

Acknowledgments

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TIMELINE

Ovartaci (1894–1985)

On September 26, Louis Marcussen, later known as Ovartaci, is born in the small Danish town Ebeltøft.

Having worked as an industrial painter until 1923, Louis emigrates to Argentina. Here, he takes different provisional jobs, but has a hard time making a living. He travels to the northern parts of the province of Buenos Aires, where he possibly has an encounter with indigenous peoples. By the end of his stay in Argentina he is described as unstable and paranoid.

Louis is transferred to a nursing home approximately 60 km from Aarhus, where he is kept for 10 years. It is in this period that Louis begins to use the name Ovartaci. He also begins to make use of his creative talent; he decorates his own room, as well as the nearby mortuary chapel.

Louis finishes his training as an industrial painter, an apprenticeship he began when he left elementary school. In his spare time he studies Hinduism and Buddhism.

Upon returning to Ebeltøft, Louis seems very disturbed. His family calls in the authorities, and Louis is overpowered by two policemen. He is transported to the local police station, and from there to the Mental Hospital in Risskov, Aarhus. He will stay within the confines of the psychiatric system until his death.

Ovartaci manages to persuade his doctors to grant him a sex change surgery to achieve what he calls "nun-like crotch-canals". Thus, for Ovartaci this is not only a sex change surgery, but what could be called a sex elimination surgery. After the operation, he continues to try to improve his bodily appearance through self-surgery.

Surprisingly, Ovartaci states: My "name is Louis Marcussen – and I am a man". In 1985, shortly before he dies, he declares Ovartaci to be dead and wants to be addressed as "Mr. Marcussen". Adding to the difficulties of understanding and addressing this complex figure, this last twist makes it possible to use both he/him and she/her when writing about Ovartaci.

Ovartaci writes a note to one of his doctors asking for the removal of his genitalia. A year-long battle against his sexual inclinations ensues, focused on the unease he experiences about his sexual organ.

Ovartaci has a series of conversations with the psychiatrist Johannes Nielsen, where he talks about his art and life. These conversations become the book *Ovartaci: Pictures, Thoughts and Visions of an Artist*. Though old, Ovartaci is very productive. He paints and produces 'smoking phantoms', which he sells in town.



Misunderstandings with the staff in the nursing home finally send Ovartaci back to Aarhus.

Ovartaci cuts or hammers off his penis with the iron from a planer.

Now in his late 70s, Ovartaci's expressive urge seems to weaken. He still takes pride in his artwork, which also begins to be admired by the world outside the psychiatric institution. In 1979 he is invited to contribute to the exhibition "Outsiders" at the Louisiana Museum of Modern Art in Humlebæk, Denmark. In 1980, at an exhibition of his works in Aarhus, he says to Johannes Nielsen while looking at his work: "I guess I have been one hell of a fantasist."

As part of the process of transformation, Ovartaci writes and posts a letter to the Ministry of Ecclesiastical Affairs and Justice, claiming that his birth name is Louisa Pupparpasta, and that he now wants to be addressed as "Miss" and use the invented name Ovartaci Pupparpasta. He also wants official permission to dress in women's clothes, so that he will not have to argue with the staff when wearing skirts. The Medical Examiners' Council rejects his wishes.

On November 25, at the age 91, Ovartaci dies at the Mental Hospital (at this point called the Psychiatric Hospital) in Risskov, Aarhus.



Ovartaci healed himself through his art. If there is one dictum that seems to recur in presentations and evaluations of Ovartaci's work, it is this one. As observers of his work, we know that Ovartaci spent 56 years of his life in psychiatric institutions. Knowing this we marvel at the wondrous journeys he undertook – journeys in the time and space of a vast mental landscape. We marvel at his enthralling documentation of these journeys and at his production, which stretches from papier-mâché dolls, smoking devices and mechanical objects to decoration and traditional painting. It is as if he creates a world of his own in which to live, composed of thoughts and practices of a philosophical, aesthetic and religious character. One of Ovartaci's doctors, the psychiatrist Johannes Nielsen,¹ who interacted with Ovartaci from the 1960s onwards, has often expressed these sentiments of admiration in very flowery ways. In a book called *Flame people: The chief physician and the chief lunatic of Risskov*, Nielsen is interviewed about his friendship with Ovartaci and utters pathos-ridden statements like:

Meeting Ovartaci changed my life and my approach to psychiatry. I realized more and more that art made by psychiatric patients contains the key to freedom. [...] Ovartaci taught me the value of looking at art and gave me many great insights. [...] It was more and more clear to me that there was a whole other and better approach to the treatment of mentally ill. [...] The studio is a refuge. There are no doctors here walking around observing or writing in journals. Work is done with joy and inspiration here, and the artists do not ask what is wrong with the patients. [...] Ovartaci [...] to a very large degree healed himself through his unique art – and thereby broke free from the straitjacket of the mind.²

Ovartaci managed through his creative activities to “harmonize his life”,³ Nielsen further states; he praises Ovartaci's spiritual freedom, claiming that he led a “life many healthy people could be envious of” and that he was happier than most people.⁴

To sum up, there is something that Ovartaci accomplishes which is original. But what is this ‘something’? Nielsen gives so many descriptions of this particular talent of Ovartaci's, and yet these descriptions somehow all fail to hit the mark. They are extremely loud, almost over-enthusiastic, and at the same

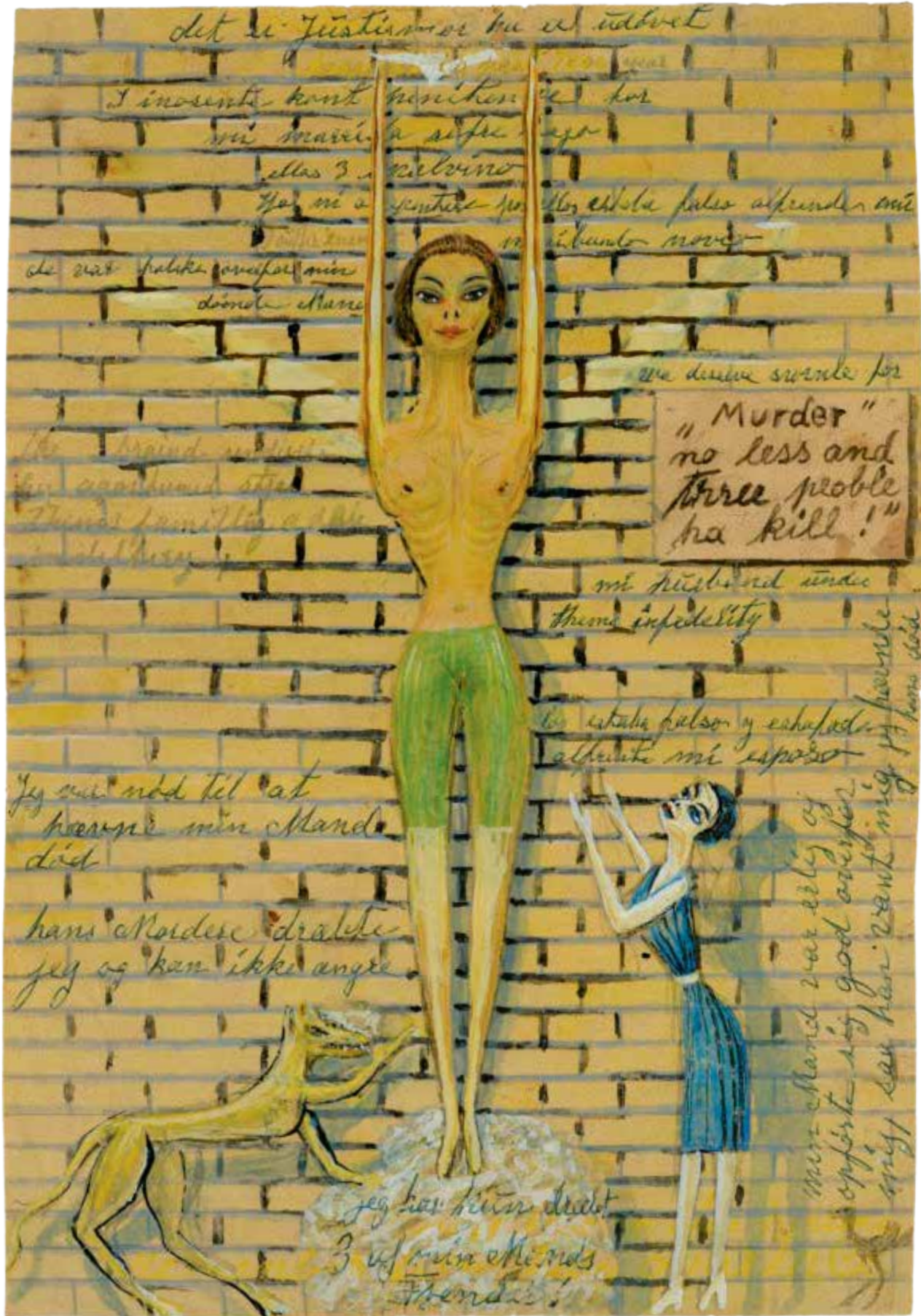
time esoteric and rather imprecise. What happens when a mentally ill person succeeds in treating him- or herself? What kind of accomplishment is this, and how does it make this person's life liveable in a new way? Questions like these of course lead to further, more complicated questions about how we understand concepts like life, illness, treatment, art and so on. It is the premise of this book that there is more work to be done on these questions. Can Overtaci's self-cure be described, analyzed and theorized in more precise terms? This is the core investigative path of the book.

The investigation moves, as already implicitly indicated, in philosophical ether. This does not mean that I will present a philosophical treatise on the question of the self-cure, but simply that certain core concepts must be clarified along the way to allow for precision in analyzing Overtaci's work. When Nielsen claims that Overtaci succeeds in treating himself, there is an underlying assumption that he was sick – that he suffered from mental illness. Nielsen qualifies Overtaci's illness as a 'psychogenic psychosis',⁵ but he does not connect the implications of Overtaci's illness with the question of his self-cure in any deeper way. He simply acknowledges Overtaci's special talent to create art. This may be because Nielsen in this respect first and foremost operated as 'the great practitioner', acting on but not elaborating on the wider philosophical implications of what was unfolding before his eyes. Psychiatric patients can thrive from doing creative work: This is the basic insight that Nielsen (in his own words) gained from Overtaci and which he refined and advanced over many years, thus becoming, in a Danish context, a pioneer in creating facilities for art therapy.⁶ In creative work, according to Nielsen, patients are "activated",⁷ which is good, and creative work provides them with an outlet for their frustrations, anxieties and so on.⁸ Under all circumstances it is important to focus on creative work as associated with the patient's "healthy resources".⁹

For Nielsen, allowing patients to express themselves equates to a humanistic approach where the 'person' comes first, not the 'patient'. His anthropology has to do with considering the human being as "so much more than a diagnosis",¹⁰ as Max Bendixen states in *Flame people* (and the whole project and text of this book was initiated and finally approved by Nielsen himself). Nielsen's humanism effectively blocks out medical perspectives on art made by mentally ill persons: He does not believe that such art can be helpful as a diagnostic tool, and he finds categorizations such as (in the lingo of his time) 'schizophrenic art' and 'manio-depressive art' to be way too artificial and schematical.¹¹ For Nielsen, inside the patient that the doctor tries to treat medically there is a person – a person who is able to express him- or herself (in drawing, painting, sculpture and so on) and thus find relief from suffering. When such a person reaches a stage

Fig. 1 32×22 cm, gouache and pencil on paper. Photo by Erik Balle Povlsen.

Painting scattered with inscriptions about death and murder, e.g. on the left-hand side "I had to avenge my husband / dead / his murderers I assassinated and cannot repent" ("Jeg var nød til at hævne min Mand / død / hans mordere dræbte jeg og kan ikke angre").



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Jeg har ikke dræbt
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where he or she can produce art, one should not ‘degrade’ this back into a diagnostic category. Nielsen’s position combines the position of the medically trained doctor with that of the listening peer, but its humanism also blocks out some very interesting questions that one could pose concerning Overtaci’s work: Treating Overtaci as a person who was unfortunately struck by some outside trauma, but who has an artistic talent, does not do justice to the very radical ‘self-reconfiguring’ work he performs. Articulated in more precise terms: This approach does not acknowledge the gravity of the illness suffered by Overtaci, or rather (in the first place) Louis Marcussen, and it does not account for the imaginary and symbolic construction of ‘Overtaci’. This construction is, as I see it, fundamental; the move from Louis to Overtaci is not performed out of some contingent idiosyncrasy but is intimately related to the self-cure in question.

The present book is thus focused on the self-curative process of the subject named Louis Marcussen (becoming Overtaci), a process that also involves a shift from the social mandate of an industrial painter to the social mandate of an artist and from man to woman. I therefore focus on the fundamental conflict that haunts Louis, and this focus is nourished by philosophical and psychoanalytically informed discussions on what it means to be a subject. As Nielsen, I take it that Louis (or Overtaci) suffered from mental illness, and I take this illness to be real (not just a construction produced by the language of diagnostics or the ideology of normality). However, I have another approach to Overtaci’s illness – I will read it in another way, based on different theories from the ones Nielsen applies. As for the question of art as a medium of expression: Like Nielsen, I do not believe that true art can be ‘reduced’ to diagnostic categories, and thankfully it is a long time since anyone has tried to make a grand scheme of different artistic expressions according to the underlying diagnoses of their bearers. But this should not rule out considerations on the very subject of artistic enunciation. For Nielsen, the question of the artistic subject seems to be rather simple; art has to do with expression and when mentally ill people express themselves they can in fact come to thrive on “the deepest layers of the mind”.¹² Once again, there is a certain humanism in Nielsen’s approach. I wonder how Nielsen would have related to more anti-humanistic approaches to art – approaches beginning from the assumption that artistic expression is never in ‘in sync’ with its bearer, that it transcends the intentions (and postulated deep layers) of this bearer when the material itself begins to think in its own way.¹³ Furthermore, some works of art, or some projects, cannot be fathomed without considering the self-experimental wager they comprise. They are not about expressing who I (the intentional bearer) am, but are investigations into what this writing, painting, sculpturing subject is or can be. Overtaci’s ‘art’, in a very broad sense of the term, is self-

experimental. His works and projects perform a short-circuit between himself (encompassing a certain instability of the subject called Louis Marcussen) and his art (in which he explores the life of Ovariaci), and they play out in many practices, from everyday activities to artistic practices to forms of self-mutilation. It is as if we are witnessing not only the production of this or that artwork, but the very 'construction site' where life is transformed and artificially rebuilt. This means that the humanist approach is ruled out – that we cannot understand Ovariaci's work by simply referring to his intentions, his person or even his access to 'deep layers', but that we must fathom how the thinking performed at the construction site of his works and projects format (or make possible) the very position of the subject 'employed' at this site.

What Ovariaci does with his art has to do with his self-cure, and this means, as I have hinted, that his art must be understood in a very broad sense. For several reasons, however, I do not find it fruitful to endorse the concepts of '*art brut*', 'outsiderart' and the like. Of course, Nielsen does not subscribe to the notion of outsiderart either, and the reason for this can once again be found in his humanistic approach: "Art made by the mentally ill", he states when asked about the concept of outsiderart, "must be judged in the exact same way as art made by mentally healthy artists",¹⁴ without specifying further what this means. My reservation when it comes to outsiderart, however, has to do with the romanticization or idealization inherent in the concept of someone producing from the source of raw spontaneity – someone being outside of 'bad' academization, even outside of culture. In many evaluations of Ovariaci's art, one can find this type of statement. In a passage, paradoxically also praised by Nielsen, art historian William Gelius, who was a museum inspector at Ribe Museum when it hosted an exhibition of Ovariaci's works in 1990, writes:

Mentally ill artists often disregard all established rules of composition, principles of harmony and all forms of academicism. They develop without any form of consideration for an audience. In its total denial of formalist revisions and aesthetic attire the expression – the painting – becomes extremely direct. It holds an honesty so callous that we spectators suddenly experience many high-brow occurrences and much normal art as affected, uninteresting and sterile. The artists of our century, for example Jean Dubuffet and Asger Jorn, gathered energy from works like Ovariaci's to accomplish the necessary rebellion against tradition and the incessant job of piercing through the rotten stage curtain of neatness and indifference.¹⁵

Of course, art made by untrained individuals has been evaluated and valorized in various interesting ways by modernists and avant-garde artists and theoreticians in the 20th century. However, many of these evaluations effectively worked as mere projections of these artists' own hopes and aspirations, and their own longings for sources of renewal. In a seminal text on this subject, art historian Hal Foster critically assesses the modernist reception of outsiderart, which began in the late 1910s and early 1920s. I follow Foster when he describes how modernists such as Paul Klee, Jean Dubuffet and others, inspired by psychiatrist and art historian Hans Prinzhorn's influential *Artistry of the Mentally Ill* from 1922, saw in the art of psychiatric patients (as well as the art of children, 'primitives' and other outsiders) some of their own fantasies: They recognized a strong expressive urge, which for Klee had to do with pure, spiritual vision, and which for Dubuffet had to do with transgressing cultural conventions. These approaches, Foster writes, "bespeak modernist fantasies either of a pure origin of art or an absolute alterity to culture, and they obscure more than reveal the import of the art of the mentally ill".¹⁶ Looking closer at the art of the mentally ill, the idealizations of the modernists do not hold, as Foster argues. First, the psychotic is not pure and unscathed *à la* Klee, rather "the psychotic is scarred by trauma".¹⁷ In cases of schizophrenia, there are violent ruptures in the body image, and one could also add the problem of uncontrollable thoughts and hallucinations invading the subject from without. Therefore, one cannot claim that these subjects thrive on pure expressivity of spiritual vision; rather, hallucinatory visions would be (over)compensations in the place of disintegration.¹⁸

If Klee salutes the true source of artistic creation in outsiders, and the origin of art in direct vision, Dubuffet inscribes them into a narrative of an opposition to academic art – a radical outside in opposition to the established codes of society. Klee's aesthetic essentialism is transformed into a dualism of inside and outside. But what is really at stake – returning to Foster's perspective – is a question of just one world out of joint that is experienced in a rather intense way by (some of) the mentally ill. There is disintegration in the world of the outsider; there is a fundamental rift in his or her world, which at the outset is the very same world, composed of the self-same social structures (family structures, institutions and so on), the same treasury of signifiers (the material of what Jacques Lacan calls "the symbolic order") and images, as the world of the 'insider'. This makes some of Dubuffet's statements rather unwarranted, for example when he fathoms the outsider as a radical version of the Romantic genius (the one who stands for a "completely pure artistic operation, raw, brute, and entirely reinvented in all of its phases solely by means of the artist's own impulses").¹⁹ As Foster argues, and I follow him here, the mentally ill or troubled artists that

Prinzhorn presented as “schizophrenic masters”²⁰ certainly did not long for transgression of convention, but rather for there to *be* convention and symbolic texture, as they were the ones who experienced the disintegration of this texture.

To put it as simply as possible: more than attack artistic convention and symbolic order, the art of the mentally ill seems concerned to *find* such law again, perhaps to *found* it again [...] For to their horror this is what these artists often see – not a symbolic order that is too stable, that they wish to contest as such (again as posited by avant-gardist logic), but rather a symbolic order that is not stable at all, that is in crisis, even corruption. Far from anticivilizational heroes, as Dubuffet wanted to imagine them (“insanity represents a refusal to adopt a view of reality that is imposed by custom”), these artists are desperate to construct a surrogate civilization of their own, a stop-gap symbolic order in default of the official one that [...] they perceive to be in ruins.²¹

In some sense, with the mentally ill there is a prospect for a much more subversive approach to culture than Dubuffet imagines: Dubuffet sees a well-functioning culture, which must be smashed (“I believe very much in the values of savagery; I mean: instinct, passion, mood, violence, madness”),²² but in the artistic expressions of the mentally ill, of schizophrenics and paranoiacs, we have access to culture as already flawed, already in crisis – while we can simultaneously witness their struggle to restructure it. They are truth-witnesses, not to life without culture, but to life in a culture in crisis. Fundamentally, Klee, Dubuffet and others somehow also understood this; this is what Foster argues. They saw the crisis registered by the madmen and outsiders as an eventual site where a new dialectics of the subject and the social were played out. Still, they somehow failed to see the scope of what was registered by the outsiders, as well as the fact that strong forces against this ‘culture in crisis’ were already in the making, most violently in the disavowal of both madmen and modernists and their *Entartete Kunst* by the Nazis in the 1930s.

Madness is subjectivity at the edges of culture, of the symbolic order, not completely outside of culture. This is the thesis that I will build on in different ways in this book. One can thus speculate on a space of common interest between madmen and modernists, if being a modernist has to do with accepting a crisis in culture and therefore an unfoundedness of symbolic texture. The alliance of the outsider and the modernist must – in my view, following Foster – however be recast in ways that are more adjusted to the disturbed reality of the madman and less romanticizing in its approach. Such an alliance, in the form of a research program, has for example recently been proposed by Germanist Eric Santner

in his breath-taking analysis of the remarkable Daniel Paul Schreber, who suffered three serious nervous breakdowns in *fin de siècle* Germany.²³ Santner examines Schreber's psychosis as a sensitivity towards a certain decay in symbolic texture (also later detected by thinkers such as Walter Benjamin, Jacques Derrida, Pierre Bourdieu and others); he investigates, through Schreber and his illness, a way in which traditional rites of social inscription are experienced as becoming ineffective; and he also explores Schreber's method of working through this crisis by constructing his "own private Germany", as the title of Santner's book goes. Santner analyzes the coordinates of modernity, thus developing a very broad analysis of cultural and symbolic texture after the Enlightenment; but as I read him, he is also concerned with accepting the 20th-century modernist challenge of confronting what the madman registers (feels, thinks, encounters, experiences etc.) to make it possible to form a new vision of culture in (and possibly beyond) crisis. This is a renewal of the alliance of the madman and the modernist, allowing for a perspective from which to describe, analyze and theorize both historical and present-day pitfalls and potentials of the modernist project. My approach to Ovariaci's work builds on such a perspective. My analysis, however, does not unfold as a grand theory of a broad landscape of thought, as in Santner's approach; rather, it focuses more exclusively on the work of Ovariaci. I concentrate in particular on the 'ethical' problems that relate to self-subsistence and the question of navigating through crisis.

It should be clear why I find the concept of outsiderart to be problematic. However, it should be equally clear that I do not find it futile to produce detailed analyses of the destinies of subjects that have suffered serious mental disturbances and crises. The very way their worlds disintegrate is interesting because of the general information on subjectivity it can reveal to us. And the way they manage to reconfigure their worlds is interesting for a theory of what happens in the zone of dis- and reintegration: What kind of questions are posed, and what kind of thinking (ethical, religious, aesthetical and so on) is performed in this zone? The avant-garde looked to outsiderart for new and revolutionary forms of life, as if these forms could be delivered to them directly by madmen, children and other 'outsiders'; it sought in this way to explode art and make it into (new) politics. I would rather opt for another way of thinking through the potential of a work such as Ovariaci's: Its originality and strength does not come from being unbound by institutions and academic rules. Rather, it lies in registering crisis and in the work of reconstitution: In finding a singular way to make life liveable in a very serious situation. Articulated theoretically: The work does not aim for transgression of culture (even though on the surface it seems to do so), but rather for transgression of an already critical and transgressive state of culture itself.

I do not know, and I am not investigating, whether the work of outsider-artists can vitalize the outlook of 'normal' artists. It probably can; outsiders can surely function as a source of inspiration, even if the outsider is constructed along another artist's fantasies, for example the fantasies of necessity in one's expression, radical belief in one's visions, or creative flow and spontaneity in one's work etc. My focus, however, is less this potential of vitality and more the very conditions of Ovariaci's productivity. This means that I will go into more detail on Ovariaci's fundamental conflicts (more so than has been done before), and from the basis of a reading of these conflicts I will approach the stuff of his wild, imaginative life and work. I think this approach provides a more complete picture of the 'practice' of Ovariaci, while avoiding the pitfalls that I have argued against: I do not want to romanticize madness and its alleged raw spontaneity; neither do I want to domesticate and ensnare the work in simple diagnostical categories, as Nielsen warned about. Rather, I aim for a reading of the very practice, ripe with both conflicts and solutions, of the self-experimental work of Ovariaci.

The Danish art historian and critic Rune Gade has coined the term, "existentially integrated art", to describe the character of Ovariaci's production.²⁴ I find this term fruitful. It was invented as a response to the 2017 exhibition of Ovariaci's work at Kunsthal Charlottenborg, an exhibition site for contemporary art in Copenhagen, where Gade, among other critics, problematized the way the so-called 'white cube' of the museum, with its spacious rooms and white walls, seemed to drain the work of its intensity. In Ovariaci we do not find a productivity that is intentionally gallery-friendly, with an eye to its curation in the open, public and talkative space of the museum. Instead, it is first and foremost a self-curative work – work made as a response to certain existential problems. The art is integrated into the existence of its maker in a rather radical way, which means that it is in some sense performed as a series of private meditations, practices or rituals. Getting access to this private world is part of what is captivating about Ovariaci's work: There is, for example, something touching about seeing his hospital bed, which he decorated in the 1930s. As Ovariaci himself says much later, in 1968: "Imagine that they bring the bed out here, to the museum – this I had never thought of when I made it".²⁵ However, staying with the concept of existentially integrated art, an utterance (decorating your bed) can easily be private, in that it was never meant to be addressed to someone in particular, and yet still be of interest for an analysis of the coordinates of existence. The decorated bed can address questions of existence as such. There can, for example, be a bridge from the idiosyncratic practice of decorating your bed, and to what it means to be a sleeping, dreaming being, wanting to sleep well in a beautiful bed, warding yourself from evil forces. In the case of Ovariaci his decorated bed is part of the

larger construction of a lifeworld, and as such it is in dialogue with the crises he suffers, the forces he fights. To get to this level of the utterance, it is necessary to engage in ways of analyzing his art that also thrives on philosophical perspectives. With Overtaci one must do this because of the very character of the crises and questions he himself investigates – and which makes him work not only with art or artistic practices, but with a broad palette of aesthetic, religious and philosophical practices and modes of thought. (Today, we find an abundance of ‘thematic’ exhibitions at art museums, where a broad theme is investigated by combined contributions from several disciplines. Overtaci’s theme would be “existence”, and he himself could contribute all the artifacts for such an exhibition).

What can be gained by analyzing Overtaci’s self-experimental reconfiguration? If the idea that Overtaci treats his own illness through art is well known, my reading tries to fathom in detail how this is done, focusing on Overtaci’s fundamental conflicts and strategies for reconfiguration. I want to gauge the very stakes of his subjective turmoil and his desperate and creative attempts to subsist. One could ask if my project ultimately still has to do with defending the efficacy of art-therapy. As may be understood from my discussion of what goes beyond art in Overtaci’s work, however, my reading is not performed for the purpose of defending art therapy or delivering it a showcase, as the conflict under which Overtaci suffers is played out at a level of existential crises which cannot be understood simply from the premises of this approach. While I support and sympathize with what is theorized and practiced under the banner of art-therapy, there is something in it (at least in Nielsen’s version) that aims at removing suffering, based on a vision of happiness as modeled on an ideal of ‘living well’ (remember Nielsen’s claim that Overtaci may have been happier than most people). Therapy has to do with healing, but as I read Overtaci he is never ‘healed’. There is something unbearable in his life; as he writes in one of his notebooks: “if life was unbearable, death speaks with a mild, caring voice”.²⁶ He finds a ‘cure’ for himself, but what I mean by ‘the cure’ does not have to do with removing the fundamental conflict; rather it describes the ability to find a *modus vivendi* given the existence of such a conflict. Suffering is reconfigured, not left behind.

In Overtaci’s case the two very broad strategies of his self-cure are ‘cutting off’ – or eliminating the source of harm, culminating in his self-emasculatio

Fig. 2 Overtaci’s room at the Mental Hospital in Aarhus, Risskov. The mirror is covered with a painting of a woman.



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art is realized: In the oeuvre of Ovartaci my reading carves out the ‘art’ of self-reconfiguration – the recreation of life at the site of breakdown. This recreated life is not an escape from ordinary, bourgeois existence, as some outsider-theorists may want to see it, because it does not ensue from the choice between an inside and an outside. Rather, it relates to the very non-possibility of an ‘ordinary’, well-ordered life. In Ovartaci’s universe, there is a certain crisis in his symbolic and imaginary reality, which I shall analyze thoroughly in chapter one, and his madness, along with the abovementioned strategies, are attempts to restructure it. When Louis turns into Ovartaci what is accomplished is not an escape, but an original self-reconfiguration that does not erase suffering, rather converts it into something liveable and manageable.

I approach the work of Ovartaci through a reading. This reading is informed by different sources. It relies on Ovartaci’s medical records, which have not been accessible to researchers before. The records are primarily employed to describe what was registered in Louis’ conduct at the time of his hospitalization. These descriptions are then underpinned by a text by Johannes Nielsen – which was never finished or published – that contains a resume of the life, medical history and (in part) artistic production of Louis becoming Ovartaci.²⁷ My reading also, and to a very large extent, draws on Ovartaci’s own words and descriptions of his life and his visions from the book *Ovartaci: Pictures, Thoughts and Visions of an Artist*; I often return to this book, it being a very important document for me. Ovartaci’s poems and notebooks feature less often, and more work could be done in trying to systematically read through these sources. Of course, my reading is also performed in dialogue with the vast material of Ovartaci’s works, from paintings to machines and everything in between.

Of utmost importance is the strategy of reading that I employ and the theoretical vocabulary with which I examine the sources. I rely on the framework of psychoanalysis, especially the concepts and approach originally developed by Sigmund Freud, but also by his French heir Jacques Lacan. In psychoanalysis, I find a theoretical approach that thoroughly engages in an analysis of madness – of madness at the brink of symbolic texture – animated by a modernist fearlessness regarding antagonisms at the very (broken) heart of existence.

In popular terms, this book ‘puts Ovartaci on the couch’. This approach has its advantages and its limitations. One limitation is clearly that psychoanalysis, both as a practice and as a theory, is very much attuned to discourse. Psychoanalysis is a ‘talking cure’; its (only) demand is that the analysand on the couch speaks and can undertake an investigation into the way he or she is placed in discourse. But the work of Ovartaci is not just about speech: It moves and unfolds

in several dimensions. As will be clear from what follows, however, psychoanalysis may find its operative plan in language, but language implies much more than one should think. If we are language-beings, *parlêtre* to use Lacan's term, this means that language also leads us to problems related to the way we are enmeshed in language and its social institutions (for example the famous Oedipus complex), and to problems of disturbances and contradictions in symbolic reality (the level of what Lacan calls 'the real'). In chapter one, I shall show that there is in Ovartaci a very outspoken language conflict – a symbolic conflict which is played out around his name, 'Louis Marcussen', which has repercussions for his ways of comporting himself and for his sexuality.

The limitations of the psychoanalytic approach do not, when it comes to the work of Ovartaci, lie in its 'range', or in what can be thought through it (even if this assertion of course only can be redeemed through the very reading performed). However, another and more serious limitation of psychoanalysis lies in its very 'form', that is, when one considers the original practice of psychoanalysis and its original apparatus: The couch. Imagine Louis Marcussen on the couch. There are some important impossibilities in doing this, which are crucial to discuss. First of all: Louis is dead – there is no *parlêtre* there anymore to put on the couch. This may be a somewhat trivial obstacle; has psychoanalysis not been employed to analyze both the living and the dead (remember Freud's rather elaborate analysis of Leonardo da Vinci)? But strictly speaking there is no analysis if it is not performed by the analysand (the patient) him- or herself. The 'Copernican revolution' of psychoanalysis consists in turning upside down the relation of the patient and the doctor: The analysand speaks and cures him- or herself through speech, and the analyst merely assists. Every subject is unique in psychoanalysis, every analytic process is different, and there are no shortcuts, 'personality tests' or diagnostical manuals to rely on; through psychoanalysis you make room for the subject's conflict to unfold and assist him or her to the threshold where the illness can be assumed, in the sense that the subject can place him- or herself in its conflict. With Louis (or Ovartaci) it is too late to endeavor psychoanalysis proper, although the series of interviews that Nielsen made with Ovartaci in the 1960s, collected in *Ovartaci: Pictures, Thoughts and Visions of an Artist*, maybe could be understood as loosely modeled on elements borrowed from psychoanalysis.

While psychoanalysis proper cannot be undertaken, this does not mean, however, that one cannot make a psychoanalytically informed reading of a certain set of utterances.²⁸ You cannot engage the living, speaking being in analysis, and you cannot bind him or her in transference, which is one of the important drivers of psychoanalytical investigation (that is, the way the subject places him- or her-

self in relation to the help the analyst can provide, and where the analyst ultimately withdraws into the dimension of an impersonal Other). But you can look for ways in which the subject in question is placed in discourse, as well as the subject's patterns of transference: Which Other does the subject address, and how? The result is, however, a *reading*, a fact which should be kept in mind. My analysis is a reading; it is not an authoritative interpretation of (the symptoms of) Louis Marcussen, and it is not an attempt to deliver a belated psychoanalytical diagnostical portrait. I try to learn the language of Louis turning into Overtaci, to investigate his visions and his paintings, to discuss his thoughts on the soul, and to explore his crises and his attempts to reconstruct. As Lacan once articulated it, the aim of psychoanalysis is “not a matter of discovering in a particular case the differential feature of the theory” and thus explaining such and such about the subject, for example why your daughter is silent, “for the point at issue is to *get her to speak*, and this effect proceeds from a type of intervention than has nothing to do with a differential feature”.²⁹ Making Overtaci speak is about focusing on the topics that for some reason recur in the oeuvre, and making different statements and expressions rub against each other. It is searching for the conflictual core that animates his original life. My reading intervenes at the point where *logos* (speech, reason) runs against *pathos* (suffering), at the juncture of psychopathology. Making Overtaci speak means that the work is not reduced to logos, language, categories, nor lost in speechless suffering; the reading occurs at the point at which the work articulates an existential conflict.

One final limitation of the project must be mentioned. The practice and theories of psychoanalysis have mostly been centered on neurotics; that is, on subjects capable of articulating themselves, often in very detailed ways, and of sustaining a meaningful relation with the analyst. Freud himself warned about analyzing psychotics – subjects whose language can be disturbed in rather serious ways and who cannot be brought into the relation of transference. Yet Freud also undertook a large study on (the previously mentioned) Daniel Paul Schreber, based on Schreber's own descriptions of his experiences and original world-view in his *Memoirs of My Nervous Illness* from 1903. And Lacan began his career by analyzing the patient known as Aimée, who attacked a celebrity on the street, and who inspired the first Lacanian theory on paranoia. However, madness – in psychoanalysis theorized as psychosis – has never had a clinical practice firmly established for it in the same way as neurosis (the practice of the couch). There has been and is still deep theoretical discussion on what it is and how to approach it.

It is interesting that cases of psychosis seem somehow to challenge not only this or that part of psychoanalytical theory, but potentially some of its fundamentals. Can madness really be ‘made to speak’, or are the disturbances too serious?

Madness is a fundamental challenge to any regime that somehow relies on reason – just recall the very serious debate that Michel Foucault and Jacques Derrida led around the question of madness and philosophy in the aftermath of the publication of Foucault’s *History of Madness*. Can philosophy, the discourse of reason, handle madness? This is a great and complicated challenge, but if you claim that it cannot, then this means that it is impossible even to write about it, as (part of) Derrida’s argument against Foucault goes.³⁰ I cannot go into this massive and multi-layered discussion here, but only once again wave the flag of psychoanalysis. According to psychoanalysis, we are all consigned to madness; we are all language-beings who suffer in this or that way, and whose existences are balanced by the ground of what our makeshift fantasies and delusions can deliver. Therefore, investigations of cases of madness are never made in vain, even if these cases can be rather extreme. Perhaps cases of madness are exactly where we must go to truly investigate the coordinates of existence. As Freud puts it in one of his important lectures, on “The dissection of the psychical personality”:

[...] we are familiar with the notion that pathology, by making things larger and coarser, can draw our attention to normal conditions which would otherwise have escaped us. Where it points to a breach or a rent, there may normally be an articulation present. If we throw a crystal to the floor, it breaks; but not into haphazard pieces. It comes apart along its lines of cleavage into fragments whose boundaries, though they were invisible, were predetermined by the crystal’s structure. Mental patients [Ger. *die Geisteskranken*] are split and broken structures of this same kind. Even we cannot withhold from them something of the reverential awe which peoples of the past felt for the insane.³¹

Freud’s way of reading psychiatric patients is exemplary for my approach in this book: Cases of mental illness, of psychosis, are read with the aim of investigating the real challenges of the ‘normal’ conditions under which most of us claim to live. For Freud these cases read as symptoms, not simply of something that is wrong with certain people (compared to other, normal people), but as symptoms connected to subjectivity as such – to something wrong in ‘normal life’ itself. Psychiatric patients are thus not outside of normality; rather they are, in their madness, closest to what it really means to be ‘inside’ existence.

I think Freud’s description gives a clue to the somewhat inexplicable attraction of Ovaraci’s work. Here is a subject that is a broken structure, who eventually falls apart, but who still manages to live through this madness and not give in or succumb to radical, anti-social actions. At the beginning of this introduction,



Fig. 3 41 × 14 cm, painted cellophane and cardboard.

I mentioned the tendency to marvel at the work of Overtaci – we can now return to this. In the passage quoted from Freud, he speaks about “awe”. We look at the life and work of Overtaci in awe, a little terrified, a little upset, but also astonished by his ability to stay in this zone of madness – to be the broken crystal that reflects and casts light on the strange task of existence.

The first chapter of this book, “The chief lunatic”, deals primarily with the replacement of Louis with Overtaci. I begin with a biography of Louis, as it has been retold in various short books and catalogues, and I enrich this narrative with information from his medical records and from the unpublished manuscript by Johannes Nielsen. I focus on the problem Louis seems to have with his own biography – the trouble that he faces when he tries to recount the life of Louis Marcussen. The name ‘Louis Marcussen’ is simply false according to Overtaci. I analyze this problem through the lens of a crisis in the symbolic fabric of Louis (turning into Overtaci). In the light of this, the chapter also uncovers the playful construction of a new autobiography, accomplished through the production of images and narratives, and based on, among other things, the principles of reincarnation. Finally, I argue that what Overtaci realizes, not least through the invention of a new name, is an original way to restructure. As the anecdote goes, the name ‘Overtaci’ builds on the Danish word *overtosse*, which means something along the lines of ‘chief lunatic’. If Overtaci is the chief lunatic, this is not because he is lost in mad delusions – as the maddest of them all – but because he manages to restructure partly through imaginative play, partly through the new name.

The second chapter, “Woman and ‘virility’”, deals with Overtaci’s women. There is no way to overlook the act of Overtaci’s self-emasculatation, but the chapter tries to inscribe this act and Overtaci’s obsession with women in the broader context of troubling sexuality.³² Overtaci’s idealization of women, and the work it inspires, has to do with regaining control over sexuality and the sexed body, not least his male sexual organ. This is theorized through the psychoanalytical concept of the phallus. The chapter analyzes the different female ideals that can counter the trouble of the phallus. I argue, however, that Overtaci’s final strategy, when the sexed body goes up in flames – as depicted in the key painting “Flame people” – does not solve the problem of the phallus. Overtaci’s burning body is a sublime body in that it tries to purify itself, to free itself from distorted, phallic desire, but fails, and thus comes to purify the very trouble of the phallus. But something changes nonetheless. The problem of ‘virility’ is turned into what Overtaci calls ‘virulity’. Virulity is in the last instance, and in my reading, Overtaci’s way of naming and isolating the trouble of being a sexed being.

The book ends with two of Overtaci's tales. Overtaci told these tales to Johannes Nielsen in 1968, when the doctor sat down with him and showed him photos of some of his paintings, dolls and other works. The tales are collected in the aforementioned book *Overtaci: Pictures, Thoughts and Visions of an Artist*, which was published in Danish in 1988 and in English in 2005. The present book contains the two important tales "The mortuary chapel at Dalstrup" and "Flame people", both in new translations by Benjamin Marco Dalton. The first of these tales discloses important information on the question of the name, on how the name 'Louis Marcussen' does not seem to hold, and on the way in which Overtaci envisions another descendance for himself. This tale is very much in focus in chapter one. The second tale is about emasculation and purification, and is in focus in chapter two. Both tales are in Overtaci's original, ranting style; while his art has long been praised, for example by important Danish artists such as Asger Jorn and Per Kirkeby, I here make a case for his tales.



Fig. 4 59 cm, metal and plaster.
Pibe, also known as 'smoking phantom'.

A
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G
D



眼 睛 散 佈 窮 窮 窮 窮 窮 窮 窮 窮

知 道 這 樣 心 來 到 井 賊 賊 賊

香 帽 女 姊 母 之 家 趣 趣

必 須 然 女



By words we are told
happened weak feeble
weakly