

Madness is the language of the excluded

An Interview with Javier Téllez
by Michèle Faguet and Cristóbal Lehyt

Javier Téllez, *Choreutics* (2001), video stills

Created especially for the 49th Venice Biennial, *Choreutics* is about Huntington's Chorea, also called St. Vitus's Dance. The world's highest concentration of cases of this genetic disease is in Venezuela's Lake Maracaibo. Brought to the country in the 19th century by a European sailor, its symptoms are involuntary movements, and a gradual loss of control over body and mind. Commemorating those afflicted by the disease, the work calls attention to a reality that is basically invisible in Venezuela. With *Choreutics*, Téllez has stated that he also wanted to bring a peripheral situation into the center—in this case, into the center of the art world



THE INTERVIEW FORMAT IS MOST FITTING FOR A DISCUSSION of Javier Téllez's recent work, given that he is so articulate about the complicated set of references—historical, literary, cultural, personal—that inform his practice. Téllez is earnest in his attempts to ethically engage with communities of individuals who live outside the parameters of a “sane” society.

Téllez's interest in articulating a position of alterity is partly autobiographical: both his parents were psychiatrists in the provincial city of Valencia, Venezuela. His father, a Spanish immigrant, was a pioneer in his field and the first in the country to introduce certain psychotropic treatments. Perhaps this exposure from an early age to those deemed mentally ill has allowed him to recognize alterity as a permanent cultural condition, one that is inscribed within identity based on the distinction between self and other.

The collaborative nature of his work means that the final product is collectively determined and does not necessarily ascribe to conventional aesthetic concerns. In this conversation, Téllez describes his work as documentations of fictional scenarios created within the psychiatric institution from the point of view of those who inhabit it. What results are works that have no claim to authority and no centred point of view, creating an experience of vulnerability and ambivalence for the viewer. It is work that demands the viewer's active participation.

Michèle Faguet and Cristóbal Lehyt: *When speaking about your work you have often made reference to the phonetic similarity between museum and mausoleum written about by Adorno. Your own proximity to and interest in psychiatric practice has resulted in a series of works that extract, in an almost archaeological manner, objects from the sterile, white hospital wards that make up the visual landscape of the mentally ill and inserts these objects into the pristine white cube of the museum. Can you elaborate on what you see to be the processes of selection and exclusion common to both psychiatric and curatorial practices?*

JT: The museum and the psychiatric hospital are products of the enlightenment project. It is not a coincidence that la convention of the First Republic opened the Louvre to the public in 1793 at the same time that Philippe Pinel was named chief physician of La Bicêtre. It is as if the same impulse that created the museum liberated the

Javier Téllez, *Choreutics*
(2001), video stills

patients from their chains, marking both the birth of the modern asylum and the public museum.

Growing up as the son of two psychiatrists, I often visited the psychiatric hospital where my father worked. At that time I also began to go to museums, and I remember that even back then I already found a lot of similarities: hygienic spaces, long corridors, enforced silence and the weight of the architecture. Both institutions are symbolic representations of authority, founded on taxonomies based on the normal and the pathological, inclusion and exclusion.

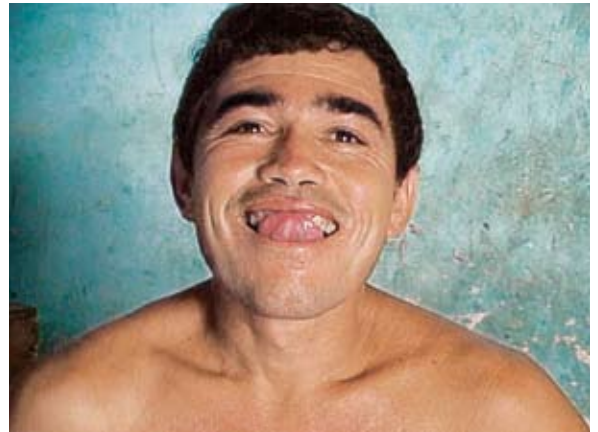
I have always been very interested in these other museums of the pathological—the wunderkammern, freak shows, collections of art of the mentally ill, exhibitions like *Entartete Kunst* or *L'Art Brut* because in their morbidity they reveal to us the pathology of the museum, showing precisely that what is excluded from the museum is what constitutes its very foundation: *El sueño de la razón que produce monstruos* (The sleep of reason produces monsters).

La Extracción de la piedra de la locura (The Cure of Folly) (1996), is my first project that deals with a specific psychiatric hospital. The installation filled an entire floor of the Museum of Fine Arts in Caracas, and was intended as an archeology of the psychiatric institution Barbu-la, the state hospital where my father worked all of his life. But it was also a critical reflection on the museum—the installation was presented as a museum within the museum and included archival material documenting the life of the institution since its foundation in the late 50s, psychological tests, medications, electroshock machines, etc. The installation also contained a selection of artworks made by the patients. This piece represented my first collaboration with mental patients and included, for example, a series of piñatas that patients made especially for the installation shaped after pharmaceutical pills like Prozac or Valium. The idea was to create a panorama of the psychiatric institution presenting as many different visions as possible. Visitors would see an institutional history of treatments represented in display cases, but would also be given the opportunity to hear the voice of the patients represented in their artworks. Since then, I have become more interested in collaboration with patients. If there is a critique of the mental institution it makes more sense that it be articulated by them.

MF/CL: *Your work has been described as giving visibility to peripheral or neglected communities or situations. Your collaboration with mental patients necessarily treads a thin line between representation and exploitation. How do you negotiate your own position when working with patients?*

JT: The question of ethics is always at the core of representation. Mental illness only exists within the realm of representation: it is a language, and our task is to challenge it. Most “objective” representations of the mentally ill have been made by the psychiatric institution, in which the discourses of the patients are always categorized as mere illustrations of their diagnoses, not to mention stigmatic media constructions.

In my practice I try to create a flexible space where those represented can intervene in their own representation. According to Levinas, ethics is a devotion to the



Javier Téllez, *Razon Planetaria* (Hospital Larco Herrera) (2002), video stills

other: “I have to forget myself to access the other.” Ethics has to be understood as a responsibility to difference. For me this responsibility is manifest in the inclusion of the other as an active participant in the work. This participation is capital in the production of the work: the patients are the main actors, work on the scripts, choose the props, review the footage and comment on it. This inclusion obviously takes place within a framework that includes the conditions of distribution and reception of the art system. In the end it is about working in collaboration with other people. I never pretend not to be visible in the discourse, but the work is articulated in the dialogue between my subjectivity and their subjectivities.

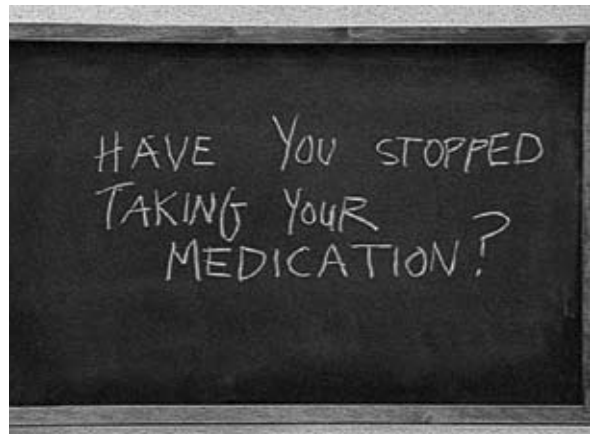
The making of each piece is different because each situation is different: over time we learn from previous experiences. There are also specific factors that shape the encounters with the patients: the length of time spent with them, their input, the willingness of the staff to allow me to work within the facilities, the architecture of the institution, etc. I always attempt to propose an idea that will trigger some sort of dialogue. This idea or “image” is sometimes related to the specificity of the site: for example, the idea of a human cannonball crossing the Mexico–US border in Tijuana. In this case the idea was developed in conversations with psychiatric patients from the Baja California Mental Health Center in Mexicali; we organized a workshop with those interested in the project and ideas were exchanged.

The patients saw the geopolitical border between the US and Mexico as a metaphor for another frontier: that which confined them to the mental institution. Through the presence of the human cannonball, they embraced the idea of the circus and created an animal parade, in which the patients wore animal masks and carried signs with phrases like “Patients are human beings too” and “To live with drugs is no way to live.” The parade was like a political demonstration that ended with a circus act in which the patients read speeches and performed a lion-tamer act. The public event culminated in the crossing of the border by a human cannonball.

MF/CL: *Last December you exhibited La Passion de Jeanne d’arc (Rozelle Hospital) (2004) at the Power Plant in your first solo exhibition in Canada. Can you tell me about this project?*

JT: *La Passion de Jeanne d’arc (Rozelle Hospital)* was a video installation made in collaboration with female patients of a psychiatric hospital in Sydney. We used Dreyer’s 1928 film of the same title as a point of departure. Twelve female patients watched this silent film during a workshop that we organized and then created a new set of intertitles for it. Then we filmed the patients writing the intertitles on a blackboard and edited it into the film, to be shown without any other cuts. There is also another projection, of a 16 mm colour film consisting of individual monologues by the women about their experiences within the mental health system.

The patients’ intertitles altered the original narrative of the film: the protagonist, JDA, is a newly admitted patient of Rozelle Hospital diagnosed as a schizophrenic suffering from delusions of grandeur because she believes that she is Joan of Arc. The trial of the French saint



is presented as a process of institutionalization in the hospital and makes references to psychiatric interviews, form releases, medication, isolation rooms and punitive electroshock therapy.

The piece operates on several different levels of translation. First, we have a film that represents a particular period of history and a specific time and place that becomes displaced as events in the new version of the film are situated within the Rozelle hospital from the very first frame, showing the symbolic similarities between intolerance toward difference during the Inquisition and the stigmatization of the mentally ill. We are also dealing with an avant-garde film that has become a classic, used as a blackboard that can always be rewritten—a palimpsest that refers to obsolescence and memory.

Dreyer's *La Passion de Jeanne d'arc* also has several connections to mental illness, beginning with the fact that Joan of Arc was played by Maria Falconetti, an actress who later became mentally ill and committed suicide in Argentina. Also, Artaud is cast in the film as one of the principal actors, and the use of close-ups and physiognomy make reference to one of the foundational tools of psychiatry. The particular history of the film director's cut is significant as well: the film was censored in France and accidentally burned in Germany, and it disappeared for more than half a century until it finally reappeared in the closet of a mental institution outside Oslo!

Mental illness is fundamentally a question of language, and is also a question placed onto language itself, since we build language on the basis of exclusion. Madness is the language of the excluded. One of the things that interested me the most about the patients' intervention in the film was their ability to "do the voices" of the psychiatrists and other institutional staff. This ability is seldom present on the other side—the language of the institution can never mimic those subjected to its dominant discourse. When patients' statements are cited in clinical discourses they always appear as manifestations of the diagnosis. In other words, language represents a set of symptoms. The same applies to the reading of the so-called art of the mentally ill.

MF/CL: *I'm particularly interested in the fact that this is the first work of yours that explicitly deals with gender and how gender has influenced historical constructions of mental illness.*

JT: The question of gender is very important to the piece. The collaborators are all women; in fact this was the first time that I selected my collaborators according to gender. Because I had chosen to work with a feminist icon, it would not have made much sense to work with male patients who perhaps would have directed the piece to a less specific interpretation of the story. Because Joan of Arc barely speaks during the trial depicted in the film, working with the women gave the character a voice to confront the dominant male discourses. This piece obviously acknowledges the way in which mental illness has historically been constructed around gender. These epistemes have, without doubt, changed considerably but are nonetheless still present today.

MF/CL: *Your most recent project, Oedipus Marshal 2006, pushes the idea of collaboration with mental patients*

one step further: this piece is a feature-length narrative film featuring actors from the Oasis Clubhouse, a psychiatric facility near Aspen.

JT: Oedipus Marshal was commissioned and produced by the Aspen Art Museum. When Heidi Zuckerman Jacobson, director of the museum and the curator of this project, visited my studio last year to offer me a residency, I spoke to her about my longtime desire to create a Western film in collaboration with people living with mental illness. Since the exhibition was in Colorado it presented itself as the ideal scenario for the film. When I visited Aspen it became obvious that I would not find a mental hospital there. I had to go to Grand Junction to find the right place. At Oasis Clubhouse outpatients of the Colorado Mental Health System meet on a daily basis. During initial meetings with members I spoke about Sophoclean tragedy and the idea of reenacting Oedipus Rex in a ghost town in Aspen. Since most of the people were familiar with the history of the area and with myths of the West, the idea generated a great deal of enthusiasm from the very beginning. Aaron Sheley, a young filmmaker and cinephile from LA and a member of the Oasis Clubhouse, became the cowriter of the script. Aaron's knowledge of film history and culture was instrumental for this project. He became an interlocutor for the other members in the process of building the narrative structure that supported the project. The decision to choose him as cowriter as well as the process of casting actors was based, as in any other film, on the particular roles certain individuals could take on in the work.

The cast members had to move from Grand Junction to Aspen for one week; they basically spent every day in Ashcroft, which is a mining ghost town from the late 19th century. The natural landscape and the confrontation between the human subject and that landscape are fundamental themes of the Western. Filming in a deserted town lost in a Valley outside Aspen was a truly unique experience. Cellphones did not work there, it was almost impossible to keep the coffee warm, and there was no electricity or running water. This environment imposed a particular psychological mood upon the members of the Clubhouse that ultimately helped them to reconstruct the Oedipus myth. The actors spent the entire day in costume, there were horses on location, and we would meet with the actors at the town's original bar, which had been refurbished for the film. There were moments when reality and fiction collided and we felt like ghosts of the town perpetually reenacting our past lives.

MF/CL: *This work was also inspired by Japanese Noh theatre. What specific set of ideas did you want to foreground when you set up this basic formal friction between Noh and Westerns?*

JT: When I first traveled to Japan in 2001, I became very interested in the tradition of Noh theatre, one of the oldest forms of theatre in the world that is still performed today with only minor adaptations. The fact that the stories in Noh plays are about ghosts is an ideal connector to talk about memory, and obviously the mask is the fundamental element in Noh representation.

The presence of masks in my own work is not new. We used them in *La Batalla de Mexico* 2004, a video that

Javier Téllez,
Oedipus Marshal
(2006), video stills



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Cristóbal Lehyt is a Chilean artist living in New York. He has exhibited his work in numerous venues including: The Whitney Museum of American Art; The Queens Museum; Artists Space, New York; the Shanghai Biennial; Kunsthalle Exnergasse, Austria; The Museum of Contemporary Art, Santiago; and Or Gallery, Vancouver.

documents a fictitious militia of patients in a psychiatric hospital in Mexico City who take over the hospital armed with machine guns and wearing camouflage uniforms and Zapatista style ski masks. One flew over the void 2005, in Tijuana, also involved the use of animal masks. The mask is, of course, one of the most important elements of the carnival. But in the particular case of *Oedipus Marshal* it also referenced Greek tragedy. Since the point of departure was to re-enact the *Oedipus* play, the mask became an important component of the work. The mask ties together various references: Greek myth, the myth of the American West and of mental illness. Also, we should not forget that persona means mask. I recently presented the film in Mexico and someone in the audience asked why, in this piece, mental illness is not “faced” (repeating the old equation: physiognomy equals diagnosis). Pablo Sigg responded brilliantly: “Madness is masked!” There is a sense of catharsis at the very end of the film at the moment in which the actors finally reveal their faces.

MF/CL: *Can you talk about the transition from documentary video to fictional filmmaking? Your work obviously problematizes such clearcut distinctions and I’m curious to know to what extent Oedipus Marshal is the logical development of a long-term investigation of psychiatric practice and identity formation.*

JT: I never believed in a clear distinction between documentary and fiction; perhaps the best answer to the question of genre is provided by Borges, who argued that literary genres do not exist and that it is the responsibility of the reader to decide whether to read *Don Quixote* as a detective novel or as an essay.

Film and video are always documentary in the sense that they constitute evidence of the real; at the same time the fictional element in any visual representation must be recognized. It is very important for me to work with non-professional actors—or models, as Bresson called them—because their lack of skills make the evidence of the real more present in the work. My previous work might be described as documentation of fictional re-enactments that take place within the mental institution.

The theatrical elements we use as props—costumes and masks—are related to the carnival, which is an important axis of my work. The use of the carnivalesque is related to its potential to create a collective experience that confuses the roles of actors and spectators, giving political agency to a community that is fragmented within the psychiatric institution. My relationship to the carnival comes from my childhood: my father often took us to visit the hospital where he worked. Every year the staff and patients there organized a carnival with a parade, costumes, decorations and a beauty contest. Almost everybody in the institution participated in the event. I have one very vivid memory of seeing patients and psychiatrists exchanging their respective uniforms. This experience is very significant to me, because it allowed me to see, from a very young age, this sort of symbolic interchange and role-playing as a model to transgress the notions of normal and pathological behaviour and the power relations inherent in the psychiatric institution. ♦