

INTERNATIONAL SOCIETY FOR ARTS AND MEDICINE

Berlin Memorandum:

Healing Arts – Forging Alliances of Arts and Medicine

The congress of the International Society for Arts and Medicine (ISfAM) June 18-20, 2026 in Berlin, Germany, brought together medical professionals, artists, researchers, practitioners, and students from around the world to advance interdisciplinary exchange at the intersection of arts, medicine, and health. The congress title “Healing Arts – Forging Alliances of Arts and Medicine” reflects a growing and evidence-supported recognition that health cannot be understood or addressed solely through a biomedical framework. Health emerges from the dynamic interplay of physical, psychological, social, and cultural dimensions. From this perspective, the arts do not merely accompany healthcare; they are integral to it.

The evidence supporting the role of arts in medicine is substantial and growing. In mental health, artistic expression offers a non-verbal mode of engagement that enables individuals to explore and process complex feelings, particularly where verbal articulation is difficult or inaccessible. Arts-based approaches are associated with reductions in perceived stress, improvements in mood, and meaningful contributions to treatment outcomes across a range of conditions including trauma, anxiety, depression, and chronic illness. In physical health, creative activity supports motor, cognitive and communication skills, reduces pain perception, and improves quality of life for patients undergoing long-term treatments. Hospitals that incorporate arts programmes consistently report higher patient satisfaction and shorter recovery times. Beyond medicine, the arts offer scalable responses to loneliness, loss of identity, and social disconnection. These are among the most significant and overlooked determinants of health outcomes. The economic case is compelling: arts interventions that prevent health deterioration and reduce hospital admissions generate system-wide savings that far exceed their cost.

Yet despite this evidence, the full potential of arts-based interventions remains unrealised. Integration into healthcare systems is uneven. Funding remains predominantly short-term and project-based. Important domains including social prescribing, digital delivery, health economics, and outcome measurement remain underrepresented in health policy and professional frameworks.

Recognising the diversity of approaches through which the arts contribute to health and well-being, this Memorandum uses „arts-based interventions“ as an umbrella term encompassing both creative arts therapies and arts interventions. Creative arts therapies

(including art, dance, drama, music, and poetry) are health professions that intentionally employ the creative arts within a professional relationship to achieve therapeutic goals. Arts interventions include a broad range of arts-based activities designed with the intention of promoting health and well-being, that may be receptive or participatory and are typically delivered outside a formal therapeutic framework.

This Memorandum proposes concrete steps to close the gap between what the evidence shows is possible and what healthcare systems currently deliver.



1. Modern medicine:

Arts-based interventions should be recognised as an essential component of modern healthcare because they add important dimensions to human well-being. While conventional treatments focus primarily on physical symptoms and measurable outcomes, arts-based interventions also engage emotional, psychological, and social aspects of healing. By integrating creative elements and expression - such as art, music, dance, drama, writing, and architecture - into healthcare systems, providers can offer more holistic and patient-centered treatment.



2. Education:

Educational programs bridging arts and medicine are an important objective. Creating shared learning environments that integrate artistic methods into medical training and medical methods into arts therapies training will improve healthcare. Bringing artists into the healthcare context will facilitate competencies such as perception, empathy, and relational awareness. Bringing medical and evidence-based methods into arts therapies training will improve theory, methods, and professional recognition of the arts therapies in the canon of therapeutic interventions.



3. Research:

There is a substantial body of evidence from primary studies and systematic reviews of arts-based interventions. We are nonetheless aware that a substantial portion of what is done in medicine and healthcare lacks a quality evidence base. Therefore, we seek effective ways to stimulate collaboration among medical professionals, artists, researchers, practitioners, and students in their collective ability to investigate, create and operationalise arts-based interventions.



4. Critical self-reflection:

We recognise that the arts-based intervention field must be willing to examine its own assumptions. By interacting with the critical medical humanities, the arts therapists, researchers, and healthcare providers can develop collaborations aimed at systematically addressing fundamental questions related, for example, to the hidden tensions and choices underlying the use of evidence-based methodology and to the role that patient experiences should have in shaping arts-based interventions.

5. Prevention:

Knowing that an important strategy for fostering health is to engage patients in better lifestyle choices, we seek to develop artistic skills, activating patients to be self-responsible, to strengthen their resilience and become stewards of their own healing processes. Since clinical medical interventions represent only some of the factors that shape the health of populations, we propose an additional focus on the preventive and community health dimensions of arts-based interventions.

6. Accessibility:

An important consideration is accessibility and inclusivity. As imbalances in social, environmental, economic and political structures are major determinants of community and individual health, arts-based interventions should foster more equitable communities and societies and can be adapted for people of all ages, cultural backgrounds, and abilities. Children, elderly patients, and individuals with disabilities often respond particularly well to creative arts therapies, as they can be tailored to different communication styles and developmental levels. This makes arts-based interventions a versatile tool in diverse healthcare settings.

7. Interprofessional collaboration:

Knowing that no single type of healthcare provider has all the answers that can be useful to a given patient, we seek to develop better interprofessional collaboration to adequately connect patients to the right services from the right practitioners and right professions at the right time. Aware that arts-based interventions may be provided via knowledge or practitioners from multiple global healing traditions, broadening our understanding, awareness and engagement is important. On an institutional level, collaboration is needed between health professions and artistic professions, government agencies, non-governmental organisations, private and not-for-profit businesses, and other stakeholders for advancing arts-based interventions.

8. Systems and infrastructure:

Knowing that the future reach of arts and health will depend on digital as well as physical infrastructure, we seek to develop platforms, hybrid delivery models, and connected referral ecosystems that extend access to arts-based resources across geographies and populations. Since artificial intelligence is rapidly entering healthcare systems, we affirm the essential role of the arts in preserving what cannot be automated: human experience, creativity, empathy, and relational presence. The field of arts-based interventions has a specific contribution to make in ensuring that artificial intelligence-augmented healthcare remains patient-centered and that the human dimensions of care are not displaced by technological efficiency.

9. Funding:

Funding structures should be expanded to support arts-based interventions in a medical context by rethinking how value is defined within healthcare systems. This includes shifting from short-term project funding to long-term embedded support, establishing stable roles for artists and arts therapists within institutions and recognising arts-based interventions as a core contribution to health.

10. Conclusion:

The case for arts-based interventions has been made, tested, and validated across disciplines, cultures, and continents. What remains is not more justification but more ambition. Healthcare systems that integrate the arts do not merely improve outcomes. They become more human and more capable of meeting the full complexity of what healing means. The alliances we forge now, between clinicians and artists, communities and institutions, healing traditions and emerging technologies, will contribute to shaping healthcare for the next generation.

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