
MAKING DEPRESSION VISIBLE: A DECADE OF SELF PORTRAITS

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ABSTRACT

In exploring my experience of living with chronic depression, I delve into a collection of self-portrait photographs spanning the past decade, and critically analyze my embodied performances depicting the experience of depression in front of the lens of a camera. Through analyzing representations, interpretations and broader cultural ideas communicated within these photographs, I engage with them using photo memoir as an autoethnographic research method. By doing this, I aim to bring to light facets of how depression has felt like to me personally, but also to broader public feelings and experiences of depression in larger sociocultural contexts.

KEYWORDS

Visual, Anthropology, Trauma, Depression, Mental Health

BIO

Human-centered design and art-making is at the foundation of everything Lau does. He has always strived for the idea of “more”—that there is always more to know about something, more context, and more meaning under the surface. His search for meaning led him to Anthropology, the study of human stories, pre-history and cultural diversity through time and space. It is this passion of his to deeply understand the human experience that has brought him around the world to Peru for a National Geographic Expedition, as well as to Greece for an archaeological excavation. Back home, he continues to work on multifaceted creative projects, from books to magazines, which help other individuals tell their own stories on their own terms. As a designer and media artist, Lau's work draws from his commitment and passion for understanding people, communities, materiality, and cultural contexts. Lau is the current Editor at Tusaayaksat Magazine, a quarterly publication from the Canadian Western Arctic that amplifies and shares the stories of Inuvialuit to the world. In the meantime, he is also a part-time Masters candidate in the discipline of Anthropology.

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Self-Portrait Photography: An Embodied Performance



FIGURE 1 – Maturity, 2009. Digital Photograph. [unidentified person facing away from a childhood doll and towards various more mature objects of hobbies and activities]

One decade ago, I created my first self-portrait photograph (see “Maturity”, pictured above) by placing a digital camera on a surface facing myself, setting a timer, and posing for a conceptual image that expressed a cultural idea I had at the time. Despite my discovery of it, self-portraits were, in 2009, by no means a novel phenomenon: as an artistic practice, self-portraiture has long been practiced since Victorian and modernist photography, and sustained through postmodern photographic practice and contemporary work in the present (Jones 2002:947).

A self-portrait is an image where an artist reveals and documents their self as a subject, with the goal of “deliver[ing] the artist in some capacity to the viewer” (Jones 2002:951). While the ways of creating of a self-portrait photograph can vary and include those taken with more conventional documentary purposes—I consider this (“Maturity”) to be my first self-portrait due to my intention in communicating—performing—a cultural idea, which also marks the first substantial act of self-reflexivity through photography. What had historically made self-portrait photography an innovative practice was its ability to “establish an exaggerated mode of performative self-imaging that open[ed] up an entirely new way of thinking about photography and the racially, sexually, and gender-identified subject” (Jones 2002:948). In other words, my journey into self-portraiture allowed me to begin thinking more reflexively about my social identity and experiences—such as my mental health. Self-portraiture photography also differs from documentary photography (e.g. Hunt 1997) due to its use of performance, visual esthetics, and manipulation—“elaborate rituals of research, costuming, makeup, and posing”—meaning that photographs are often carefully constructed, created, *performed* for the camera, and selected by an individual (Dalton et al. 2000:66; Jones 2002). In anthropology, the study of performativity has been a “paradigm for meaningful action” that is intrinsically tied to other concepts of poetics, play, process and power (Conquergood 1989:82; Turner 1988). Thus, the self-portrait photograph can be seen as a “living” site of performance that engages actively with the subjective representations and interpretations of the self and human body (Belting 2011; Mitchell 2005). In this paper, I will also argue that the self-portrait photograph is inherently an anthropological phenomenon—something Jones et al. (2002) describe as a *technology of embodiment*.

I believe that anthropological literature can benefit from exploring the value of self-portrait photographs in studying human cultural and social ideas. As Dalton et al. (2000:66) argue, self-portrait photographers are not primarily photographers—but rather “conceptualists who use photography to

illustrate their ideas about social identity,” something of great interest to anthropologists. Thus, anthropologists such as Kenney (1993) have employed self-portrait photography as a research method in understanding sociocultural ideas of other communities—however, there is a notable lack of autoethnographic literature that discusses the production of self-portraiture as a reflexive method of understanding sociocultural ideas. Additionally, studies like Kenney’s (1993) often oversimplify self-portrait photographs as direct, objective representations of individuals and social realities, likely because viewers of photographs are tempted to view them as truthful documents of what Barthes (1981:77) calls “that-has-been” in front of the camera (Adams 2000:3). The belief that photographs deliver an objectively ‘true’ subject was also an underlying belief of modernist discourses of art and photography (Jones 2002:951). This is not to say that self-portraits are not “truthful documents”; however, I will argue that self-portrait photographs must be viewed and studied critically as sites of true *embodied performance*, through the creation of subjective representations, interpretations of, and responses to social realities.

Self-Reflexivity and Autoethnography

The concept of self-reflexivity is not foreign to the discipline of anthropology. By the 1970s, an intellectual interest towards the anthropologist’s ‘self’, as well as the relationship between that self and ‘others’, was growing immensely. This led to an increasing awareness of anthropologists’ positionalities in the field, the inevitable subjectivity of ethnographic research, and the constructed nature of representation (Collins and Gallinat 2010:3). Since foundational texts during the postmodern turn (e.g. Clifford and Marcus 1986; Marcus and Fischer 2014) anthropologists have continued to write about looking inwards as a substantial and necessary part of conducting ethnographic fieldwork. Moreover, this interest in reflexivity branded new ways of thinking about ethnography: inclusions of cultural critiques, textuality and more critical ways of thinking about the use of language, autoethnography, as well as the preliminary consideration that anthropology could be ‘done at home’ as opposed to foreign places (Collins and Gallinat 2010:3).

In this paper, I will explore my experience of depression—at home—through the construction of a photo-memoir as an autoethnography. As defined by Ellis and Bochner (2000:742), autoethnography constitutes “autobiographies that self-consciously explore the interplay of the introspective, personally engaged self with cultural descriptions mediated through language, history, and ethnographic exploration.” Conversely, Chang (2008:46) argues that autoethnography should focus more on ethnographic analysis and interpretation rather than autobiographical description, as they make autoethnography transcend autobiography, specifically by uniting the personal—the self—to the social and cultural (Ellis and Bochner 2000:739; Reed-Danahay 1997). One approach of autoethnography is “autobiographical ethnography,” an area for anthropologists to deeply integrate personal experience with ethnographic writing (Reed-Danahay 1997:2; Chang 2008:47). My autoethnography will thus combine both “cultural analysis and interpretation with narrative details,” meaning that the stories about depression in my photo-memoir will be reflected upon, analyzed, and interpreted within broader sociocultural contexts (Chang 2008:46). Autoethnography draws from the idea that the “self is an extension of a community rather than it is an independent, self sufficient being,” which makes cultural self-analysis possible under the existence of the “self” within a cultural community (Chang 2008:26). There is thus enormous anthropological value in creating, analyzing, and integrating the use of self-portrait photographs in writing autoethnography and practicing self-reflexivity; by deeply exploring representations and performances of the self, anthropologists can also learn about a larger sociocultural context which may have influenced an individual to do so in certain ways.

Methodology



FIGURE 2 – Spaces, 2013. Digital Photograph. [unidentified person standing alone in a room, framed by a doorway]



FIGURE 3 – Unknown, 2014. Digital Photograph. [profile of unidentified person in front of a window]



FIGURE 4 – Expired Medication, 2015. Digital Photograph. [unidentified person crouched under a shelf full of expired medicine]



FIGURE 5 – Circular [3], 2016. Digital Photograph. [unidentified person hanging out of a clothes dryer with laundry scattered about]



FIGURE 6 – 263[365], 2011. Digital Photograph. [person spitting out water in front of a mirror and medicine bottles]



FIGURE 7 – Death and Sloth [4], 2016. Digital Photograph. [unidentified person with head submerged in a sink full of water]



FIGURE 8 – 329[365], 2011. Digital Photograph. [person sitting alone on a bed]

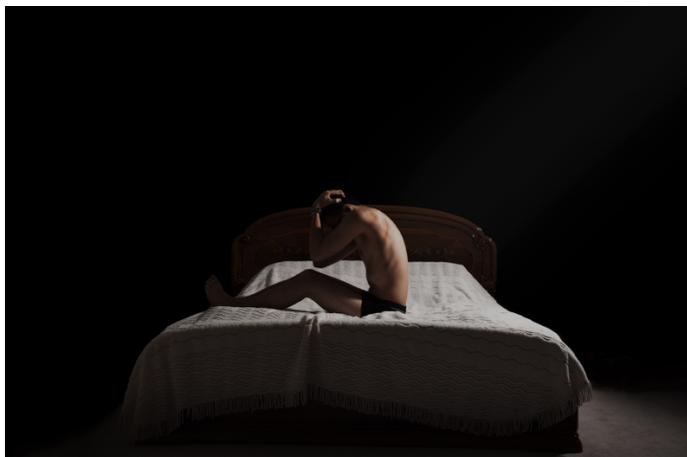


FIGURE 9 – Less, 2015. Digitally Manipulated Photograph. [unidentified person sitting alone on a bed]



FIGURE 10 – Death and Sloth [2], 2016. Digital Photograph. [lifeless person laying on a bed]



FIGURE 11 – Isolate, 2010. Digitally manipulated photograph. [unidentified person in front of curtains with hidden figure and hands outstretched]



FIGURE 12 – Afterpanic, 2016. Digital Photograph. [person sitting alone on a bed in a hotel room in front of window]

This paper draws from Ann Cvetkovich’s (2012:78) use of memoir as a research method—specifically the idea that doing so contributes significantly to academia, the public sphere, and most importantly, “the medical model of depression that dominates the expansive subgenre of depression memoirs.” In other words, much of anthropological research on depression has focused on looking outwards to others in cross-cultural approaches (Kleinman and Good 1985), psychiatric, psychological and mental illness contexts (Horwitz and Wakefield 2007; Jenkins 2015; Kleinman and Good 1985), or ethnographies of “othered” populations (O’Neill 1996). However, the use of memoir presents a vastly different perspective into depression as not always what Jenkins (2015) calls an “extraordinary” phenomenon that is situated within medical contexts, but also often in the “ordinary” spheres of everyday life (Cvetkovich 2012).

These ordinary depictions of depression can also be seen in many of my self-portrait photographs:

A new perspective I am bringing to Cvetkovich’s (2012) work is the use of *photo memoir*, which I believe engages with different qualities of affect, memory, and interpretation when compared to written memoir. Moreover, like Cvetkovich (2012), I am also presenting my critique of past scholarship on depression as a “productive or alternative suggestion,” which is manifested in the form and structure of my paper. While Cvetkovich (2012:82) argues that the research method of memoir had reflected her process of unpacking “fledgling knowledge,” I also argue that the creation of a photo memoir was also the process of how I began to make sense of my depression over the past decade of my life.

My engagement with self-portrait photographs rests on the notion of understanding images as cultural texts rather than “privileged images of reality”—sites and spaces of interpretation featuring “figured bodies in fictive spaces” (Rose 1997; Pollock 1994). Many of my self-portraits are in fact

performed in “fictive spaces”—backdrops that are ambiguous, neutral, or open to interpretation. Thus, photographs “[organise] a view of a specific body and of the space of and around that body,” and by analyzing the images and their relationships to viewers, anthropologists learn about its ‘spaces of representation’ and meaning-making behind the images (Rose 1997:277). In this light, I utilize a reflexive adaptation of photo elicitation, which aims to evoke deeper and more interesting elements of personal consciousness and memory than words (Harper 2002:13). In tandem with reflexive photo elicitation, I will also engage with semiology (Rose 2016:74) when analyzing and discussing the specific symbols represented in the images of my photo memoir, and how they relate to larger sociocultural contexts.

Conversely, Ingold (2013:7) argues that, by focusing on visual analysis of photographs as objects, anthropologists are unable to understand the creative and productive processes that create them. Practicing an “art of inquiry,” or thinking through making, means allowing knowledge to “grow from...our practical and observational engagements” with the world around us (Ingold 2013:6; Dormer 1994; Adamson 2007). Similarly, Cvetkovich (2012) argues that creative and crafting practices—and its habitual nature within domestic life—can present an alternative to treating depression with drugs. Thus, in trying to understand the embodied experience of chronic depression, I have always created images and reflected upon the processes of doing so, long before I began using antidepressants. In this paper, I also re-create existing photographs to comparatively understand the experience, and its changes, between two different moments over time.

Chronic Depression

It is difficult to know, as anyone experiencing dysthymia would also find, when my chronic depression all began. What is clear, for me however, is that my depression seemingly began on a couch in a small, windowless office located somewhere deep inside the maze of a basement student health clinic.

“Dysthymia...that’s the diagnosis.”

So, that’s it?

It’s my second meeting with the psychiatrist. I’d come back to ask about my diagnosis again because of how uncertain it all seemed in the first one (“It sounds like dysthymia,” she’d said). The square room is lit dimly only by a single lamp in its corner—it’s almost a somber space. Slightly across from me to my right sits the psychiatrist. For a person who has “known” me for quite literally about an hour in total, she had learned more about me from my medical records than most people ever will in my lifetime. And with a single sentence, she diagnoses me with a condition that I had spent close to a decade trying to make sense of: chronic depression. I had never seen a psychiatrist before, or even spoken to a medical professional about the feelings I’d had. Chronic depression? All those years spent sitting, thinking, writing, and making self-portraits, were now clear.

“There’s not much else to say. I’ve went over everything relevant...do you have any other questions for me?”

Of course I did. My mind was bubbling and I could almost feel the questions spilling out of me. So, it’s not my personality? It’s an illness? What now? Can I get more meds? Will this ever be cured? Does it go away? Or is it just going to stick around forever?

I don’t end up asking any of the questions. At the moment, I was just trying to process the weight of my diagnosis. (circa March 2019)

A Diagnosis

In *A Diagnosis*, from the television series *Crazy Ex-Girlfriend*, we see a protagonist, Rebecca, singing about the process of navigating and understanding her mental illness. In her song, she describes the immense value of a medical diagnosis from a psychiatrist, through a quirky, upbeat musical production. Roaming optimistically through the halls of an outpatient clinic—for those seeking medical diagnosis and treatment—Rebecca sings:

For almost 30 years, I’ve known something was wrong...Fake it ‘till you make it—that’s how I got by
And when I tried to find the reason for my sadness and terror, all the solutions were trial and error
Take this pill, say this chant, move here for this guy... But now there’s no need for regret, ‘cause I’m about
to get a diagnosis... Doc, prescribe me my tribe; give me my thron. Tell me that this whole time I’ve

belonged—with those other people who share my diagnosis I’m aware mental illness is stigmatized, but the stigma is worth it if I’ve realized—who I’m meant to be Armed with my diagnosis (Bloom and Schlesinger 2017).

As revealed in Rebecca’s song, the diagnosis of a mental illness has a profound and empowering effect on individuals struggling to understand their mental state. Before delving into why this may be a reflection of a larger common social experience, it is important to consider the roots of the mental illness diagnosis in western medicine—the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM is a manual by the American Psychiatric Association, which precisely defines “symptom-based disease entities” for psychiatric illnesses—of which dysthymia is just one of many (Horwitz 2002:57). Martin (2007:136) argues that the DSM categories for illnesses are so prominent and “potent” in current medical discourse because of the history of reimbursement for psychiatric care; practices of American insurance companies and federal programs had influenced doctors to begin using a system of categories featuring identifiable, discrete disease categories, developed in accordance with a scientific model. Now on a 5th edition of the DSM, these categories continue to be influenced by changing social conditions, cultural tendencies, scientific and clinical perspectives, and the “political economy of nosology under the powerful influence of pharmaceutical companies” (Jenkins 2015:6). Ultimately, the use of such highly abstract categories represents what Silverstein and Urban (1996:1) coin “text-atoms,” which allows something to conceive a form and meaning “that are imaginable apart from the spatiotemporal and other frames in which they can be said to occur.” In other words, what makes a DSM diagnosis potent is its ability to create a uniform vocabulary and language for the confusing experiences that people navigating mental illness struggle to describe and put into words. For doctors, diagnoses act as an administrative and bureaucratic tool for treatment processes. For individuals, however, a DSM diagnosis not only validates the reality of their social experience, it also situates them amongst a shared social experience—creating a “fabric of relatedness”—with many other individuals, which can relieve feelings of isolation (Martin 2002:146). Conversely, DSM diagnoses also often condense and oversimplify the diverse range of moods and their unique contexts people experience in everyday life, and neglect alternative, nuanced descriptions of social realities (Martin 2002:149). Thus, my paper is an attempt to exemplify these nuances of depression that do not exactly fall clearly into the criteria of a diagnosis.

The Cloak of Visibility



FIGURE 13 – Point of Disgust, 2013. Digital Photograph. [unidentified person with cloak covering most of their body, black and white]

I distinctly remember what led me to create “Point of Disgust” (pictured above) in 2013: it was the first time in my life that I had begun to seriously contemplate suicide. In this photograph, I don a cloak over my head and body, with only a small sliver of my face revealed within the cloak. At first glance, such an ominous cloaked figure is reminiscent of the popular Western figure of the “Grim Reaper,” a

personification of death in the form of a cloaked skeleton yielding a scythe. Having had just encountered death head-on for the first time in my life, the content of this image is potent and haunting. Yet, I discovered that this symbol of ‘the cloak’ had reappeared throughout my decade of self-portraits. In trying to make sense of this image, I also include an excerpt of a journal entry from the same time:

“I’ve been feeling low. it’s not natural, i know it, and for the longest time I was confused and just lost because I just had absolutely no idea where this was all coming from. it’s scary... there’s no way of hiding from them. from it. whatever it is i still can’t even find a word to describe it. it’s not introversion, it’s not depression or suicidal thoughts [...] it is just insanity...i thought about death again but i know i am not suicidal[.]” (circa July 2013)

As evidenced in my frantic writing, I was utterly unable to find a word to describe my experience—even “depression” did not seem to feel correct. One can argue that I would have greatly benefitted from a DSM diagnosis from a psychiatrist to ease the distress. Interestingly, Martin (2002:147) describes DSM terms and diagnoses as “protective cloaks...soft fabric, antimacassars” which act as “social framework[s] of knowledge and authority...[reaching] out to embrace the patient and enfold him or her in a legitimate—if limited—social fabric.” When I once showed a counsellor my cloaked self-portrait during talk therapy, she noted that it was an appropriate depiction of depression: to feel hidden, small—under the weight of the world, and ultimately invisible to it. And this is no surprise: the symbol of the cloak has long been associated with invisibility in Western folklore and mythology (e.g. Bane 2013:30; Davidson 1989:138). However, despite this, the performativity of creating self portraits with the cloak also represented visibility, in that I was able to make the experience of depression literally visible. The need for my struggle to be captured, seen, and heard was something that was only achieved through self-portraiture for me at the time, due to a lack of mental health support, and the social taboo of mental illness in my communities. It is interesting that Martin’s (2002) “protective cloaks” are both productive and comforting, but also simultaneously constricting—just like the effects of a diagnosis. Thus, while a diagnosis would have in fact been a meek attempt at describing the entirety of my despair, perhaps it was the very *cloak* that would have provided a small sense of comfort during the time, in reminding me that I was not alone in how I was feeling.



FIGURE 14 – X, 2015. Digital Photograph. [unidentified person with cloak under body and arms outstretched]

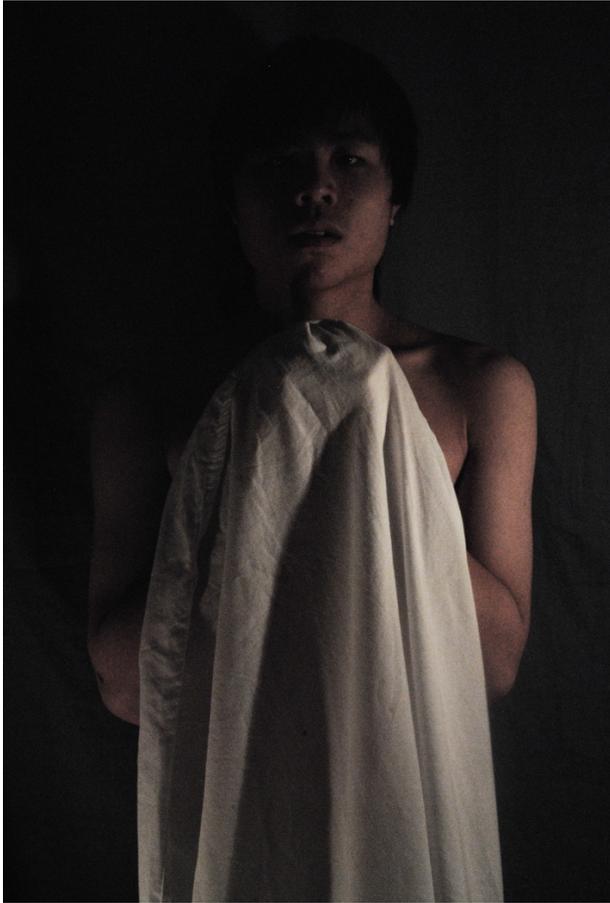


FIGURE 15 – Untitled, 2011. Digital Photograph. [person holding a cloak in front of their body]



FIGURE 16 – 249[365], 2011. Digital Photograph. [unidentified person under a cloak in a dark atmosphere]



FIGURE 17 – 61[365], 2010. Digital Photograph. [unidentified person under a cloak with light beaming in from behind]



FIGURE 18 – Stuck, 2014. Digital Photograph. [person under a plastic tarp on an old mattress in an empty room]



FIGURE 19 – Untitled, 2015. Digital Photograph. [person with head wrapped with plastic tarp]

FIGURES 14-19: Other depictions of “the cloak” as a symbol in self-portraits. A “plastic” cloak – instead of a fabric one – may represent the transparent barrier of a diagnosis. While one may be able to peer into a struggle happening under, it can also be suffocating.

Visual Trauma and Iconoclasm

Content Warning: Includes images of self-harm and/or suicide; please view with discretion.

The experience of depression is not just a psychic experience, but a somatic one as well; the anthropological paradigm of embodiment has long emphasized the inseparability of the human body and mind (Csordas 1994; Jenkins 2015:242). Jenkins' (2015) research on the connection between violence, trauma, and depression reveal the deeply physical types of harm that are intertwined with depression—in such a way that we can truly describe depression as a fully embodied experience. Thus, Jenkins (2015:243) writes that the term “trauma” is preferred when describing the effects of many mental illnesses, due to the phenomenological experience of psychic trauma as “circumscribing one’s very being-in-the-world,” as well as the need for cultural validity. Accordingly, I describe my self-portraits in this section as examples of *visual trauma*, which encompasses representations of self-harm and suicide.

While the DSM definition of major depression has morphed from its third (DSM-III/R) to current fifth volume, one consistent diagnostic criteria has been “recurrent thoughts of death” (American Psychiatric Association 1980, 1987, 1997). In the later volumes, on top of a suicide attempt or a specific plan to do so, this criteria section has also included “recurrent suicidal ideation without a specific plan” (American Psychiatric Association 1987, 1997). Meanwhile, the International Statistical Classification of Diseases and Related Health Problems (ICD-11) published by the World Health Organization includes “intentional self-harm” as one of the “external causes of morbidity and mortality” (World Health Organization 2018). Broz and Münster (2016:11) argue that the inherent juxtaposition between an inner “intention” and an “external cause” of self-harm is the basis of what they call the “tension of agency,” where a suicidal individual is both seemingly in control of, but also not completely responsible for their actions according to medical discourse. It is therefore this tension that exists in not simply the contents of my self-portraits depicting self-harm or suicide, but especially in my act of *creating* them: how much of this is a result of my depression, versus my creative agency? Moreover, if images are in fact living things, would the manipulation of my body in my self-portraits be considered “intentional self-harm,” and would this also be considered “suicidal ideation”? Who or what is ultimately responsible for this? There are no easy answers to such questions. However, what I do know is that my practice in creating visual traumas may have played a large role in preventing me from physically practicing self-harm or attempting suicide through the past decade. Perhaps the result of depicting self-harm and suicide in images—substitutes—of myself effectively outsourced and satisfied my deep urge for them, as I had believed them to be simply socially unacceptable to physically perform in real life.

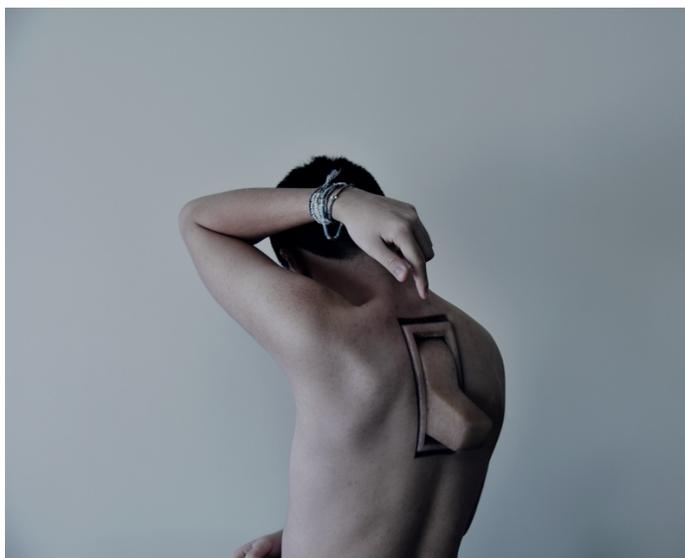


FIGURE 20 – Desensitize, 2016. Digitally manipulated photograph.



FIGURE 21 – 296[365], 2011. Digitally manipulated photograph.



FIGURE 22 – Circular [2], 2016. Digitally manipulated photograph.

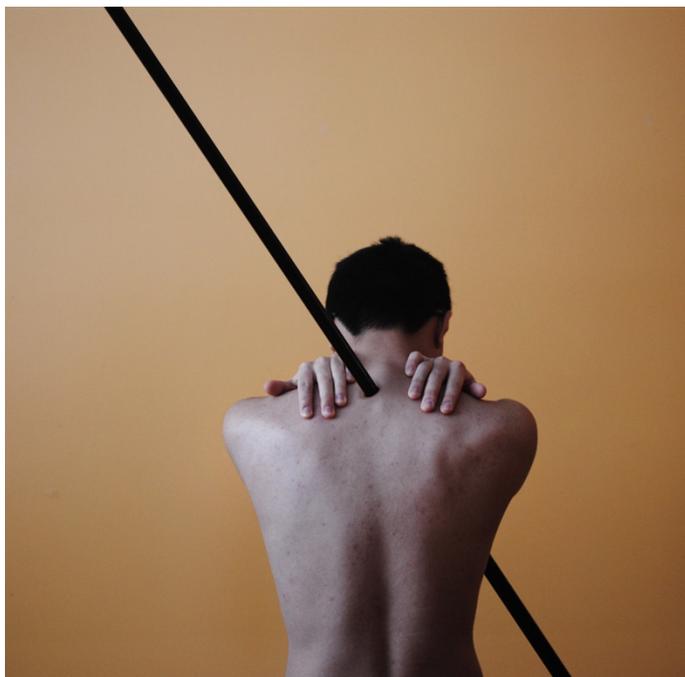


FIGURE 23 – Statistics, 2015. Digitally manipulated photograph.



FIGURE 24 – Internal Combustion, 2013. Digitally manipulated photograph.

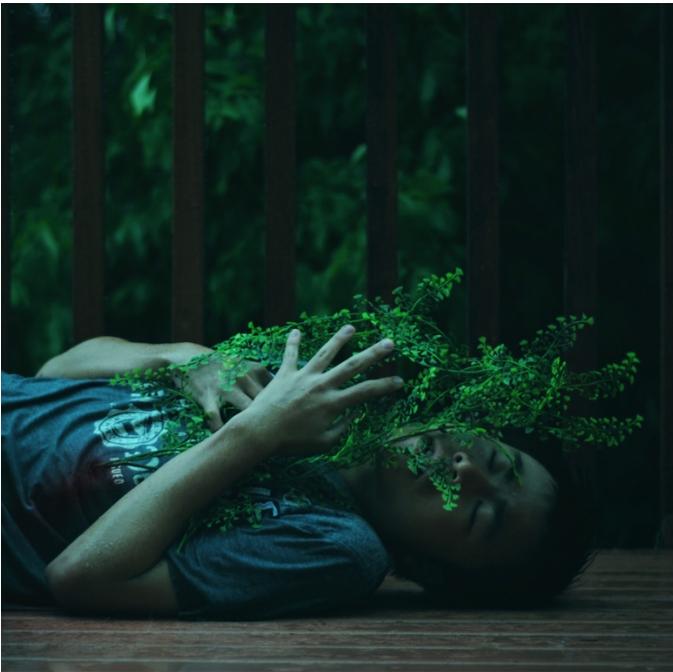


FIGURE 25 – Internal Struggles, 2010. Digitally manipulated photograph.



FIGURE 26 – Credit Payment, 2016. Digitally manipulated photograph.



FIGURE 27 – Temporary, 2015. Digitally manipulated photograph.



FIGURE 28 – 147[365], 2011. Digital Photograph.

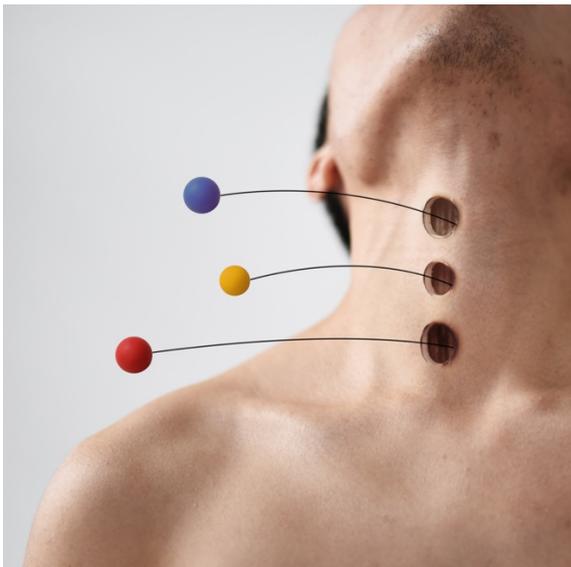


FIGURE 29 – Proof, 2016. Digitally manipulated photograph.



FIGURE 30 – 234[365], 2011. Digital Photograph.



FIGURE 31 – Service, 2014. Digitally manipulated photograph.



FIGURE 32 – 88[365], 2010. Digitally manipulated photograph.

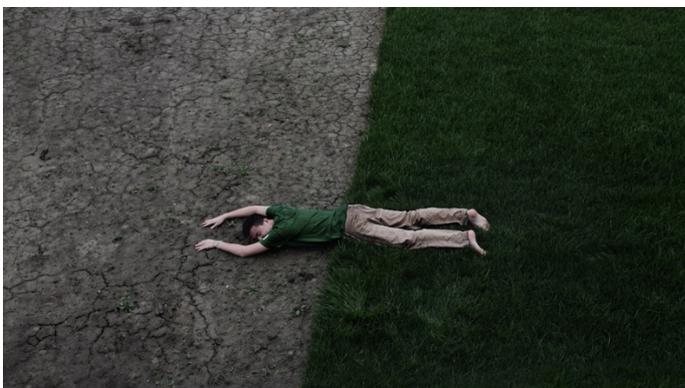


FIGURE 33 – The Division, 2015. Digitally manipulated photograph.

In dwelling amongst the spaces between physical, psychic and visual traumas, I will argue that the act of creating visual trauma is also an act of destruction—an act of iconoclasm. This is reminiscent of Mitchell’s (2005:16) concept of “creative destruction,” where the creation of an image (depicting self-harm or suicide) can be “just as deep an abomination” as its destruction—for instance, the physical destruction of a body, or even the destruction of a certain ‘moral code’ against self-harm or suicide. Iconoclasm is not simply a belief structure centered around destruction—but “a structure of *beliefs about other peoples’ beliefs*” (Mitchell 2005:20). In other words, an iconoclastic image is always intended to respond, build off of and attack of an existing set of beliefs or cultural ideas, by engaging with stereotype and caricature. Specifically, stereotypical images govern and establish general sets of normative beliefs and behaviours, and caricatures deform and disfigure stereotypes by exaggerating features or rendering them into “subhuman object[s]” (ibid). Another important aspect of iconoclasm is that the idolater (or ‘worshipper’) of a destroyed image is always someone else (Mitchell 2005:19). However, in all of my photographs, the idolater of my self-portraits could arguably both be myself, on top of others. By creating visual trauma through bodily manipulation, according to Mitchell, I effectively attack the beliefs of both myself (for instance, my core beliefs and sense of identity), as well as the beliefs of an imagined ‘other’ viewer (the “happy” person others would have wanted me to be). Thus, it can be literally seen that my experience of depression was a deliberate attack and destruction of fundamental beliefs regarding my self image, identity, and self-presentation to the outer social world.

Remaking the Past into Futures

This paper has explored the practice of self-portrait photography as an embodied performance of sociocultural ideas, in the context of practicing anthropological reflexivity and the construction of an autoethnography. To do so, I have incorporated a collection of self-portraits that are critically analyzed using methods of photo-memoir and visual analysis, relating the contents of my photographs back to larger sociocultural experiences such as receiving a mental illness diagnosis, and self-harm in an iconoclastic form.



FIGURE 34 – Untitled, 2011. Digital Photograph.



FIGURE 35 – Untitled (Recreation), 2018. Digital Photograph.

At this point, it is clear that countless scholars (e.g. Adamson 2007; Dormer 1994; Ingold 2013) have long stressed the act of making—the *art of inquiry*—as a method of thinking and generating anthropological knowledge from our creative interactions with the world around us. This is no exception when it comes to working with the camera to create and reflect upon self-portrait photographs, as hopefully demonstrated in this paper. However, the *art of inquiry* must also be cognizant to not simply dwell in critiques of the past. Anthropology must be an *art of inquiry*, in the sense of Hirokazu Miyazaki’s (2004) *method of hope*, which urges anthropologists to go beyond simply producing knowledge about the world, but also respond and move forward with it optimistically to build more progressive futures. This idea is echoed by Cvetkovich’s (2012:80) in arguing for the habitual development of everyday practices, such as crafting, to literally create hope and antidote to despair and a larger public or political depression. More than just the act of making, I argue that *remaking*—the reimagining, re-creation, reinterpreting of past images and photographs in my case—is part of Miyazaki’s (2004) *method of hope*. Not only can we generate new and unexpected meanings and insights, the act of remaking and re-creating also holds the power of reimagining different kinds of social realities and futures, while acknowledging and giving closure to pains of the past.

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