

Kader Attia



Reason's Oxymorons

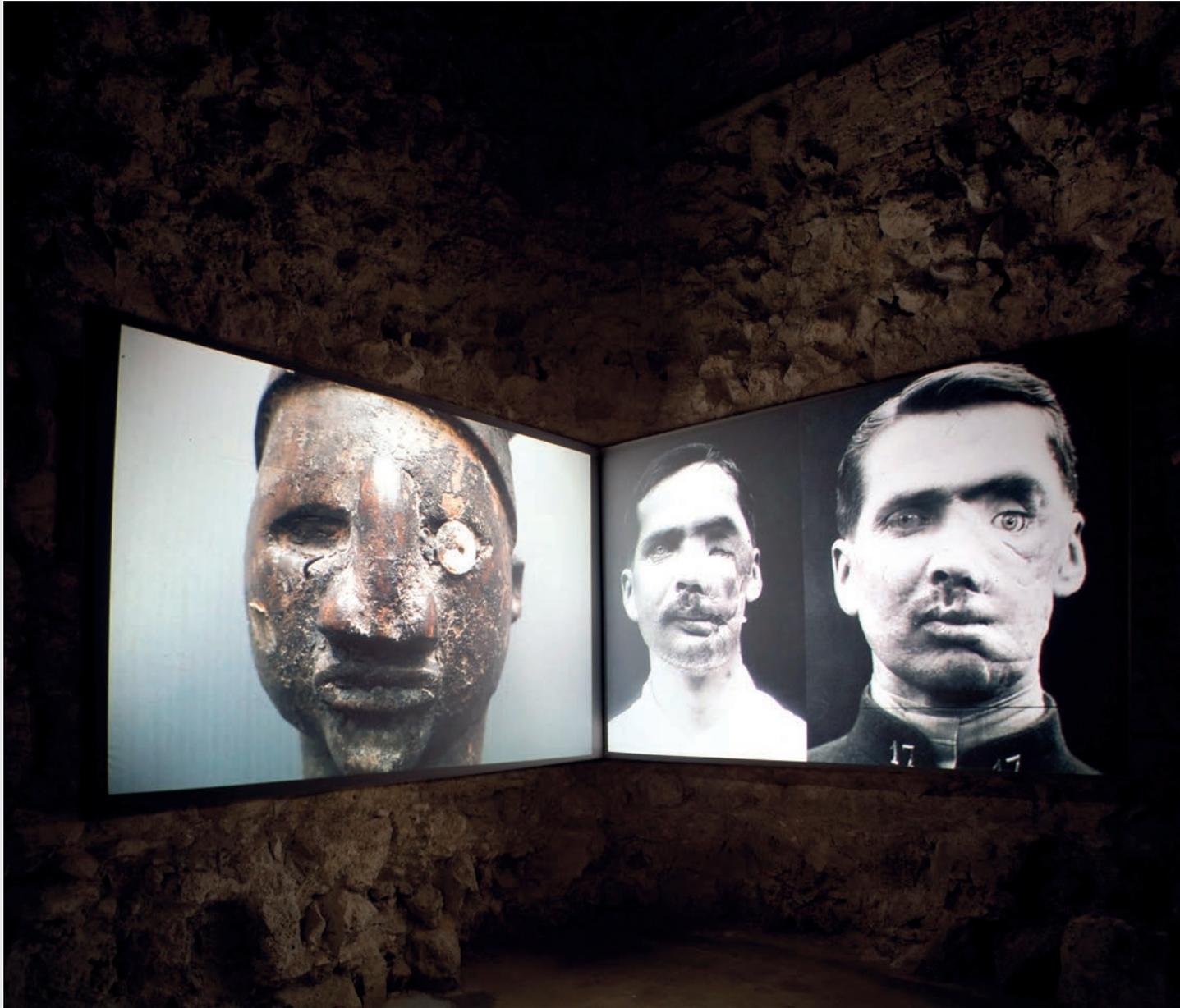


Fig. 1. Kader Attia, *Open Your Eyes*, 2010, two sets of eighty 35mm black-and-white and color slides, projection (each): 63 × 102 $\frac{3}{8}$ inches. Courtesy of the Museum of Modern Art, New York.

Reason's Oxymorons

Chad Elias

Over the course of two decades Kader Attia has developed a multimedia practice that investigates the cultural, political, and social transformations unleashed by colonialism. Central to this enquiry is the idea of “repair,” a concept that the artist uses to connect otherwise disparate fields of human activity: anthropology, architecture, craft, medical science, and psychiatry. Consider his installation *The Repair: From Occident to Extra-Occidental Cultures* (2013), which juxtaposes wooden sculptures made by traditional sculptors in Senegal with archival photographs of wounded World War I soldiers, whose faces have been subjected to rudimentary cosmetic surgery (fig. 1). In a Western cultural framework, repair is often understood to entail returning something or someone to an intact state. This is embodied in the methods of plastic surgery where the aim is not only to repair facial injuries, but to efface the traces of physiological reconstruction. Thus, according to this logic, “the beauty of the act of repair is represented by the disappearance of scars altogether.”¹ By contrast, Attia relates his discovery of a Congolese sculpture whose original shell-shaped eye had been replaced by an ordinary button. In foregrounding the aesthetics of its own repair, this artifact inhabits an impure state between cultures. Here, repair does not mark a return to origins but a further evolution in the life of objects and the people who shape them.

Attia's longstanding preoccupation with repair is also manifest in *Reason's Oxymorons* (2015), a work that analyzes how different cultures both conceptualize and treat psychiatric disorders. Filmed over two years in Africa and in Europe, this eighteen-channel video installation consists of interviews that the artist has conducted with psychoanalysts, ethnopsychiatrists, art therapists, ethnomusicologists, and traditional healers. Arranged in individual cubicles, the recorded dialogues examine the psychological injuries caused by genocide, migration, colonization, and capitalism. The value of this comparative approach is twofold: the issue of mental illness offers a highly useful lens for analyzing the inner dynamics of African societies, while also eliciting a critique of a Western psychiatric methods and principles—particularly the division it sets up between reason and unreason.

In *Madness and Civilization; A History of Insanity in the Age of Reason* (1961), philosopher Michel Foucault traces the invention of madness as an object of medical categorization. Foucault argues that in the European Middle Ages, conditions like melancholia and delirium were associated with insight. The affliction is what “permits the sufferer to predict the future, to speak in an unknown language, to see beings ordinarily invisible.”² In this world, insanity was still considered part of everyday life, and fools and lunatics walked the streets freely.

However, beginning in the seventeenth century madness would come to be defined as the anti-thesis of reason (*déraison*, unreason), and would progressively be pathologized (fig. 2). This period culminates with what Foucault calls the Great Confinement. With the institutionalization of the asylum in the nineteenth century, the mad and other social deviants are routinely incarcerated and forced to confess their ills. However, Foucault insists that the shift from premodern mysticism to modern rationality does rest on not a simple break or rupture in history. Rather, the notion of madness as a state of possession by the spirits will continue to haunt the discipline of psychiatry long into the twentieth

century. This is particularly evident when the question of madness becomes entangled in European imperial projects.

In his interviews, Attia casts light both on the role of traditional healers in mental health care in Africa and the adoption of Western psychiatric practices in the wake of colonialism. At the same time, *Reason's Oxymorons* interrogates the fraught relationship between psychoanalytic theories of the unconscious and the premodern religious beliefs that persist in many postcolonial nations. Sigmund Freud's infamous description of female sexuality as a "dark continent" and his theorization of the conflict between "primitive feelings" and the repressive demands of civilization in *Totem and Taboo* (1913) both rely on a conception of the Other that is made possible by the European expropriation of African territories in the nineteenth century. Yet it would be reductive to see psychoanalysis as a mere instrument of the late colonial state. In the hands of radical thinkers, Freud's psychoanalytic theory was also enlisted as a tool to challenge the authority accorded to the bourgeois-rationalist ego. More to the point, the supposition of the unconscious as a forbidden zone of irrational desire and libidinal violence became important in thinking about the repressed underside of the so-called "civilizing mission."

One of the more notable locations featured in Attia's *Reason's Oxymorons* is the Fann Psychiatric Hospital in Dakar. In the 1950s, French psychiatrist and military doctor Henri Collomb initiated experimental treatment methods there that aimed at the psychological reintegration of an individual in his or her cultural milieu.³ Championed as a form of transcultural psychiatry, the Dakar School sought to incorporate traditional healers into its day-to-day practice. Indeed, the "healing villages" established in post-independence Senegal positioned psychiatric medicine as a supplement rather than an alternative to local knowledge. The villages' open-door policy also



Fig. 2. Francisco de Goya, *Yard with Lunatics*, about 1794, oil on tinplate, 12 ¹⁵/₁₆ x 17 ¹/₄ inches. Courtesy of the Meadows Museum, Dallas, Texas.

attempted to take advantage of what Collomb saw as a more accommodating and flexible approach to madness in African societies. In seeking to incorporate family and community participation into the treatments, these villages recognized the therapeutic value of socialization.

In a video filmed in Dakar, Attia engages in an extended dialogue with Professor Momar Guèye, who is now head of the psychiatric clinic at the Fann Hospital. Noting the comparatively low rates of reported schizophrenia in Africa, Guèye connects this to the high tolerance for certain forms of behavior that might otherwise be considered pathological. He explains that in Senegal, “people with mental illnesses are not systematically hospitalized. They see that person not as a problem that needs to be confined but as someone we should learn to live with.” When asked if the rituals associated with spirit possession can be seen to prefigure Freud’s idea of the unconscious, Guèye responds that it perhaps parallels what people in Wolof society call the “rab.” Although this term has proved very difficult to translate, it is commonly understood to refer to an ancestor spirit that watches over a family or village.⁴ Certain symptoms of mental illness are often attributed to the rab, but Guèye also connects the rab to the psychopathology of everyday life. Thus, he describes it as a “superior force that drives us all . . . something that makes us do things without us meaning to.”

The insights produced by psychoanalysis made it possible to question the individual as a sovereign, autonomous entity who is completely in control of his or her actions and thoughts. As I have suggested, this decentering of the ego drew on anthropological studies of the so-called magical or irrational thought of “the native.” However, there remains deep resistance to analyzing the workings of the psyche outside of a scientific framework. In a racialized hierarchy of knowledge, non-Western subjects are still cast as “second-class citizens in

psychological modernity, poorly understood and crudely enculturated.”⁵ This presents a serious obstacle to the global translatability of curative analytical work based on the social life of the unconscious. Moreover, while the discipline of transcultural psychiatry was progressive in its attention to questions of culture, its crossing of boundaries threw up some unexpected contradictions. As Megan Vaughan observes, the Senegalese psychiatrists and nurses who took over at the Fann Clinic in the late 1970s “were deeply ambivalent about Collomb’s collaboration with traditional healers” and equally wary of “delving into the spirit world.” Ironically, the French doctors could draw on local therapeutic practices without necessarily risking their professional reputations, but their African counterparts were not afforded the same freedom.

The question of madness takes on a different inflection when seen alongside Attia’s parallel research on art therapy. Here, the artist considers the legacy of Art Brut, a term devised by French artist Jean Dubuffet in the 1940s to refer to the art produced by untrained, isolated, and in some cases mentally disturbed individuals. In his essay “In Honor of Savage Values,” Dubuffet challenges the tendency to pathologize the work of these unschooled artists. This connects with his larger critique of the demonization of madness in European culture. While Christendom views it as a sickness, “in many other civilizations, madness is on the contrary a highly honored value.”⁶ Taking inspiration from ethnographic art collections, Dubuffet opened up a discursive framework in which the work of institutionalized patients would be appreciated not as objects manifesting a psychiatric diagnosis but as an open-ended aesthetic act that challenged cultural norms. In *Reason’s Oxymorons*, one of Attia’s respondents, Dr. Francis Théodore, a physician who heads the Ethnopsychiatry Department at Ville-Évrard Hospital in Paris, conjectures that many of the practitioners of Art Brut spent years in psychiatric hospitals. He concludes that art making in this context equipped

subjects with a way to externalize and give form to inner obsessions that might otherwise be all consuming. Along the same lines, Théodore explains that for patients who suffer from psychosis and who typically have trouble determining what is real and what is imaginary, art can function as a crucial mediating object between inner states (for example, delusions or hallucinations) and external reality. When the topic turns to delirium, the psychiatrist notes that “there are day hospitals where patients can paint, but not as long-term projects.” As he goes on to conclude: “patients are no longer given the time to go completely mad.” Here Théodore echoes Dubuffet’s arguments against the inhibiting effects of institutionalized psychiatry.

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Reason’s Oxymorons also explores what Warwick Anderson designates as “the globalization of the modern psychoanalytic subject.”⁷ The growth of ethnopsychiatric clinics in hubs of south-to-north migration such as Paris and London suggests a move beyond the dichotomies imposed by a colonial structure of knowledge/power. They also offer a crucial means for addressing the traumas produced by contemporary forms of mass displacement, deracination, and culture shock. Attia interviews several therapists who work with diasporic Meghrebian and sub-Saharan African communities in Europe. One of these, Abdelhak Elghezouani, is a Swiss Moroccan psychologist who works with newly arrived migrants from North Africa. Many of his patients exhibit symptoms that do not correlate in any simple causal way to the mental injuries inflicted by exposure to war or oppression. Elghezouani gives the example of refugees who have fled violence but who only develop physical or psychological illnesses after receiving asylum in Switzerland. As manifestations of post-traumatic stress disorder (PTSD), these maladies cannot be traced back to an original trauma experienced prior to or during departure from their home country. Rather, the sufferers’ condition is the result of the stress that they experience upon arrival. In the case



Fig. 3. Kader Attia, *Reason’s Oxymorons*, 2015, 18 films and installation of cubicles, duration variable: 13 to 25 minutes, edition of 3. Hood Museum of Art, Dartmouth: Purchased through a gift from Evelyn A. and William B. Jaffe, Class of 1964, by exchange; 2017.25.1–18.

of migrants arriving in Switzerland, Elghezouani contends that the stress caused by acculturation relates to a growing cultural, civilizational, and social divide in the world.

In larger terms, *Reason’s Oxymorons* points to the gap between the rhetoric of market liberalization and democratic participation, and the growing inequalities that stem from the global financial crisis

and the destabilization of developing nations in the global south. The attendant influx of stateless people from war-torn nations like Syria has given rise to an infrastructure of borders, checkpoints, and camps that functions to screen out “undesirables.” Attia’s use of the office cubicle—a potent symbol of atomized labor and the corporate exploitation of the mind—would seem to replicate this system of segregation. Indeed, viewers who enter the installation are forced to negotiate a maze of parallel and perpendicular lines that restrict movement and obstruct interpersonal exchange (fig. 3). Yet the same assembled interviews offer an alternative to the divisive logic of contemporary geopolitics. The African patients who inhabit two worlds simultaneously—accepting modern medicine (for example, to treat epilepsy) while continuing to see a traditional healer—move between what many in the West would see as heterogeneous or even incompatible realities. By calling attention to these forms of boundary crossing, *Reason’s Oxymorons* stages more than a bipolar confrontation between Us and Them. Rather, this work suggests that “universalities” might exist in imperfect acts of cultural translation. This too is a matter of repair.

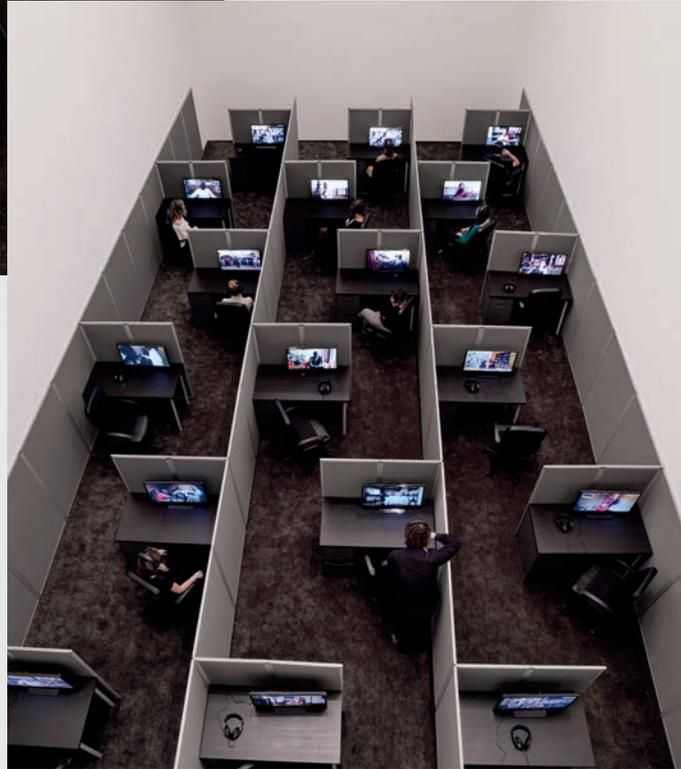
Chad Elias is Assistant Professor of Art History and Tate Modern Research Fellow, 2015–18, Department of Art History, Dartmouth.

Notes

1. Kader Attia, “Scarifications, the Self-Skin’s Architecture,” 2015, <http://kaderattia.de/scarifications-the-self-skins-architecture-2/>.
2. Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (London: Routledge, reprint 2006), 98.
3. The Clinique neuro-psychiatrique de Fann opened in 1956. Senegal attained independence from France in 1960. For a useful account of the Fann Clinic, see René Collignon, “Some Aspects of Mental Illness in French-Speaking Africa,” in *The Culture of Mental Illness and Psychiatric Practice in Africa*, ed. Emmanuel Akyeampong et al. (Bloomington: Indiana University Press, 2015), 163–85.
4. Margaret Lock and Vinh-Kim Nguyen, *An Anthropology of Biomedicine* (London: Wiley-Blackwell, 2010), 292.
5. Warwick Anderson et al., *Unconscious Dominions: Psychoanalysis, Colonial Trauma and Global Sovereignties* (Durham, NC: Duke University Press, 2011), 9.
6. Jean Dubuffet, “In Honor of Savage Values,” *RES: Anthropology and Aesthetics* 56 (Autumn 2004): 264.
7. Anderson et al., *Unconscious Dominions*, 1.



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An Interview with the Artist

Chad Elias in Conversation with Kader Attia

Chad Elias: One thing that has always struck me about your work is its interdisciplinary reach. In *Reason's Oxymorons* you interview psychoanalysts, clinical psychiatrists, ethnopsychiatrists, ethnomusicologists, traditional healers, historians, and anthropologists. Moving between Africa and Europe, these dialogues address a range of concepts, including "Modern Science," "Trance," "Religion," "Illness," and "Modernity." What are some of the questions that initially guided this research, and how did those questions change over time?

Kader Attia: It is clear to me that psychoanalysis is one of the last traditions of thought created within Europe that was dominated by a Western bourgeois white male—Sigmund Freud. Yet traditional societies have been dealing with the ego and the unconscious for centuries, and have developed processes for healing the psyche. We can trace the genealogies of healing there from long before the arrival of psychiatry and psychoanalysis in colonial Africa. So my idea, first, was to make a kind of tribute to the study of the unconscious before the invention of psychoanalysis, before Freud's *Totem and Taboo*, before the modern celebration of such philosophy or science—you can call it what you want. This is why I wanted to set up a range of voices from Western and non-Western cultures, from the traditional and the very post-postmodern era, all thinking about how to define the psyche. As a starting point, I wanted to focus on madness, with three axes: psychosis, schizophrenia, and paranoia. In light of what we call madness, I imaged the necessity of underlining eighteen topics: from modernity to magical sciences, reason, politics, digital technology, genocide, and colonization—all different but very significant aspects of modernity. Again, I was trying here to map voices different from those that we hear normally, those we do not often hear because of the

hegemony of Western and modern colonial thought on these topics.

CE: To what extent is it possible to engage with traditional religions without submitting those beliefs and practices to a normalizing judgment? I think Brigitte Derlon perhaps falls into this trap when she suggests that the trances of magic healers in contemporary Africa are the products of a rational mind. On the other hand, the romantic image of the shaman as someone who exists outside of modernity is no less problematic. As Michael Taussig argues in his study of shamanism in early twentieth-century Colombia, the fact that white plantation owners brutalized the Putumayo Indians yet also attributed magical powers to them is "part of the structure of the colonial unconscious." How do you see your own work in relation to this problem?

KA: I agree with you that the image of the shaman that has been constructed in anthropology but also in modern art and literature is problematic. This is certainly evident in the healer-artist persona cultivated by Joseph Beuys. His performances seem like a misguided attempt to imbue culture with the cultic power of premodern rituals. I am very much aware of the dangers of projecting an idealized, more sacred way of life onto people deemed more pure and primitive. This is one reason why I incorporate both fieldwork and academic research into my artistic practice. While I draw on theory, I do think it's important to observe what is happening on the ground. If you spend time living among other cultures, you see things you would not otherwise have seen. It's not a matter of writing an essay on the ideas of a particular thinker, or of measuring, categorizing, and rationalizing the universe. Rather, it is a question of leaving open a certain space for alterity to emerge.

CE: You have frequently noted that in the West, “repair” is based on the desire to return a damaged object or subject back to an original state. By contrast, in African societies, rituals of scarification signal “the celebration of injuries and the aesthetics of their own repair.” This suggests that repair is a form of evolution rather than a process of restoration. Do you think that modern and traditional methods of treating mental illness point to a similar cultural gap?

KA: I do not necessarily like to think of a rupture between the traditional and the modern. As Bruno Latour reminds us, the distinctions that “we moderns” make between nature and society, between human and thing, rest on separations that our ancient ancestors—in their interdisciplinary world of alchemy, astrology, and phrenology—never made. Latour’s critique of scientific thinking challenges the limitations of binary thinking. It recognizes the connections between nature and culture—and so, between our culture and others, past and present. This has informed how I think about the psyche in African cultures. If you juxtapose the role of the traditional healer with the function of the confessor in the Catholic Church, it’s almost the same. Or if you juxtapose the function of the confessor and the psychoanalyst, it’s even closer. That said, what I found interesting in the question is whether the notion of what we call “repair” can be applied to the psyche, again either from a traditional or modern point of view. I think that what really struck me and still makes me think about the relevance of traditional methods of healing mental illnesses is—as I have discovered with most of the Senegalese healers—that most of these masters of ceremonies were “mad people.” In Malawi and in other parts of Africa, like in the Congo, the traditional healer is someone who is neither “normal” nor “mad,” but who exists in between those states of mind. Most of the time healers claim to have spirits or genies possessing them—forces that help them to heal other people who are mentally ill. It would be easy

to dismiss these rituals as unscientific or the product of a superstitious mind, but I think that would be to disregard their cultural and therapeutic value. A patient’s criticism of his or her own delusional thoughts and abnormal behavior is, for the psychiatrist, an important component of the talking cure. Similarly, for those afflicted by spirit possession and other forms of supernatural illnesses, beginning to compose intelligible messages out of the visions, dreams, and voices that possess them is a sign that healing is under way. It shows that the mentally ill person is a social being, that he or she recognizes the symbolic code of the group. This is why Claude-Lévi Strauss suggests that the importance of shamanistic healing lies in its “symbolic efficacy,” which is to say, the ability of the healer to offer a spectacle that functions as a reenactment of both the illness and the cure. I think it’s this symbolic dimension that gets lost in clinical psychology.

The second thing that I found extremely interesting, especially when seen through the lens of psychoanalysis, is the fact that in non-Western communities, the interpretation of pathological behavior involves the entire community: the mother, father, cousins, the community. This is absolutely opposite to the Western tradition, where you lie on the sofa, alone in a room with a single interlocutor—though, in the end, because of the narrative you develop, your whole community is around you, just not physically present. Finally, it was important for me to understand that repair has always been the ground for another life in traditional societies. It is a form of evolution, because the object is celebrated even more so once it has been repaired. The repair marks the passage of time: there was damage on this body, and the repair is there as a signature to say that this has happened and it has been fixed. In the West we deny this history of the object. We talk about memory, but we never include history.

My ideas about repair suggest that there can be no simple return to origins. Every object is caught up in an endless cycle of appropriation among cultures. If I talk about reappropriation, it’s

in order to highlight histories of dispossession—how much of the material cultures of non-Western societies stored in ethnological museums in the West was brought there by a colonial network of resource extraction. When I visit institutions like the Musée du quai Branly, I think about how these artifacts now cannot go back to Africa or the rest of the world for many complex reasons that are not simply legal or political. One reason is because they have become part of a cultural diaspora, a cloud floating above our head. In other words, they now inhabit a space in the global imaginary that is neither African nor Western. I think working with historians and lawyers, which I did in my work on dispossession, has the ability to propose more open ways of appreciating these objects—using poetry, forms, sounds, and images.

CE: Michel Foucault famously traced the history of madness in the West from 1500 to 1800—from the late Middle Ages, when insanity was still considered part of everyday life, to the time when such people began to be considered a threat and walls were erected between the “insane” and the rest of humanity. Is this institutionalization of mental illness an inevitable outcome of industrial modernity? Your research in Africa seems to suggest that things could have possibly turned out differently.

KA: Foucault underlined the fact that the position of madness was less segregated in the past, and that with the rise of modernity, society has slowly decided to sequester madness in asylums, of course. As I’ve said, I was struck during my research in Africa by the fact that the majority of traditional healers are mad—and that this is an open secret. Many people know that they are mad, but they have been assigned this position within the villages precisely because of their pathology, if one can use that term in this context. I think that this is a very important gesture of social inclusion—becoming a healer is not nothing, you are invested with a significant amount of power and prestige.

Also, because of their madness, healers are able to go back and forth between two worlds. I think that what we have lost today—part of what Foucault has described in his account of European modernity—is the need for messengers or in-between minds, between the West and the non-Western as well as between the magical and the rational, or between the virtual and the real.

CE: In one video, Martine Fourré points out that while medical science aims to provide certainties, psychoanalysis begins with the “*non-savoir*” of existential meaning. In this regard, Fourré believes one can draw a connection between the methods of the psychoanalyst and the animistic priest. Both are based on the supposition that there are things that we cannot fully know or understand. Would you include art in this equation?

KA: I actually do think, like Martine Fourré, that non-knowledge is a part of the psyche dealt with by the priest, confessor, and psychoanalyst. And probably by the artist as well. I think on the one hand that art is this incredible discipline of the mind that, contrary to science, can be absorbed by any field. But at the same time, it’s also a very rational discipline. So I do think art can be part of this non-knowledge—even sometimes when musicians, painters, and artists use drugs to experiment with things that they thought they could not engage with on a conscious or rational level. But at the same time you need to control your mind when it comes to shaping the art and sharing it with the audience. So there is this ambivalence between the knowledge and the non-knowledge. Art becomes a kind of prism through which one single light, arriving from one side, might go out with multiple colors or might go out with just one color.

This interview was conducted via email between July 22 and August 2, 2017.

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Sunday, 1:00 p.m.–5:00 p.m.

Closed Monday and Tuesday

Directions and Parking

Hood Downtown is located at 53 Main Street, Hanover, NH. Metered public parking is available in front of Hood Downtown on Main Street, and behind the exhibition space in a public lot between Allen and Maple Streets. An all-day public parking garage is located at 7 Lebanon Street.

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