



WHITEPAPER · ART & HEALTH

# The positive effect of *art* on your health

What science says about looking at — and making — art, at home, in care and at work.

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Art is often dismissed as a luxury — something nice on the side. A growing body of research says otherwise: looking at and making art can make a measurable contribution to how we feel, recover and connect with one another.

This whitepaper sums up the evidence for a broad audience: for people who hang art at home, for care institutions and for employers. It draws on systematic reviews and peer-reviewed studies, and stays honest about what the evidence does — and does not — show.

#### **NOT MEDICAL ADVICE**

This document is educational. It does not replace medical or psychological advice and is not a treatment.



# Introduction

Art is easily written off as a luxury. The evidence points the other way: looking at and making art is an accessible, under-used *resource* for health.

## A growing pressure on health and well-being

Our society is ageing, and the number of people with chronic conditions — often several at once — is rising. Among younger people psychological vulnerability is growing; burnout, depression and loneliness keep increasing. At the same time staff shortages in care are mounting, the workload on care workers is rising, and health inequalities between population groups are widening (Arts in Health Netherlands, 2024).

That pressure calls for more than treating illness: for ways to actively **promote** health and well-being, and to keep people out of care for longer and more comfortably. It is no coincidence that our understanding of health is shifting — from the mere absence of disease towards *‘positive health’*: the ability to adapt and self-manage your physical, mental and social well-being (Huber et al., 2011), and towards *appropriate*, person-centred care that asks what someone wants and is able to do.

*In that broader picture of health, the arts play a serious, measurable role.*

## An under-used resource

In 2019 the World Health Organization brought together more than 3,000 studies and concluded that the arts contribute to health in many ways — from reducing stress and promoting well-being to supporting treatment, recovery and prevention (Fancourt & Finn, 2019). Long-term population research points the same way: regular cultural engagement is associated with a lower risk of depression and with slower cognitive decline later in life (Fancourt & Steptoe, 2018; Fancourt & Tymoszek, 2019).

Art is also low-threshold: a work on the wall, a museum visit or an hour of painting is, for many people, easier to fit in than most other interventions — and has few side effects. Yet that potential stays under-used; in the Netherlands the field of *arts in health* is still fragmented (Arts in Health Netherlands, 2024). This whitepaper brings the evidence together — for home, care and work — while staying honest about what the science does and does not show.

### THE DNH LENS

At DNH Artful Living, everything begins with colour. To us art is not a luxury but a resource — which is exactly why we hold it up against the evidence, without overstating it.

## DEFINITIONS

# What we mean by art & health

To avoid confusion, two terms first.

## — Health, broadly defined

We use a broad, contemporary definition. Health is not only physical well-being; it also includes mental and social well-being: emotions and resilience, stress, connection with others, and the experience of meaning and purpose (Huber et al., 2011; WHO). It is precisely on those mental, social and existential levels that the arts can add something a purely medical lens easily overlooks.

## — Art: looking and making

This whitepaper focuses on **visual art** — paintings, prints, sculpture, installations — and distinguishes two ways of engaging. Both are supported by research (Story et al., 2021).

### TWO WAYS TO EXPERIENCE ART

- **Receptive (looking):** viewing an artwork — at home on the wall, in a museum, or in a care or work environment.
- **Active (making):** being creative yourself — painting, drawing, taking a workshop, or arts therapy under guidance.

Internationally, applying the arts to promote health and well-being is called '*arts in health*'. It is a broad continuum: from art that makes the *care* experience more human, through programmes that encourage healthy living and social connection, to *arts therapy* — a recognised, trained profession that uses art for specific treatment goals. In countries such as the UK and Finland this field has been established for decades; in the Netherlands it is fast emerging (Arts in Health Netherlands, 2024).

# The *evidence*

From large population studies to controlled experiments: what does the research really show — and how strong is that evidence?

## At population level: art tracks with health

Large-scale research consistently links engagement with art and culture to better health outcomes. In Norway’s HUNT study – with tens of thousands of participants – both attending (receptive) and practising (active) culture were associated with better perceived health, less anxiety and depression, and higher life satisfaction (Cuyppers et al., 2012).

Important: these are *associations*, not proof of cause and effect. People who go to a museum also differ in other ways from those who do not. But the links often hold up after adjusting for factors such as age, education, income and chronic illness – and they are backed by long-term and experimental research.

### 3,000+

studies reviewed by the WHO on art, health and well-being (Fancourt & Finn, 2019)

### 38%

more likely to report good health & life satisfaction among culture participants, after adjustment (Allin, 2015)

### 6,805

participants across 38 studies on viewing art (Trupp et al., 2025)

In 2019 the WHO brought together more than 3,000 studies and named the arts a **social determinant of health** (Fancourt & Finn, 2019). In a large Scottish study, people who engage in culture reported good health and life satisfaction 38% more often than non-participants – after adjusting for socio-economic and health factors (Allin, 2015). And in a US cohort study, both active and receptive arts participation were associated with a lower risk of mortality in the years that followed (Story et al., 2021).

#### IN SHORT

People who engage more with art and culture tend, on average, to feel healthier – and may even live longer. Those links are robust – but correlation alone does not prove cause. For that, we turn to controlled research (next page).

## Under the microscope: looking at art

The most recent systematic review pooled 38 studies with 6,805 participants in total, from museum visits to art on hospital walls and online viewing (Trupp et al., 2025). Of the 107 outcomes measured, most concerned emotional well-being (40%) and stress (26%), and far less often meaning (10%) — yet it is precisely that last category that holds up most consistently.

### — What stands strong

The most convincing, convergent evidence concerns **eudaimonic well-being**: the experience of meaning and purpose. Repeated (virtual) museum visits, for instance, increased perceived meaning in life more than *reading* about art (Cotter et al., 2022), and viewing visual art — unlike viewing sport — predicted an increase in meaning (Totterdell & Poerio, 2020).

### — What is mixed

For mood and stress the effects are real but more variable. Illustrative controlled research: a visit to a figurative art museum was associated with lower blood pressure and stress (Mastandrea et al., 2018); a short gallery break normalised the stress hormone cortisol in office workers (Clow & Fredhoi, 2006); and people in waiting rooms *with* art showed fewer stress behaviours (Klingemann et al., 2018).

*The strongest effect is not a quick mood lift, but something deeper: experiencing more meaning.*

An honest frame: many studies are small or early, and in the most strictly controlled analyses only a portion of effects held up. Art is no cure-all — but the direction of the evidence is positive and consistent. More on this on page 26.

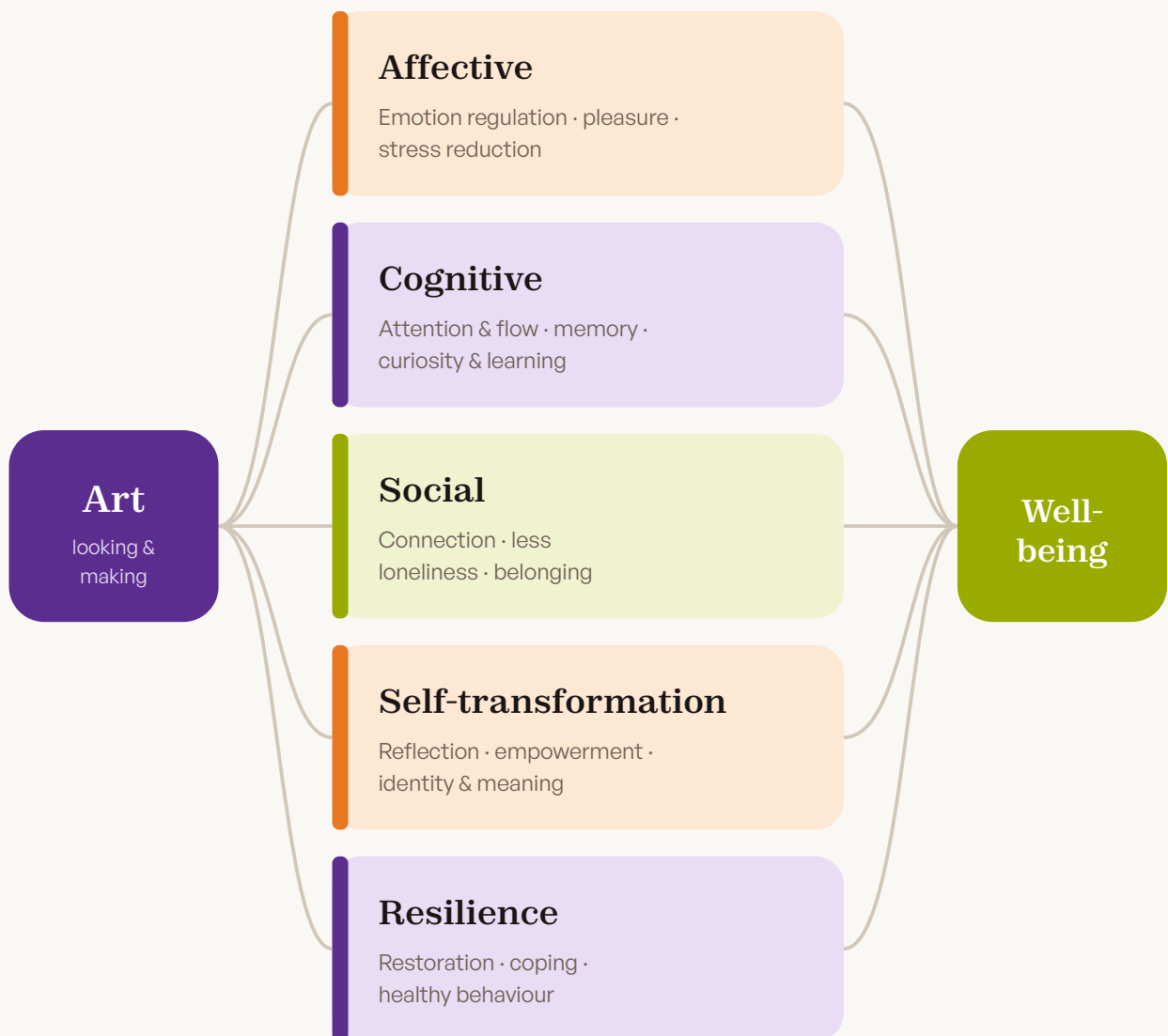
# Five ways art *works*

Art improves well-being not through one route, but through several mechanisms that reinforce each other – from emotion and attention to connection, meaning and recovery.

THE MODEL

# From art to well-being

A systematic analysis of the research mapped five interconnected pathways through which art influences well-being (Trupp et al., 2025). The arrows run both ways: the mechanisms reinforce one another.



## 1 · Affective — feeling

Art touches our emotions first. It aids **emotion regulation**: distraction from rumination, reappraising a situation, and allowing even difficult or ambiguous feelings in a safe space (Gross, 2015). It also evokes **pleasure** — experiencing art and beauty activates reward networks in the brain (Vessel et al., 2012; Mastandrea et al., 2019) — and sometimes even *awe* and wonder, emotions that briefly lift us out of the everyday (Keltner & Haidt, 2003).

And it supports **stress regulation**. Physiological measures show relaxation: lower blood pressure and stress after a museum visit (Mastandrea et al., 2018) and normalised cortisol after a short gallery break (Clow & Fredhoi, 2006).

## 2 · Cognitive — thinking

Looking at art asks for, and rewards, **attention**. People become absorbed — a state of immersion and *flow* that draws attention away from worries (Csikszentmihalyi, 1990; Cotter et al., 2022). Leading models of aesthetic experience describe how perception, knowledge and emotion together give rise to meaning and enjoyment (Leder et al., 2004; Pelowski et al., 2017).

It stimulates **memory**: art evokes recollections and associations, especially valuable for older adults and people with dementia (Johnson et al., 2017). And it invites **exploration and learning** — curiosity, new perspectives, and a sense of capability that feeds confidence (Fancourt & Finn, 2019).

### REMEMBER

Affective and cognitive effects work together: relaxation makes room for attention, and deeper attention makes the experience more meaningful.

### 3 · Social — connecting

Art brings people together. Looking and talking about it together creates **connection** and a sense of **belonging**, and reduces **loneliness and isolation** — fundamental to mental well-being (Gelo et al., 2015; Jensen, 2018). Shared attention to a work makes conversation easier; for vulnerable groups this also works indirectly, through carers and relatives who join in.

### 4 · Self-transformation — growing

Art prompts **reflection** and new perspectives on yourself and the world. It gives a sense of **control and confidence** (empowerment), strengthens **identity** — you are more than your illness or role, which restores dignity — and helps you experience **meaning**. This sense-of-meaning effect is the most strongly supported in the research (Cotter et al., 2022; Trupp et al., 2025).

### 5 · Resilience — recovering

Finally, art builds **resilience**. It offers mental **restoration** from fatigue and overstimulation — ‘soft fascination’ that lets attention recharge (Attention Restoration Theory; Kaplan, 1995) — supports **coping** with difficult situations, and can promote **healthy behaviour**: less perceived pain (Tse et al., 2002) and more movement when art invites patients to walk (Bowen et al., 2015).

*Five pathways, one direction: art gives people resources to feel better and recover.*



# *Art at home*

Your own walls are the most accessible ‘gallery’ there is — a daily, repeatable dose of beauty.

# The power of your own walls

Looking at art is the most low-threshold form of art experience — and at home you have unlimited access to it. A work on the wall is not a one-off experience but a **daily, repeatable dose**. Even brief exposure can measurably shift mood and stress (Clow & Fredhoi, 2006; Mastandrea et al., 2018).

Domestic settings have been studied less on their own, but exactly the same mechanisms apply there — and the threshold is lowest of all (Trupp et al., 2025). Your interior is, moreover, an environment that influences you constantly and often unconsciously: a considered, pleasant space is restorative (Ulrich, 2001). Three principles help your art ‘work’ at home:

## 1. Choose what means something

The best-supported effect is meaning. Choose work that moves you, recalls a memory or says something about who you are — not just what ‘looks good above the sofa’.

## 2. Hang it where you slow down

Place art where you pause daily: by the entrance, at your desk, or in view from your bed or dining table. That turns looking into a small, recurring moment of calm in your day.

## 3. Refresh it

New or relocated works recapture your attention. Variety keeps the experience alive and prevents habituation.

### TRY IT AT HOME

Start small: one work that genuinely moves you, in a spot you see every day. For a week, notice how it catches your eye and how it makes you feel.

# Art in *care*

In hospitals and long-term care, art makes the experience more human — and supports recovery, well-being and connection.

## Recovery, comfort and less loneliness

A stay in a care institution can make people vulnerable: on top of the diagnosis come disorientation, anxiety and stress. Art helps make the care experience *more human* (Arts in Health Netherlands, 2024).

Controlled research shows concrete effects. Art on hospital walls was valued by patients in cancer treatment in a randomised controlled trial (George et al., 2018). Visual stimuli raised pain threshold and tolerance (Tse et al., 2002). And placing works along walking routes led cardiac-surgery patients to move more – an important predictor of recovery (Bowen et al., 2015).

In the Netherlands, listening to music around surgery is now part of the Federation of Medical Specialists' guideline; programmes such as *Muziek aan Bed* (Music at the Bedside) and the *CliniClowns* have been active for decades (Arts in Health Netherlands, 2024).

The stakes are high: older adults risk functional decline during a hospital stay, and safety protocols can sometimes make patients more passive in their recovery. Art can shift the focus from loss and limitation to what someone can still do, bring a positive atmosphere and invite active participation. Programmes such as the *Participation Choir* (people with dementia and their relatives) and the *Mobile Art Team* show how this works in long-term care (Arts in Health Netherlands, 2024).

### LONELINESS IS A HEALTH RISK

By 2040 the Netherlands is expected to have 700,000 more lonely over-75s. Loneliness is associated with roughly 50% higher risk of early death and 64% higher risk of dementia. Making and experiencing art together, in groups, reduces loneliness, depression and anxiety (Culture for Health, 2022; Arts in Health Netherlands, 2024).

## CHAPTER 06

# Art at work

Work stress and burnout are a growing — and costly — problem. Many corporate programmes stay at the level of surface stress management and are, moreover, heavily verbal, so they fail to reach people who struggle to put feelings into words (Ismail & Junoh, 2026).

## — Looking at art in the office

The same mechanisms that apply at home and in care apply in the workplace: art in the work environment can lower stress and support well-being. A short gallery break even normalised office workers' cortisol (Clow & Fredhoi, 2006).

## — Making art & mindfulness

Workplace mindfulness programmes demonstrably reduce stress (Vonderlin et al., 2020; Lomas et al., 2019). An emerging model combines arts therapy with *Mindfulness-Based Cognitive Therapy*: non-verbal expression leads, via awareness, to reframing thoughts — especially for those who find it hard to talk about feelings (Ismail & Junoh, 2026; Rappaport, 2023).

For employers this is attractive: low-threshold, relatively inexpensive and broadly deployable, while it touches both well-being and the sense of connection within a team.

### FOR CARE STAFF & CARERS TOO

Active participation in art counters compassion fatigue and burnout, and reconnects professionals with the meaning of their work (Arts in Health Netherlands, 2024).

# Make it yourself: *flow & mindfulness*

You don't have to be an artist. The making itself — with attention — is where the benefit lies.

## Making with attention

Being creative yourself easily brings you into a state of *flow*: fully absorbed in what you're doing, with worries fading into the background (Csikszentmihalyi, 1990). It is also a form of **safe, non-verbal expression** — valuable when words fall short (Malchiodi, 2020; Rappaport, 2023).

*It's not the end result that counts, but the process: attention, expression and enjoyment.*

### — Making or looking? Both are good

A persistent myth is that you must 'make' art to benefit. That isn't true: both actively practising and receptively experiencing art are associated with better health (Story et al., 2021; Cuypers et al., 2012). Choose what suits you — and mix the two.

### — A low-threshold start

A workshop is an accessible way to begin: you learn playfully, in a safe group, without the result having to be perfect. The social side strengthens the effect — making together creates connection.

For those who want to work on recovery more deliberately, *arts therapy* is an option: trained therapists use visual art purposefully for issues such as stress, trauma, anxiety or depression — a recognised form of treatment in healthcare (Arts in Health Netherlands, 2024).

#### TRY IT YOURSELF

Set aside 20 minutes a week to make something — sketching, colour, collage. Deliberately keep the bar low: the goal is the experience, not the result.

## CHAPTER 08

# Colour as a resource

Our first belief reads: *everything begins with colour*— colour is not decoration but a language. Colour and surroundings shape how we feel without us noticing. But what exactly does science say — and what does it not?

## — What the evidence supports

There is good reason to think colour influences **arousal** (activating versus calming) and **appraisal** (appealing versus unpleasant), and that the built environment has measurable effects on mood, stress and even recovery — an insight from environmental psychology and the design of healing care settings (Ulrich, 2001). A considered, pleasant space is restorative.

## — Where we are cautious

Simple claims like ‘colour X always causes emotion Y’ are *not* well supported. Responses to colour vary strongly by person, culture and context, and depend on saturation, brightness and the form in which the colour appears. Colour is therefore a powerful but, above all, *personal* instrument — not a button with a fixed effect.

### THE PRACTICAL CONCLUSION

Use colour deliberately and personally. The most reliable lever is not one ‘right’ colour, but creating a space that feels calming and meaningful to *you*.

# In practice: *three example cases*

Three real DNH works, connected to what the research shows  
— at home, in care and at work.

EXAMPLE CASE · HOME

# Calm that carries a room — *Serenity*



Dinah made *Serenity* “to transform a space — not with drama, but with presence.” That is exactly where the evidence applies: a work you see every day acts as a **daily, repeatable dose** that can shift mood and stress (see p. 14). The warm gold and red tones invite you to pause and breathe.

*“Rest is not weakness. Silence is not emptiness.”*

Work	<b>Serenity (original)</b>
Medium	<b>Oil on canvas</b>
Size	<b>70 × 140 cm</b>
Year · price	<b>2025 · € 6,000</b>

**MECHANISMS**

- Affective · calm
- Resilience · restoration
- Meaning

Real DNH work (*Serenity*) shown in a home setting. Quote from the artist’s description of the work.

## EXAMPLE CASE · CARE

## Stillness for a recovery space — *Ibiza*



*Ibiza* aims to bring you “to that moment of perfect stillness.” In a care or recovery setting that is valuable: calm imagery supports relaxation and lowers stress and anxiety (see p. 16), and a considered, pleasant space is restorative (Ulrich, 2001). Suited to a waiting room, a single room or a quiet room.

*“Happiness happens to you when you stand still.”*

Work	<b>Ibiza (original)</b>
Medium	<b>Oil on canvas</b>
Size	<b>80 × 100 cm</b>
Year · price	<b>2025 · € 6,000</b>

### MECHANISMS

Affective · stress ↓

Resilience · restoration

Cognitive · attention

Visualisation: real DNH work (*Ibiza*) shown in a care setting. Quote from the artist’s description of the work.

## EXAMPLE CASE · WORK

## A focal point with character — *Geisha in Gold*



*Geisha in Gold* “transforms a room from living space into salon — it demands a moment of attention.” In the workplace, such a focal point in a reception, meeting or break room is a low-threshold way to bring art in (see p. 17): it draws the eye and offers a mental pause. As a premium print on TruLife™ acrylic it is also durable and accessibly priced.

*“The silent power of a gaze that holds you.”*

Work	<b>Geisha in Gold (premium print)</b>
Medium	<b>TruLife™ acrylic on dibond</b>
Size	<b>60 × 60 cm</b>
Year · from	<b>2023 · € 495</b>

### MECHANISMS

Cognitive · attention

Affective · pause

Accessible

Visualisation: real DNH work (*Geisha in Gold*) shown in a workplace. Quote from the artist’s description of the work.

## GET STARTED

# Practical guide

Three environments, three short checklists for using art deliberately to support well-being.

**AT HOME**

- Choose one work that genuinely moves you — meaning works better than ‘pretty’.
- Hang it where you slow down daily: entrance, desk, in view from bed or table.
- Rotate works or spots periodically to keep attention fresh.
- Deliberately take a moment to look — that is where the effect lies.
- Tie it to a daily ritual: coffee, reading or simply pausing.

**IN CARE**

- Place art along walking routes and in waiting and treatment rooms.
- Let patients choose their own work for their room where possible.
- Combine looking with group activities to counter loneliness.
- Involve carers and staff — they benefit too.
- Choose calming imagery for recovery and quiet rooms; consider arts therapy for a treatment goal.

**AT WORK**

- Bring art into corridors, meeting rooms and break areas.
- Offer creative or mindfulness workshops, including during work hours.
- Make room for non-verbal expression alongside ‘talking about stress’.
- Involve staff in choosing works; rotate them periodically and vary them by room.

## NUANCE

# Honest about the evidence

Credibility requires honesty. So, explicitly: what the limitations are – and what we can say with confidence.

## — Limitations

Many studies are small or pilot work. There are still few randomised trials with good control groups: in the most strictly controlled analysis of the recent review, only about one in seven outcomes improved significantly above the control condition (Trupp et al., 2025). Population studies show association, not proven cause. On top of this come publication bias – positive results are published more often – and divergent reporting; researchers are therefore working on shared guidelines and on more context-sensitive methods to determine *what* works, for whom and when. And ‘art’ remains a broad, partly subjective concept, which makes comparison hard.

## — What we can say

The direction of the evidence is positive and consistent, with the strongest, convergent evidence for a sense of meaning (eudaimonic well-being). As more and larger studies appear, follow-up research – such as meta-analysis – can sharpen the effect sizes. Art is, moreover, **low-threshold, broadly applicable and carries little risk or side effects** – a favourable balance between potential benefits and costs.

### IN BALANCE

Art is no cure-all and does not replace medical or psychological care. But as an accessible, pleasant resource that supports well-being, the evidence is more than enough to give art a firm place – at home, in care and at work.

### THE DNH LENS

Authenticity is one of our core values – so we hold our own field to the same honesty: we promise no cure-all, but art that, on the evidence, supports how you feel.

## OUR CONVICTION

# What we believe

This whitepaper sets out what the science says. Behind it sits a conviction of our own — the reason we do this work. Artist and founder Dinah Letteboer sums up the mission of DNH Artful Living like this:

*“Colour is our language. Art is our bridge.  
Conscious living is our mission.”*

## — Our manifesto, mirrored against the evidence

Our manifesto is three words: *live beautifully, live deeply, live connected*. Strikingly, they line up almost exactly with the three best-supported ways art touches well-being — the very mechanisms in this whitepaper.

### MANIFESTO × EVIDENCE

- **Live beautifully** — beauty brings *pleasure*; art activates the brain’s reward networks (affective).
- **Live deeply** — art lets you experience *meaning*; the most strongly supported effect in the research (eudaimonic).
- **Live connected** — looking and making together create *connection* and reduce loneliness (social).

Four core values translate that mission into how we work: **authenticity** (no trends, only what is sincere), **connection** (art is complete only when shared), **creativity** (a way of living, open to everyone) and **awareness** (slowing down, feeling, truly seeing).

## WHAT WE BELIEVE

# Ten beliefs

Ten beliefs that drive everything — from the first brushstroke to how we stand in the world.

## 01 Everything begins with colour

Colour is not decoration but a language that stirs emotion and transforms spaces.

## 03 Connection at the core

Art is a bridge: between maker and viewer, between you and the world.

## 05 Conscious living and creating

Beauty appears when you slow down and truly learn to see.

## 07 Access to art

Everyone has a right to beauty, regardless of background or budget.

## 09 Sustainability and respect

Creating with respect for people, nature and future generations.

## 02 Authenticity above all

Every work is an honest conversation — no trends, no mass market.

## 04 Creativity as a way of life

A way of looking, thinking and living — open to everyone.

## 06 Art as transformation

A work changes a space and a mood — and can heal and inspire.

## 08 Community-building

We build a community of kindred colour spirits.

## 10 Continuous growth

We keep experimenting, learning and growing.

### WHAT WE STAND AGAINST

Against colourless standardisation, life on autopilot, social isolation and art as a throwaway product. Or, in short: **colour is a right, not a luxury** — and art is an experience, not a product on a shelf.

ABOUT

# DNH Artful Living

DNH Artful Living is the studio and platform of artist **Dinah Letteboer**, built on one conviction: *everything begins with colour*. We create and curate art that lets spaces — and the people in them — flourish.

## — What we offer

Originals and museum-quality artworks for the home; workshops on colour and painting as mindfulness; and art solutions for business and care environments. Always with the same question: how do you make a space *feel* better?

### TAKE THE NEXT STEP

**Explore the collection** · book a **workshop** · ask for **colour advice** for your home, practice or office.

Sign up for our newsletter and use code **WELKOM15** for 15% off your first order.

[www.dnh-artfulliving.com](http://www.dnh-artfulliving.com)

## SCIENTIFIC BASIS

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*“Art is not a luxury. It is a resource for how we feel, recover and live together.”*

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Publication

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