized future for arts and health will flourish when knowledge and practices are shared, local leadership is supported, funding is equitably distributed, and global partnerships are built on reciprocity rather than hierarchy.

Our panelists concur that decolonizing arts and health means more than inclusion. It means recognizing knowledge sovereignty in all its myriad forms and valuing community ownership. It requires listening to the drum, the story, the land, as the intrinsic sources of healing as well as including them in systems of diagnosis and repair. Together, these perspectives establish a decolonial lineage, one that values intuition, ritual, empathy, ceremony, and artistic process as universal languages of healing.

Ethical engagement in arts and health requires reflexivity, humility, and respect for local epistemologies. Practitioners must adhere to the principle of doing no harm and cultivate relational ethics grounded in empathy and mutual learning.

Evaluation frameworks should reflect cultural aesthetics and include an understanding of the ways in which communities define beauty, harmony, and wholeness. Standard biomedical measures of anxiety or blood pressure are insufficient to capture the effective and relational transformations that emerge through creative engagement (Marcow Speiser et al., 2017). However, evidence also needs ethics: who defines health, who honors culture, who shapes the narrative of healing? That is the question of agency, equity, and justice. Therefore, facilitating local leadership and shared authorship ensures that arts and health initiatives not only heal but also restore dignity, sovereignty, and sustainability. The future of arts and health is a global conversation, one that must cross knowledge systems (North–South, East–West), honor ancestral practices, and design for prevention, not only intervention.

The next horizon of arts and health demands ethical integration, cultural reciprocity, and community-led design. Programs like Dance for PD[®] (Leventhal, 2018), expressive arts with displaced populations (Speiser et al., 2024), and arts-based interventions in public health (Golden et al., 2025; Sonke et al., 2017) model the pathways forward.

A decolonized approach redefines “evidence” to include ritual efficacy, relational aesthetics, and community-defined indicators of well-being. It calls on policymakers and researchers alike to recognize that creative practices, which are rooted in place and tradition, are not peripheral but are essential to the collective health of our planet. The next horizon of arts and health demands ethical integration, cultural reciprocity, and community-led design. Programs like Dance for PD® (Leventhal, 2018), expressive arts with displaced populations (Speiser et al., 2024), and arts-based interventions in public health (Sonke et al., 2024) model the pathways forward.

It calls on policymakers and researchers alike to recognize that creative practices that are rooted in place and tradition and that they are not peripheral; rather, they are essential to the collective health of our planet. This approach reframes health as a dynamic ecosystem of social, cultural, and environmental relations. It extends beyond clinical settings to encompass education, environment, and civic life, echoing Sonke’s (2024) call for the arts to become “core public health infrastructure.”

Health is not only biological—it is also cultural, creative, and communal. When the arts are understood as a living dialogue among cultures, histories, and communities, they become a transformative force for global well-being. In this way, creativity is reclaimed as both a universal birthright and a pathway toward decolonial restoration.

As the arts in health movement enters a new decade, its future depends on equity, research, and imagination. The field’s key contributors have shown that creativity is not ancillary to health but that it is health itself. To sustain this work, we must invest in systems that honor diverse aesthetic languages, support community practitioners, and center the arts as a vital force in global well-being. These findings align with Magsamen’s (2023) neuroaesthetic research, Moonga’s (2022) work on indigenous healing systems, Sonke’s community health studies, and Leventhal’s dance interventions, which all underscore that creativity is a measurable determinant of health.

As Wikoff (2004) observed, “the arts bring into healthcare a dimension that restores the humanity of care itself.” That sentiment echoed by all the panelists remains the moral compass of the field. Zhou’s IACAET and CAET network now extend this vision across continents, establishing creative arts as a transcultural commons for healing, learning, and research.

Conclusion: The Art of Our Shared Future

In reflecting on arts in health as a discipline, several key themes emerged from the panel discussion:

1. **Definitional clarity and disciplinary scope:** The field is moving toward a shared understanding that defines its unique contributions across health, education, culture, and community practice. Arts in health is seen as a distinct, interdisciplinary discipline.
2. **Evidence integration:** Neuroscience, psychology, public health, and arts-based research collectively strengthen the field’s credibility and policy impact. Indigenous knowledge and community healing practices expand the understanding of what counts as evidence and how healing is understood.

3. Decolonization and cultural equity are foundational, requiring shared authority, community leadership, and recognition of diverse knowledge systems. The inclusion of indigenous knowledge systems and local epistemologies is central to global practice and ethical relevance.
4. Professionalization and policy development: Initiatives such as NOAH's competencies, WHO's scoping review, and IACAET's intercultural credentialing process reflect growing institutional maturity.
5. Creativity as a 21st-century health competence: Emerging evidence demonstrates creativity as essential for resilience, emotional regulation, cultural continuity, and collective recovery. Creativity is a measurable determinant of health.

Together, these themes position arts in health as an interdisciplinary, evidence-informed, and culturally grounded domain connecting creativity, community, and global well-being.

The convergence of neuroscience, indigenous knowledge, and community practice signals a new era: the recognition of arts in health as interdependent systems.

Through the collaborative work of Sonke, Magsamen, Wikoff, Moonga, Leventhal, Speiser, and Zhou, the field continues to evolve into a model of global solidarity, one where healing is aesthetic, cultural, and ecological. Let us bring rigorous evidence into conversation with lived cultural practice thus bridging the neuroscience of the aesthetic (thanks to Magsamen) and the social determinants of health (thanks to Sonke) with embodied movement (Leventhal, Speiser, and Zhou) and trauma-informed creativity (Wikoff and Moonga).

In this vision, art does not simply heal the individual; it restores the social and spiritual fabric of our shared humanity. The arts are the pulse of health, the bridge across difference, and the canvas of the future. We are not adding art to health; we are redefining health as artful, relational, and culturally alive. We are asking what kind of health our communities deserve, what kind of dignity does creative life demand, what kind of leadership will honor the many languages of healing. The arts in health movement continues to expand across continents and disciplines. From hospitals to refugee camps, from dance studios to neuroscience laboratories, artmaking is increasingly recognized as an essential condition of human health.

Our task now is to ensure that this movement remains equitable, evidence-informed, and grounded in cultural humility. To move forward, we must listen to the stories of survivors, the rhythms of local traditions, and the wisdom of artists who remind us that creativity is the heart of our humanity. The future of arts and health is not only in data or design. It lives in our embodied relationships to one another and in the gestures, movements, artistic expressions, songs, and stories through which we heal one another.

The next frontier is not merely integrating the arts into healthcare systems, but reimagining those systems through the lens of culture, care, and creativity. The next horizon to widen for arts and health lies not only in expansion but in ethical transformation, grounded in principles of equity, reciprocity, and relational aesthetics.

Across the perspectives shared during this global webinar, several unifying themes emerged—together articulating what arts in health is and what it is becoming. The

panelists offered a vision of the field as interdisciplinary, culturally grounded, ethically engaged, and globally interconnected, pointing toward a future in which creativity is understood as a measurable determinant of health and a universal human right. The field's future lies in ethical, intercultural, community-led transformation, redefining health as relational, cultural, and creatively alive.

Lyrical Reflection: The Future We Create

We are not adding art to health—
 we are remembering that health itself is an art.
 And in that remembering,
 we find the future—
 creative, ethical, and interconnected.

Here, research and ritual walk hand in hand:
 Magsamen maps the brain's song,
 Sonke measures impact in hospitals and homes,
 Wikoff brings creative healing to veterans and communities,
 Leventhal restores agency through the moving body,
 Moonga calls us back to the wisdom of the earth,
 and Speiser and Zhou remind us
 that dialogue between North and South, East and West is not a bridge but a dance—
 a choreography of mutual learning,
 where culture itself becomes the medicine.

In this gathering of global voices—
 guided by IACAET's vision of creativity in education, health and therapy—
 art becomes the pulse of public health,
 and healing becomes
 a shared act of imagination.

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