

Original Research

Creating through COVID-19 - An Art-Based Autoethnographic Account

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Abstract

The experience of painting during the COVID-19 period initiated this art-based autoethnographic account. The pandemic affected various fields of life; the discussion is thus pursued from a few interrelated points of view: of an individual coping with the COVID-19 crisis on a personal level, of a painter, of an art therapist, of an art therapy lecturer and supervisor, and an artist involved in community interventions. Artmaking and viewing artworks can enhance communication with the beholder and encourage others to reflect verbally and artistically without words. At times of enforced isolation and loneliness, it is essential to have non-verbal forms of expression available when terms are not always general. At times of global crisis, the implications of making art and aesthetic experiences can be individual, intersubjective, and communal. The unique impact on creators and beholders of art creation during a global crisis is discussed in the author's artworks. The research is art-based: a combination of autoethnography and art-based research. Emergent experiences showed that artmaking likely helps the creator in times of uncertainty and confusion. It can function as an anchor and a tool for reflecting and working through ongoing crises.



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Keywords

COVID-19; autoethnography; art; art therapy; art exhibition; mourning; community intervention

1. Introduction

The COVID-19 period was stressful and anxiety-provoking for most people [1]. Isolation and loneliness were a typical result of repeated lockdowns and the associated fears and dangers. It was a time when creating and consuming art could be particularly helpful. The verbal story of COVID-19 told here is combined with the visual story of the author's artworks, including subsequent encounters and communication with others, both virtual and face-to-face.

2. Theoretical Background

Autoethnography is a postmodern research methodology. The researcher's own experience is used as a basis for the effort to understand more comprehensive cultural phenomena [2]. For Ellis and Bochner, autoethnographic research is a unique genre of research and writing that displays multiple layers of consciousness that connect the personal to the cultural. "...first through an ethnographic wide-angle lens, focusing outward on social and cultural aspects of their personal experience; then, they look inward, exposing a vulnerable self that is moved by and may move through, refract, and resist cultural interpretations" [3].

Artistic autoethnography is the interface between autoethnography and art-based research [4]. Various kinds of art forms have been combined with autoethnographic research: autoethnography and visual art [5, 6], performance [4], music [4], poetry [7], and stand-up comedy [8]. Here, the focus is on the combination of autoethnography and visual art. Gray has argued that the purpose of ethnographic research is firstly to acknowledge the researcher's subjectivity and experience as a self-reflective practice. He saw artistic autoethnography as especially suitable for art therapists: "For art therapists, this could be extended to include the use of artmaking through which we can access our stories" [2].

3. The Role of the Arts and Aesthetic Experience

Creating and consuming art can be an efficient tool to work through and reflect on hardship before words are available [5, 9, 10]. This is true in general, especially when experiences of stress, loneliness, and isolation are prevalent, such as during the COVID-19 pandemic. Making art can influence the creator profoundly and has the potential to bring about change at all levels of the creator's personality: emotional, cognitive, and intersubjective [11-16]. Art can enhance expression when words are not yet available. Reflective contemplation of the artistic product has the potential of profound working through the artistically expressed contents verbally.

COVID-19 was a shocking event. In her account, Pearce described it in a way we can quickly identify with. She relates that our freedom was controlled and that, as a result, we began to fear and police each other. The expected continuity of life was broken:

"We expect a linear progression in life. We expect continuity. This expectation has been destroyed, and this outward seismic shift is reflected in our inner psyche, or perhaps, it is the other way around." [10].

Pearce thus describes the influence of COVID-19 on the individual and the relational realm. Art-making could be helpful for the maker herself and for people who choose to create together and/or to communicate through art as beholders [6].

Creating art through the COVID-19 crisis was meaningful in many ways. For example, Hall was part of a live drawing class on Zoom. She reported strengthening her capacity to tolerate the unknown: "Being part of a virtual group gave me just enough anonymity and connection" [5]. In another example, three art therapists decided to complete one weekly artwork and mutually support each other's artistic expression through emails and mobile texts. The project began before the pandemic: "The act of art making integrated inquiry and discovery. It allowed for reciprocal acts of witnessing life and loss that we were all facing throughout a troubled and turbulent time in our nation and the world" [6]. The art therapists and authors addressed creativity as "a lifeline for connection. A world of creativity, expression of emotions, and a greater sense of connection during times of isolation awaited our engagement through art making" [6]. Creativity through the COVID-19 crisis helped creators work through the period's difficulties and authentically and openly communicate with others. This is crucially important in a time of forced isolation and fear of others because they might be contagious.

In this paper, I intend to describe the aesthetic experience of the beholder [17], the applications of art therapy in museums or gallery spaces [18-21], and my own experience as a creator and beholder. Having worked for many years in two parallel tracks; one as an artist and the second as an art therapist providing traditional art therapy sessions in hospitals, schools, and private practice - in this paper, I speak to my experience of integrating these two worlds during the COVID-19 pandemic through group work in a gallery space in which I also exhibited artworks.

Museum-based art therapy departs from traditional art therapy in the palpable presence of the exhibition space and its artworks as the point of reference. This is in contrast to standard art therapy, which takes place in a clinic, school, or office space and where the art product is no more important than the art process and relational dynamic with the therapist. While traditional art therapy focuses on clinical goals and the client's creativity, supported by the relationship with the therapist, the aesthetic experience in a gallery space is understood as the basis and stimulus for the patient or participant's artistic expression. Freedberg and Gallese discuss the activity of mirror neurons during the aesthetic experience, giving potential support to a neurologically based account of the influence of museum-based art therapy: "We propose that a crucial element of esthetic response consists of the activation of embodied mechanisms encompassing the simulation of actions, emotions, and corporeal sensation" [17]. This process is claimed to arise from empathic responses based on mirror neurons and embodied simulation activity. The first stage of engagement at the gallery is an intentional exploration of the artworks, making space and time for reflective contemplation; only later might the museum- or gallery-goer be invited to share with others about their experience through verbal communication and art-making. In other words, museum- or gallery-based art therapy pays as much attention, if not more, to participation through observing and engaging with the artistic experience through sensory reception - compared to the typical focus on the sensory-kinesthetic-motor emphasis of art production in traditional art therapy interventions.

4. Author Expertise as Researcher, Clinician, and Artist

I am an art therapist, art therapy teacher, and an active artist who combines artistic activity and community intervention. Art is thus an everyday and integral part of my life. During COVID-19, I was constantly creating art, exhibiting art, and using art as a teacher, supervisor, and therapist. I knew the beholder's aesthetic experience in various settings: clinics, university Zoom classes, galleries, and social media. I published my artwork on social media, leading to discussions with viewers who could identify with them. Some saw in them a clear documentation of the COVID-19 crisis. Some of the works were exhibited in galleries and initiated discussion there. In a few cases that will be described later, the aesthetic experience of exhibition visitors led to significant verbal and artistic expression. These visitors included a group of elderly citizens and one of the survivors of sexual abuse: these were groups to whom I had offered community art intervention. It is these experiences that are the basis of this visual autoethnographic research.

5. Personal Reflections: Implications of Making Art During COVID-19

I shall relate to the implications of creating art and the aesthetic experience during COVID-19, using my artworks and my different roles as an individual experiencing a global crisis, an artist involved in community interventions, an art therapist, and an art therapy lecturer and supervisor. Often, these roles impact one another.

Like many other people, I experienced isolation, anxiety, health concerns, and helplessness.

I had to adapt to teaching via Zoom, which was entirely new and highly challenging.

As an art therapist, I had to adjust to the different needs of my patients and supervisees. We were learning together to be in the new situation and find suitable solutions for each patient and supervisee on a case-by-case basis. We were all coping with the same new and unpleasant reality.

As a painter, I had already embarked on an artist residency in Afula, a peripheral city in the north of Israel. I had to adjust to the new conditions and the repeated lockdowns. Slowly, the situation led to community interventions that evolved from the special needs created by the pandemic, as I shall describe below.

I shall begin with my personal experience as a creator working in this period and continue by relating to the different spheres that emerged in which art was present and experienced by patients, students, and gallery visitors, some of whom would have just chanced upon the works, rather than having been involved in a process with me.

6. Artmaking as a Personal Coping Device During COVID-19

Creating art is a grounding activity that helps me to be entirely in the here and now. Live drawing and painting, based on photos, is a mindful activity that can enhance groundedness and concentration in the here and now. It can help the creator avoid drowning in an endless sea of intrusive thoughts during stress and uncertainty [9]. Hall related to the COVID-19 crisis as simultaneously external and internal. At the beginning of the COVID-19 crisis, one of her art therapy clients committed suicide. She reflects: "My reflection and exploration through the artmaking process have been invaluable for my recovery from traumatic events" [5]. Artmaking was helpful when your usual support group was unavailable.

During the COVID-19 period, I had more time for painting - this helped me cope with the implications of the COVID-19 crisis and encouraged communication with people who saw the artworks in person, on social media, and in art exhibitions. The act of painting had the following effects on me:

1. Tranquilizing and self-regulating.
2. Grounding and feeling more centered.
3. My paintings, published on social media and in exhibitions, initiated discussions related to COVID-19 issues. Some people could identify with my works and felt it reflected the unique problems of this period.
4. As part of community interventions with the elderly and sexually abused women, my exhibited paintings helped visitors express - verbally and artistically - their issues concerning the pandemic [18].
5. Through artmaking, I could be active and productive concerning the helplessness experienced during the pandemic.
6. I was expressing and working through issues that bothered me (Figures 1-9).



Figure 1 Sixtieth Birthday. Aquarelle, 100 × 70 cm, 2020.



Figure 2 Three Generations, Haifa, Tel Aviv, Montevideo. Aquarelle, 50 × 70 cm, 2020.



Figure 3 Simple Life Group. Aquarelle, 50 × 70 cm, 2020.



Figure 4 Metuka. Aquarelle, 50 × 70 cm, 2020.



Figure 5 Protest. Pencils, A4, 2020.



Figure 6 My spouse is working from home. Aquarelle, 50 × 70 cm, 2020.



Figure 7 Emergency Room. Aquarelle pencils, A4, 2020.



Figure 8 Mom. Aquarelle pencils, A4, 2020.



Figure 9 My mom, the pediatrician, Aquarelle 50 × 70 cm, 2021.

COVID-19 affected communication with family and friends because of the restrictions on in-person meetings. Social skills may have deteriorated or wholly changed. The most challenging part of the COVID-19 lockdown was not meeting my children and other close family and friends. The painting "Sixtieth Birthday" (Figure 1) reflects these themes. My sixtieth birthday coincided with Israeli Independence Day, when it was completely forbidden to leave home. Three days later, we celebrated with my family in our backyard and prepared finger foods to avoid using shared plates. I was startled when I accidentally touched my daughter-in-law. The painting describes the event, including the wild pig who decides to join the party. During the COVID-19 period, wild pigs were more present than usual in the urban space, adding to the surreal atmosphere of this unforgettable event. I prepared homemade masks for everyone.

It was not how I expected to celebrate my sixtieth birthday, but it was unique, surreal, and strange. I needed to document this event by painting to express my feelings and work it through. The mask-wearing is a symbol of the restrictions of this period. The wild pig who joined the party adds humor and a surreal flavor. We succeeded in celebrating and enjoying being together. I also had some Zoom parties.

Zoom became an important tool, professionally and in communication with family and friends. I shall relate the advantages and disadvantages of Zoom encounters in the next section. In a time when coming together physically was impossible or seemed risky, we held some Zoom parties with family and friends. Zoom experiences became central to my everyday life, as reflected in Figure 2 and Figure 3. It enabled regular overseas gatherings that had previously been impossible or very rare. Figure 2, for example, is a painting based on a photo I took during a Zoom meeting at Passover 2020. It depicts my husband and myself, my two sons and their girlfriends in Haifa, and my other son in Tel Aviv. My husband's sister and her husband, their daughter, their son, and his wife and children were also with us, connecting from Montevideo in Uruguay, sharing the same screen video-link squares.

Conducting Zoom meetings, taking a photo of the moment, and later reprocessing this experience through painting allowed me to appreciate the surprising upsides of the situation. We had never had the opportunity for all of us to meet together before COVID-19. This was a pleasant Zoom meeting that could not have happened before. A significant advantage of Zoom is that it enables intimate encounters with people living in different places worldwide. To this day, my husband has weekly Zoom meetings with childhood friends who live in Uruguay, Spain, and various areas in Israel. The fact that people can meet via Zoom can alleviate loneliness and isolation and

make possible meetings that could not have occurred without Zoom. In the Zoom paintings (Figure 2 and Figure 3), the overseas togetherness is evident in the same visual space, while the clear separation of the closed squares reflects the actual distance.

I had to use Zoom professionally as a therapist, supervisor, and art therapy lecturer. We had Zoom staff meetings in our art therapy program. The painting “Simple Life Group” (Figure 3) is based on a photo I took during a Zoom meeting of an artists group I belong to. We are four artists in Israel, Japan, Spain, and Portugal. I shall relate later in detail to the story of this group during COVID-19.

Like most art therapy lecturers worldwide, I began teaching by Zoom without preparation or practice at a time when all universities had shifted to virtual learning. Initially, I experienced it as a considerable challenge; then, I realized it forced me to be creative. For example, to teach techniques in art therapy, a colleague and I filmed ourselves demonstrating the methods, thus teaching and guiding the students, although we could not meet in person. We began using Zoom meeting rooms and other Zoom facilities to enrich our teaching. In the beginning, adjusting to this new way of teaching was challenging for the lecturer and the students.

On the one hand, I saw the impact of my creative effort in using online tools. I also appreciated the convenience of teaching from the ease of my own home and the ability to join staff meetings, lectures, and conferences from anywhere in the world. However, when we returned to teaching in person, I realized that it wasn't only hands-on workshops that had been harmed by virtual teaching; theoretical classes were enriched by students relating to the same physical space, and theoretical understanding deepened profoundly through in-person discussions.

So, while we had come to appreciate the alternative possibilities of transferring information, such as teaching remotely by Zoom, this now meant enjoying the advantages and merits of each, and we had to acknowledge the irreplaceable aspects of in-person learning. This also helped me cope realistically with the changed circumstances and make the best of them. In the workshops, we often related to themes connected to the pandemic. For example, the students were instructed to create two collages, one expressing the difficulties of the era and the second relating to what helped them to cope with these difficulties. They could share their works in small groups, intimately, and then with the entire group. They could express and work through their emotions with others while learning how art expression can be an efficient tool for a patient experiencing hardship. Some of the students reported that studying itself functioned as an anchor.

7. Clinical Dilemmas During COVID-19

As a therapist, I needed to reexamine how I offer art therapy. Even during the lockdowns, I met most patients and supervisees in person. With a few patients who could not commute, we met through Zoom. Some did express themselves artistically, sharing their works during the session. Individual preferences and sensitivities were informative: for example, a sexually abused client felt it was too hard to meet by Zoom because she felt more exposed than in face-to-face sessions. She said that in the clinic we had a table between us. Another client felt more secure at home, although she worried her boyfriend could hear her talk about his family. The sterile conditions and precise boundaries of the clinic space were interrupted. Mutual unwanted exposure could occur. Keeping the therapeutic area safe and confidential on both sides of the Zoom interaction was challenging.

The issue of wearing a mask and distance keeping related to the health safety of the clients who arrived at the clinic. We had to think and decide about the right way to conduct a therapy session.

Is the mask enough, or should we keep our distance as well? How does the fact that we do not see each other's entire face influence the therapeutic interaction? The answers to these questions were different for each client.

In art therapy, the studio setting is crucial. Some patients continued creating art during the Zoom sessions and shared it with me. I encouraged creating art in Zoom meetings because I thought it could be beneficial during COVID-19. There were some surprising reactions to the use of Zoom. I did not foresee the difficulty of the sexually abused patient. I thought she would feel secure in her own space. I still have a weekly Zoom session with a client who moved to a faraway city and wanted to continue therapy. Potash et al. 2020 [22] discuss lessons learned from art therapy during COVID-19. They relate to the power of art in virtual classrooms and clinics to maintain educational and psychological services during the pandemic. Although I felt suspicious about the efficacy of art therapy through Zoom, I learned the right way to do it with my clients. Together, we discovered how to continue the therapeutic process in the best way possible with each client.

8. Working from Home

Working from home was challenging for me in many ways. In therapy, you must have confidential conditions to avoid exposing your patient. However, on a video or phone link, the patient may be heard by other family members during her session.

In teaching calls, students' children or other family members were present in our virtual classroom. This situation may restrict authentic expression, and family members can be exposed to content they should not hear. It was challenging for students and lecturers to keep the virtual space private. The possibility of being present without video was problematic. Is the demand that students be current with open cameras legitimate? As a lecturer, it sometimes felt like I was talking into the void. I could only advise my students to be present with the open camera as much as possible. Students had to cope with the presence of their children at home during classes.

My husband's three last months as a chemical engineer before retirement coincided with a lockdown, and he had to work from home. In Figure 6, he is portrayed as connected to the computer, cell phone, and earphones. This was a typical situation during COVID-19. Even his farewell party was a Zoom party. It was strange to end decades at a workplace in this way. He felt it was weird not to meet in person and thought the work could not be done as well as it should. Other people working from home could identify with this portrait. It was especially hard for parents of young children who had to work from home, and at the same time, they had to help their children cope with their Zoom learning. We had to share the domestic space to allow us both to have convenient conditions for practical work.

Despite the difficulties connected to working from home, many workplaces continue this practice, at least in part. My university still has Zoom staff meetings and Zoom lectures for big audiences.

9. Political Situation During COVID-19

The political situation in Israel was complex during the pandemic. There were weekly demonstrations against the corruption of the prime minister and his government. The government accused the demonstrators of spreading the virus. So, in addition to the difficulties of the pandemic, there was political tension and stress. I and my husband attended weekly demonstrations, feeling that the government was making illegitimate use of the situation in addition to the usual corruption

and injustice. During protests, I used to draw in my sketchbook (Figure 5). It was a way to creatively and productively cope with a devastating political situation. I felt I had to document the demonstrations through visual images to spread the message further. The act of live drawing led to communication with other protestors and in the social media where I posted my pictures. People who saw me drawing began to talk with me, and one girl asked to draw, too. When I posted my drawing on social media, people related to it by identifying and, less often, by criticism. For me, it was an anchor in an unstable and tense time. My art was a way to bring the street protests to social media.

10. My family's Losses, Grief and Mourning During COVID-19

My mother passed away during this time of COVID-19 crisis. She had had Alzheimer's for 16 years. During a lockdown, she got pneumonia, and I had to hospitalize her. We stayed many hours at the emergency room because she had to have a negative COVID-19 test before leaving for the internal medicine ward. Everyone had a mask on their face, as shown in Figure 7. I drew it in the emergency room. Due to the pandemic, only one person could be with her. I was worried that she would catch the virus there. The act of drawing was calming in this situation of helplessness. I tried unsuccessfully to hurry the process of transferring my mother to the internal medicine ward. The fact that the doctor is portrayed with his mask, concentrating on his computer, reflects my feeling that the staff were unavailable.

Figure 8 portrays my mother in her hospital bed. I sat with her and naturally drew. Through her years of Alzheimer's disease, I was used to drawing and painting her; it helped me to be with her even when she did not communicate at all. Drawing during her hospitalization enabled me to feel close to her. Eventually, after a week in the hospital, my mother passed away. My brother does not live in Israel and, due to the lockdown, could not come to the funeral. Even the number of people at the funeral was limited. During the shiva (Jewish mourning period when people come to console), there were restrictions on movement within Israel - it was not allowed to commute more than a few kilometers. Therefore, we had a very intimate shiva. I remember thinking that my mother would have liked it. In a way, it suited her personality. Nevertheless, on the third day of the shiva, my husband got a message that he was with someone who had been found COVID-19 positive. Some relatives immediately left, and people who were supposed to come canceled their visit. Mourning was unusual: calmer and quieter than I would have expected. Visitors who did manage to come told us stories about my mother we hadn't heard before.

We tried to help my brother be virtually present through electronic devices, which felt like an attempt to connect different bubbles. As Fowley puts it: "Relationships are mediated by technology which anchors our bubbles together, with multimodal links carrying affect and emotion" [7].

After my mother's death, I found photos I had not seen before. I chose to paint her working as a pediatrician (Figure 9). She was a well-known and admired pediatrician in my hometown. She lost all her family during the Holocaust when she was 17 years old. While escaping, she began to study medicine in Russia, which continued after the Second World War in Frankfurt while living in a camp for displaced people. Finally she graduated in Israel. During the 16 years that she dealt with Alzheimer's, it was hard to remember what a unique and strong person she was. The painting process helped me to remember and sincerely appreciate the person she was before the Alzheimer's diagnosis. Loss and mourning had characteristics unique to the COVID-19 crisis. My

experiences, processed through art, also helped me connect and support others as an artist, art therapist, and later in community spaces.

11. Emergence and Integration: Exhibition During the COVID-19 Pandemic and Creating Community Interventions Within the Gallery Space

When the pandemic began, I was in an artist residency in Afula, a peripheral city in the north of Israel. I met with the inhabitants of the town who immigrated to Israel. I documented their immigration narrative verbally and by painting a contemporary portrait and a portrait based on a photo from their country of origin. Metuka (not her real name) (Figure 4) chose to be painted with the mask. She said that COVID-19 is a once-in-a-lifetime experience that should be documented. I met Metuka and other people at the daycare center for the elderly. Together with the social worker, we organized visits to the exhibition "Sparkles: Magical Realism in the [Emek Israel] Valley." The show included sculptures and paintings by several artists from the Emek Israel, area, and the artwork prominently depicted issues connected to the experience of living through the COVID-19 pandemic.

My Zoom paintings (Figure 2 and Figure 3) were exhibited too. Some of my art therapy students joined these visits. Each visit consisted of three stages:

1. A tour of the gallery where the participants shared their impressions of the displayed artworks, which naturally led to sharing personal issues related to COVID-19
2. An art activity in the gallery
3. Reflective contemplation of the participant's artworks and verbal processing of their aesthetic experience, as well as discussion of how those connect to personal issues - expressed verbally and through art

The broad variety of artists and styles included in the exhibition encouraged broad artistic expression. The participants were deeply moved by the show and openly expressed their deeply felt personal issues, first through creating and later speaking with the group. The aesthetic experience enhanced personal, authentic expression. In addition, after the experience of loneliness due to COVID-19 restrictions, they were eager to share. The group participants experienced mutual support by listening and emphatically sharing similar emotions. They were surprisingly open. For example, one participant talked about losing his talented painter son. An artwork reminded a woman about her abusive marital relationships. Following these visits, my students continued to work with the elderly group at their daycare center for an additional seven weeks.

A group of sexually abused women had four sessions in the gallery led by me, together with a social worker from the municipal clinic for the sexually abused [18]. The aesthetic experience in the gallery, combined with the need to alleviate loneliness during the COVID-19 crisis, was crucial in helping the elderly and the sexually abused to express themselves openly and deeply in a relatively short time. They could relate meaningfully to others in a protected and containing environment. Through artmaking, they could be active concerning the problem of helplessness experienced due to the imposed limitations of the COVID-19 crisis and its implications. They were no longer alone with their feelings and could identify with the suffering of others, support others, and be supported.

Devine [23] curated an exhibition of art therapy patients' artwork in a shopping mall. She proposed that her clients benefited from viewing the images of others representing the same human experience. The exhibition visitors could respond by writing their impressions or by creating

art. Thus, the exhibition had a therapeutic influence on the general population. In Afula, it was evident that creating together following meaningful aesthetic experiences can alleviate loneliness and is a safe place for working through relating to others. The participants could express themselves openly and work through their difficulties artistically and verbally.

It was a moment of integration for me: I was reemerging as an artist, sharing my experiences of COVID-19, and reemerging as a clinician - integrating art therapy as a community intervention inspired by the exhibit. The influence and benefits of community interventions are widely known [24-27]. This is especially true for crises that affect most of the population. However, this was a unique coming together of my separate identities.

Exposing my art to the client population was a new and challenging experience.

Participants related to my works, my family members' emotional expressions, and my painting style. I felt exposed, but at the same time it enhanced a new kind of closeness with them.

12. Exhibiting and Connecting Globally as an Artist during the COVID-19 Pandemic

We are four women from Spain, Portugal, Israel, and Japan. We met in 2018 in Japan at a conference and art exhibition and decided to continue working as a group. For more details, see our website, "Simple Life" [28].

We had monthly Skype meetings and planned four events in four countries. Before COVID-19, we organized three events in Spain, Portugal, and Israel. In April 2020, we were supposed to meet for the last event in Japan for the group exhibition and connected community intervention. Ultimately, due to the pandemic, we had to cancel our flights. Figure 3 is a painting based on a photo I took during a Simple Life group meeting. We continued to meet by Zoom and even took part in a Zoom conference called "Simple life - an international art project," in which I presented my project together with fellow artists from four different countries: Ibanez-Cano, E., A. Saldanha, D. Markman Zinemanas, and E. M. Matsumoto [28] "Simple Life - an international art project," Espacos Transientes, 33rd APECV Annual Meeting. Although we did not meet, we managed to create meaningful activities, and hopefully, the final event in Japan will take place in 2024.

13. Summary

COVID-19 affected life profoundly on every level, personally and professionally. This visual artistic autoethnographic report tries to convey the possibility - for creators and art consumers - for art to be a valuable tool for working through and reflecting in a time of global crisis where any field of life might be impacted. I deliberately use the word creator and not an artist because I believe artmaking can help anyone who feels comfortable using art materials. Most people who created the municipal gallery of Afula were not experienced in artmaking, and most did not have the habit of visiting galleries or art museums. In the exhibition of art therapy clients, in addition to the benefits experienced by the clients, visitors to the show could express themselves verbally and artistically concerning the suffering caused by the pandemic [23].

Through my personal narratives and the visual account through my paintings, I have tried to convey the essence of the COVID-19 crisis as a private person, an artist, an art therapist, an art therapy lecturer, and an artist who combines art-making with community intervention. These different roles are intertwined. I think that because creating art was so helpful for me, it became

easier to help others use art effectively as creators and beholders. My art expanded my communication with others in virtual and face-to-face settings.

I think that art can convey non-verbal content beyond language or pre-existing it. I hope my personal story and the visual account can broaden and demonstrate the impact of COVID-19 on a broad spectrum of life. The contribution of art-making and art consumption at a time of global crisis, a total of uncertainty and isolation, is clear from this autoethnographic artistic report. My art has expressed different issues arising from the various roles I play in my life. I hope this demonstrates how aspects of creating and aesthetic experience can convey content beyond words and consciousness.

Author Contribution

The author did all the research work of this study.

Competing Interests

The author has declared that no competing interests exist.

References

1. Braus M, Morton B. Art therapy in the time of COVID-19. *Psychol Trauma*. 2020; 12: S267.
2. Gray B. Autoethnography and arts therapy: The arts meet healing. *Aust N Z J Arts Ther*. 2011; 6: 67-80.
3. Ellis C, Bochner A. Autoethnography, personal narrative, reflexivity: Researcher as subject. *Sausalito, CA, US: Sage Publications*; 2000.
4. Bartleet BL. Artistic autoethnography: Exploring the interface between autoethnography and artistic research. In: *Handbook of autoethnography*. 2nd ed. London, UK: Routledge; 2021. pp. 133-145. doi: 10.4324/978042943176.
5. Hall J. Covid-19 creativity or collapse. *Art Ther Online*. 2021; 12. doi: 10.25602/GOLD.atol.v12i1.1486.
6. Martinez Coleman S, Mank J, Morley T. Creativity as a lifeline: Connection through witnessing. *Art Ther Online*. 2021; 12. doi: 10.25602/GOLD.atol.v12i1.1494.
7. Fowley C. Grief in times of corona (Envoi). *Qual Inq*. 2021; 27: 771-772. doi: 10.1177/1077800420960140.
8. Wyatt J. *Therapy, stand-up, and the gesture of writing: Towards creative-relational inquiry*. London, UK: Routledge; 2018.
9. Goodarzi G, Sadeghi K, Foroughi A. The effectiveness of combining mindfulness and art-making on depression, anxiety and shame in sexual assault victims: A pilot study. *Arts Psychother*. 2020; 71: 101705.
10. Pearce J. Covid 19: A personal reflection. *Art Ther Online*. 2021; 12. doi: 10.25602/GOLD.atol.v12i1.1488.
11. Betensky MG. *About phenomenology for art therapy*. London, UK: Jessica Kingsley; 1995.
12. Kramer E. Sublimation and art therapy. *Approaches to art therapy*. London, UK: Routledge; 2016. pp. 87-100.

13. Lusebrink VB, Mārtinsone K, Dzilna Šilova I. The expressive therapies continuum (ETC): Interdisciplinary bases of the ETC. *Int J Art Ther.* 2013; 18: 75-85. doi: 10.1080/17454832.2012.713370.
14. Markman Zinemanas D. Visual symbolization-the unique additional value of art-psychotherapy. *Acad J Creat Arts Ther.* 2011; 2: 131-139.
15. Rubin JA. What is art therapy? London, UK: Routledge; 2010.
16. Cane F. The artist in each of us (Revised ed.). Craftsbury Common, VT, US: Art Therapy Publications; 1983.
17. Freedberg D, Gallese V. Motion, emotion and empathy in esthetic experience. *Trends Cognit Sci.* 2007; 11: 197-203.
18. Markman Zinemanas D, Metzl E. Art therapy group for women who had been sexually abused in a gallery space during the Covid 19 crisis. *Sch J Psychol Behav Sci.* 2023; 7: 789-798. doi: 10.32474/SJPBS.2023.07.000253.
19. Aguilar S. Art therapy in a museum setting for adults with intellectual and developmental disabilities: A literature review. Cambridge, MA, US: Lesley University; 2019. Available from: <https://core.ac.uk/download/pdf/217405179.pdf>.
20. Salom A. Weaving potential space and acculturation: Art therapy at the museum. *J Appl Arts Health.* 2015; 6: 47-62.
21. Linesch D. Art therapy at the museum of tolerance: Responses to the life and work of Friedl Dicker-Brandeis. *Arts Psychother.* 2004; 31: 57-66. doi: 10.1016/j.aip.2004.02.004.
22. Potash JS, Kalmanowitz D, Fung I, Anand SA, Miller GM. Art therapy in pandemics: Lessons for COVID-19. *Art Ther.* 2020; 37: 105-107.
23. Devine S. Therapeutic impact of public art exhibits during COVID-19. *Art Ther.* 2023; 40: 50-54. doi: 10.1080/07421656.2022.2131359.
24. Allen PB. Commentary on community-based art studios: Underlying principles. *Art Ther.* 2008; 25: 11-12.
25. Hollingsbee E. 'Tomorrow we make it better': An art therapist's reflection on a community mural in a refugee camp in Greece. *Int J Art Ther.* 2019; 24: 158-168. doi: 10.1080/17454832.2019.1666155.
26. Kapitan L. Social action in practice: Shifting the ethnocentric lens in cross-cultural art therapy encounters. *Art Ther.* 2015; 32: 104-111. doi: 10.1080/07421656.2015.1060403.
27. Finkel D, Bat Or M. The open studio approach to art therapy: A systematic scoping review. *Front Psychol.* 2020; 11: 2703. doi: 10.1080/2710.3389/fpsyg.2020.568042.
28. Simple Life. Contemporary artistic project [Internet]. Available from: <https://evaibanezcano.wixsite.com/simplelife?fbclid=IwAR1ADL0bHpgvjczgr - EP6XssRbreLvLRKV8fDZDE1ziBOGAtHCAkO0lrB0>.