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# The Role of Technology in the Future of Arts and Health

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## ABSTRACT

This paper examines the intersection of technology with the fields of arts and health, emphasizing the role of digital innovation in reshaping therapeutic practices and artistic expression. It traces the historical evolution of technology in these domains, from early medical devices and sound healing methods to current virtual reality (VR) and artificial intelligence (AI) applications. The paper explains how emerging innovations such as immersive VR and AI benefit both healthcare and the arts through case studies and real-world implementations. The paper also discusses the ethical challenges surrounding the implementation of these technologies, particularly in terms of access, privacy, and the potential for misuse. Finally, it outlines future trends, including wearables and blockchain, and their potential to further integrate arts and health.

**Keywords:** Digital Therapeutics, Virtual Reality in Health, Artificial Intelligence in Art, Immersive Art Experiences, Technology and Healthcare.

## INTRODUCTION

The fusion of technology with the arts and health has seen an exponential increase in relevance, with human creativity and well-being enhanced due to technological advancements. As technology becomes a critical part of both our creative processes, using it to bring arts-based performances, experiences, and artworks of science and health to life, we must appreciate the possible ideals. However, it is equally important to remain wary of the negatives that may arise when using technology in the arts, especially when taken to the extreme. This paper will investigate the future of healthcare, where arts and technology come together to form digital therapeutics. It will then explore the future of the arts, where technology allows for the collaborative experience of augmented reality, and arts participation increases [1, 2]. Given this background, this paper will begin with a brief commentary on the future of technology in the arts and health. In the Future of Healthcare section, we will discuss the evolution of healthcare as it relates to democratizing technology, resulting in a democratization of healthcare access and thus, the rise of digital therapeutics. In the future of the arts, we will discuss the gradual blending of technology and creative making to create art for the creators and the community. The section will build on the key themes of the current discussion regarding the future work of live performance and an additional exploration conducted to discuss the future of arts participation. Although some people may consider the conceptual blending of physical arts and technology to be a mere novelty, there exists great transformative potential between technology and the arts [3, 4].

### Historical Overview of Technology in Arts and Health

The use of technology to support artistic activity and health outcomes has a long history. Indeed, there is likely a long prehistory to explore, dating back to early experiments using electricity to modulate sounds or body states. Furthermore, we can also look at body ratios and proportions used to build musical scales, which can relate to perceptions of music and harmony affecting well-being. As well as effects, we may consider 20th-century technologies related to health and music such as vibro-massage machines, tuning forks, and sound healing machines. These existed in the private and commercial sphere but also in healthcare settings. This chapter provides a timeline, not exhaustive, noting some key moments that represent changes in the interaction between art and technology as well as technology and health. These

have involved developments in sound, body, visions, and interactivity. As with many historical shifts, it can be observed that the changes have been grounded in political as well as technological or artistic movements. In the second half of the 20th century and most especially in the 21st century, the digital lives we now lead and are culturally aware of have meant that many technologies are concurrently available, affordable, and easy to share [5, 6]. As a reference tool, this timeline provides a historical backdrop for the changing dialogues and debates in these areas. The creation of funded Arts and Science Collaboration Networks and the new Centre for Arts, Design, and Health Research allowed for more systemic feedback from current researchers in the field. In so doing, historical landmarks such as those in the timeline appear, giving some indication of their continuing relevance today [7, 8].

#### **Current Applications of Technology in Arts and Health**

There is a wide array of technology in arts and health that has reached new levels of development in therapeutic and creative practice. These applications integrate technology as part of the innovative treatment and creative processes required to establish new horizons in arts and health. The kinds of technology examined in the field at present tend away from siloed types of digital platitudes and instead refine dialogues and applications of technological tools inside play sensuality, and sanctuary. These new levels of arts and health practice are interested in broader-than-user experiences, more than just relaxing experiences; we have heard from shared clinician-artist perspectives discussing the relational value of virtual reality and artists working on developments of machine learning in art for health [9, 10]. The significance of this kind of application that melds together known arts and health with known technology is about art and health, not just technology, leaving health outcomes until the final sections. A theoretical development considers how artists and healthcare professionals collaborate to understand and interact with technology and digital art through empirical case studies using virtual reality and machine learning. These case studies are artist-produced art and software, and through interviews with artists and art and health practitioners, we aim to investigate how technology is opening new practices in arts and health. This includes the variety in styles of using the same off-the-shelf VR experiences to lead between the digital and 'real' and in-between; as placebos, massages, meaning-makers, story-doers, treating the technology as ready verbiage and existing in the site of use [11, 12].

#### **Virtual Reality and Immersive Experiences**

Virtual reality (VR) offers users the ability to experience newly constructed worlds in a profoundly immersive way. These artificially created worlds are powered by a completely emotional experience. The result is often emotionally engaging. When life becomes rich with complexity, beauty, and the invitation to experience something new, this can have transformative effects on art, and all the more on viewers. A wide range of therapeutic applications are proposed by VR. In health, for example, VR worlds are used to distract patients from pain or to help them take on thought challenges. Other examples include the use of a VR or augmented reality (AR) version of a patient's non-paralyzed limbs, which helps patients learn how to restore the movement of those non-paralyzed limbs. Similarly, VR can be used for exposure therapy, for instance, to treat anxiety disorders or PTSD. It can also be used for the rehabilitation of patients using state-of-the-art technology that can be used at the home of the patient [13, 14]. In artistic applications, immersive VR can be used to create and experience new art forms. In theater and art, immersive VR can blur the boundaries of spectator and performer, as the viewer becomes part of the story. Art museums and other institutions are starting to use VR in several ways to engage audiences with cultural collections. VR worlds can also be used to provide behind-the-scenes photography or videos about art or cultural history to visitors. Even art collectors are buying VR art for their pieces. From within virtual galleries and museums, VR users can also buy art. The use of a mobile virtual museum has been reported in art history teaching. By offering an opportunity to experience new and unfamiliar territory, VR can easily draw audiences to the heart of an art piece [15, 16].

#### **Artificial Intelligence and Machine Learning**

Artificial intelligence (AI) and machine learning have revolutionized arts and health applications. AI is not only used to help in the creation of art, but also in music composition, visual arts, and literature. Many artists have already envisioned and created extraordinary artworks that reflect the new societal landscape, where technology assumes an integral role in human or digital life. AI and human-created art is an emerging area resulting in exciting pieces of work. AI can now help people with music songs or creations and also in the completion of medical abbreviated notes, in a way that might be considered helpful in boosting their inventive capabilities rather than substituting human labor or professions with machinery. Also, AI can foster the possibilities in writing poems, and literary short stories, create images,

take photographs, and help many handicraft students develop skills in drawing or particular painting styles. AI has its critics, as can be seen with different AI tools or applications, particularly in biomedical research. New methods and tools have inevitably drawn a significant amount of criticism as they have grown in complexity and scale. Critics point out issues that will resonate with many health practitioners, particularly as AI has moved into areas with more direct patient contact and has become a part of or the leading edge of some healthcare systems. Some fear that this may be the future of diagnosis, while others suggest there may be ethical concerns more subjective in interpretation [17, 18]. For instance, if AI is being used to predispose behavior or lifestyle before the status of disease, should someone be allowed to make such a decision? If they know of it, would this empower them to create a potential for reversible treatments or lifestyle changes? Materials produced by AI will not fundamentally make a unique or exclusive contribution to human culture or society. AI may have its role in the generation of pathogenic and/or psychological art, particularly when the effects take place on matter, such as the development of pictures using deep learning. This is counterbalanced with a history of using AI, e.g., through visualization techniques based on radiology or in natural language processing algorithms or systems based on big data, to diagnose and treat patients. In a similar vein, AI may have an additional or secondary purpose in supporting human artists in promoting martial design and boosting the human components that make art, as well as artificial intelligence offering new impetus to aesthetic solutions [19, 20].

### **Challenges and Ethical Considerations**

If study participants are asked to incorporate their bodies or breathing into artwork, consideration should be given to the extent to which they are comfortable being monitored wirelessly. Issues of consent and transparency when people's biometric data are being collected in these populations are especially pertinent. First, technology for both exposing art to people and teaching people to make art is susceptible to misuse – particularly in advertising and military contexts. Misappropriation of, for example, arts VR could desecrate the original art form, taking money, attention, and sponsorship away from genuinely artistically ambitious work and from people working in non-digital modalities. Moreover, art therapies can already be mildly coercive. As the extent (and therefore the efficacy) of digital art therapy increases, it will become easy to imagine an individual being judicially ordered to undergo digital art therapy, either in place of or as an adjunct to incarceration. This has the potential to further stigmatize and criminalize individuals through public disclosure or court-mandated monitoring related to biometric data storage. Second, the conflation of technology with genuine psychological and emotional experiences could minimize our capacity for empathy. Likewise, the advent of exploitative experiences could result in people who fear virtual manipulation choosing to only fully engage with humans who are, for example, seen to display irrational or passionate tendencies not (yet) able to be perfectly digitized. Finally, while at first glance the creation of advanced technology can seem exciting and world-changing, it is also likely that it will exclude people isolated because of, for example, age or disability. When new technology arrives, it tends to first become widely disseminated among those with disposable income and an interest in innovation, and may not achieve a level of adoption that makes it a viable tool for, for example, health commissioners seeking health interventions with the broadest possible societal benefits. Hence, it is important to ensure that over-reliance on new technology does not exclude large segments of the population which, for whatever reason, are unable to access it. There is thus a careful balance that has to be struck in surveying the art and health-technology landscape, between speculating about future uses and reflecting on the ethical implications and barriers of all technologies currently in use. This balance is ever more urgent as technology continues to evolve. There is reason, therefore, to collate what guidelines can be provided to help structure or inform ethical practice in these areas [21, 22].

### **Future Trends and Opportunities**

This quick scan assessment serves to provide an overview of current projects that sit in the interest of technology, art, and healing, with a specific emphasis on the role of wearable technology. Moreover, it highlights several emerging opportunities, needs, and threads of research that can guide the next steps in the assessment of the frontier of 'Art and Health' [23, 24]. Participants were oriented on the theories and methodologies that currently govern the health-focused intersections of art and technology. Participants were encouraged to explore the intersubjective and experiential goals of using technology to produce artistic health impacts. Four main use cases for technology in art and health were presented, such as: a) enabling connectivity over distance for anyone under physical constraint, b) helping achieve a mindset for artistic production, appreciation, or a state of well-being, c) providing a mediated augmented reality

experience where sensory abilities enable access to a greater level of interactivity, and d) using blockchain for DRM functionality. The convergence of seemingly disparate practices is now more possible than ever due to interdisciplinary collaboration [25, 26]. Even though it is impossible to predict every future domain in which artists working at the frontier of art and technology may one day specialize, it is clear that the trends below have already emerged and mirror some of the immediate contexts in which reports are situated. Researchers and projects seem to be more and more responsive to external or environmental factors, such as changes in personal behaviors, access to resources, social dynamics, wider economic shifts, etc. This typically reflects a human-centric approach to contextualized R&D spending.

Technologies: radio, neon light, television, and ISDN were released after the official close of the Report Series. Ongoing research and development in this arena are supported by multiple public and private funders in North America and Europe [27, 28].

### CONCLUSION

The convergence of technology, arts, and health has profound potential to transform both therapeutic and creative practices. Technologies like virtual reality, artificial intelligence, and machine learning are already demonstrating significant impacts, from immersive health therapies to new art forms that push creative boundaries. However, these advancements come with critical ethical considerations, particularly regarding equitable access, privacy, and the risk of exploitation. As we move forward, it is essential to foster interdisciplinary collaborations and ensure that technological innovations in these fields remain inclusive and responsibly integrated into both healthcare and artistic practices. By doing so, we can unlock new possibilities for human creativity and well-being, while navigating the complex challenges of the digital age.

### REFERENCES

1. Ding W, Nayak J, Swapnarekha H, Abraham A, Naik B, Pelusi D. Fusion of intelligent learning for COVID-19: A state-of-the-art review and analysis on real medical data. *Neurocomputing*. 2021 Oct 7;457:40-66. [nih.gov](https://doi.org/10.1016/j.neucom.2021.08.066)
2. Al Kuwaiti A, Nazer K, Al-Reedy A, Al-Shehri S, Al-Muhanna A, Subbarayalu AV, Al Muhanna D, Al-Muhanna FA. A review of the role of artificial intelligence in healthcare. *Journal of personalized medicine*. 2023 Jun 5;13(6):951.
3. Jones GB, Bryant A, Wright J. Democratizing global health care through scalable emergent (beyond the mobile) wireless technologies. *JMIR biomedical engineering*. 2022 Feb 11;7(1):e31079.
4. Roth PH, Bruni T. Participation, Empowerment, and Evidence in the Current Discourse on Personalized Medicine: A Critique of “Democratizing Healthcare”. *Science, Technology, & Human Values*. 2022 Sep;47(5):1033-56.
5. Holmes EA, O'Connor RC, Perry VH, Tracey I, Wessely S, Arseneault L, Ballard C, Christensen H, Silver RC, Everall I, Ford T. Multidisciplinary research priorities for the COVID-19 pandemic: a call for action for mental health science. *The lancet psychiatry*. 2020 Jun 1;7(6):547-60. [thelancet.com](https://doi.org/10.1016/S2053-2503(20)30182-9)
6. Dermody G, Whitehead L, Wilson G, Glass C. The role of virtual reality in improving health outcomes for community-dwelling older adults: systematic review. *Journal of medical internet research*. 2020 Jun 1;22(6):e17331. [jmir.org](https://doi.org/10.2196/17331)
7. Penuel WR, Riedy R, Barber MS, Peurach DJ, LeBouef WA, Clark T. Principles of collaborative education research with stakeholders: Toward requirements for a new research and development infrastructure. *Review of Educational Research*. 2020 Oct;90(5):627-74. [researchgate.net](https://doi.org/10.2307/727000)
8. Gazley B, Guo C. What do we know about nonprofit collaboration? A systematic review of the literature. *Nonprofit Management and Leadership*. 2020 Dec;31(2):211-32.
9. Kickbusch I, Piselli D, Agrawal A, Balicer R, Banner O, Adelhardt M, Capobianco E, Fabian C, Gill AS, Lupton D, Medhora RP. The Lancet and Financial Times Commission on governing health futures 2030: growing up in a digital world. *The Lancet*. 2021 Nov 6;398(10312):1727-76. [thelancet.com](https://doi.org/10.1016/S0140-6736(21)00700-0)
10. Chambers GM, Dyer S, Zegers-Hochschild F, de Mouzon J, Ishihara O, Banker M, Mansour R, Kupka MS, Adamson GD. International Committee for Monitoring Assisted Reproductive Technologies world report: assisted reproductive technology, 2014. *Human Reproduction*. 2021 Nov 1;36(11):2921-34. [icmartivf.org](https://doi.org/10.1093/humrep/deab282)

11. Tavakoli M, Carriere J, Torabi A. Robotics, smart wearable technologies, and autonomous intelligent systems for healthcare during the COVID-19 pandemic: An analysis of the state of the art and future vision. *Advanced intelligent systems*. 2020 Jul;2(7):2000071.
12. Patrício L, Sangiorgi D, Mahr D, Čaić M, Kalantari S, Sundar S. Leveraging service design for healthcare transformation: Toward people-centered, integrated, and technology-enabled healthcare systems. *Journal of Service Management*. 2020 Nov 12;31(5):889-909. [aalto.fi](http://aalto.fi)
13. Patterson DR, Hoffman HG, Chambers G, Bennetts D, Hunner HH, Wiechman SA, Garcia-Palacios A, Jensen MP. Hypnotic enhancement of virtual reality distraction analgesia during thermal pain: a randomized trial. *International Journal of Clinical and Experimental Hypnosis*. 2021 Apr 3;69(2):225-45. [nih.gov](http://nih.gov)
14. Chuan A, Zhou JJ, Hou RM, Stevens CJ, Bogdanovych A. Virtual reality for acute and chronic pain management in adult patients: a narrative review. *Anaesthesia*. 2021 May;76(5):695-704. [wiley.com](http://wiley.com)
15. Srinivasan S, Schott G. Virtual teleportation of a theatre audience onto the stage: VR as an assistive technology. In *Advances in Information and Communication: Proceedings of the 2020 Future of Information and Communication Conference (FICC), Volume 1 2020* (pp. 477-487). Springer International Publishing. [waikato.ac.nz](http://waikato.ac.nz)
16. Carriger ML. *Real Theatre: Essays in Experience*. By Paul Rae. Cambridge: Cambridge University Press, 2019. Pp. xiv+ 236. £ 78.99/34.99 Pb. Theatre Research International. 2023 Mar;48(1):111-2.
17. Bhatt C, Kumar I, Vijayakumar V, Singh KU, Kumar A. The state of the art of deep learning models in medical science and their challenges. *Multimedia Systems*. 2021 Aug;27(4):599-613. [researchgate.net](http://researchgate.net)
18. Harry A. The future of medicine: harnessing the power of AI for revolutionizing healthcare. *International Journal of Multidisciplinary Sciences and Arts*. 2023 Jun 9;2(2):36-47. [itscience.org](http://itscience.org)
19. Anantrasirichai N, Bull D. Artificial intelligence in the creative industries: a review. *Artificial intelligence review*. 2022 Jan;55(1):589-656.
20. Hitsuwari J, Ueda Y, Yun W, Nomura M. Does human-AI collaboration lead to more creative art? Aesthetic evaluation of human-made and AI-generated haiku poetry. *Computers in Human Behavior*. 2023 Feb 1;139:107502.
21. Wang Q, Coemans S, Siegesmund R, Hannes K. Arts-based methods in socially engaged research practice: A classification framework. *Art/Research International: A Transdisciplinary Journal*. 2017 Aug 23;2(2):5-39.
22. Glick J. Deepfake satire and the possibilities of synthetic media. *Afterimage*. 2023 Sep 1;50(3):81-107.
23. Brown K, Mitchell E. Feminist digital art history. In *The Routledge Companion to Digital Humanities and Art History 2020* Apr 15 (pp. 43-57). Routledge.
24. Means AJ. Beyond epistemic exodus in educational studies: a response to Jordi Collet-Sabé and Stephen J. Ball. *Journal of Education Policy*. 2024 May 3;39(3):480-9.
25. Chengoden R, Victor N, Huynh-The T, Yenduri G, Jhaveri RH, Alazab M, Bhattacharya S, Hegde P, Maddikunta PK, Gadekallu TR. Metaverse for healthcare: a survey on potential applications, challenges and future directions. *IEEE Access*. 2023 Feb 1;11:12765-95. [ieee.org](http://ieee.org)
26. Tran TN, Felfernig A, Trattner C, Holzinger A. Recommender systems in the healthcare domain: state-of-the-art and research issues. *Journal of Intelligent Information Systems*. 2021 Aug;57(1):171-201. [springer.com](http://springer.com)
27. Astropy C, Price-Whelan AM, Lim PL, Earl N, Starkman N, Bódi A. The Astropy Project: sustaining and growing a community-oriented open-source project and the latest major release (v5. 0) of the core package. *Astrophysical Journal*. 2022;935(2). [mtak.hu](http://mtak.hu)
28. Arena R, Lavie CJ. The global path forward—healthy living for pandemic event protection (HL-pivot). *Progress in cardiovascular diseases*. 2021 Jan;64:96.

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