

The Decolonial Options in *CRAZYWISE*

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Introduction

Kevin Tomilson and Phil Borges's documentary *CRAZYWISE* explores how spiritual practices should be considered medical alternatives when healing people's mental health. By examining primarily through the adversities of two individuals—Adam, a white American, and Ekhaya, a Black woman—and other interviewees, Tomilson and Borges's documentation comments on how Western medicine can have deleterious effects precisely because there are always alternative approaches to reconciling with mental health crisis. Despite the documentary being accessible and consumable, it is precisely because of those qualities that *CRAZYWISE* offers a lens and introduces decolonial conversations, alternatives, and practices. By documenting not only the violence that occurs within the juxtaposing perspectives in medicine, but also the individual experiences that have been given the opportunity to explore their cosmological mapping, Tomilson and Borges's *CRAZYWISE* incentivizes 'interculturality' as a way of decolonial theory and praxis. As defined by Abya Yala, Catherine Walsh articulates how "[i]nterculturality [...] signifies more than an interrelation or dialogue among cultures. More critically, it points toward the building of radically different societies, of an 'other' social ordering, and of structural economic, social, political, and cultural transformations" (Mignolo & Walsh 57). When Tomilson and Borges examines how Adam and Ekhaya's journeys, despite their different cultural backgrounds, come to reconcile and heal from their grief and trauma

through their own ways, the directors intentionally put these two individuals' experiences together to create the intercultural discourse necessary for viewers to consider decolonial paths from Western coloniality. In reviewing Tomilson and Borges's documentary, I will be arguing how *CRAZYWISE* can be ethnographic in revealing how colonial and modern facets like Western medicine can perpetuate the oppression of individuals precisely because of its totalizing and positivistic nature. To recognize how coloniality permeates within the documentary, I first ground the essay by delving into Ana Durazo's chapter on the "Medical Violence Against People of Color and the Medicalization of Domestic Violence" to contextualize the medical violence that Adam and Ekhaya underwent when trying to understand their identities and the world they belonged in. From there, I will be putting Durazo's articulations on medical violence in conversation with decolonial thinkers such as Walter D. Mignolo, Catherine Walsh, Linda Tuhiwai Smith, and other scholars to read more closely on how Tomilson and Borges's documentary alludes to how Western coloniality and modernity occupy Western medicine and its epistemology. Afterwards, I will be discussing the kinds of decolonial interventions that *CRAZYWISE* offers by delineating how its interweaving of voices throughout the documentary on Western medicine only opens a discourse for decolonial options.

Contextualizing and Theorizing the Medical Violence in *CRAZYWISE*

According to Ana Durazo's chapter "Medical Violence Against People of Color and the

Medicalization of Domestic Violence,” she argues how the medical and prison industrial complexes serve the “interests of colonial, slavery, capitalist, and racist systems” that inevitably “exclud[e] us from needed care, and has administered death, disease, and injury” (Durazo 181). Because of this, the two industrial complexes work together as a means of “social control” on marginalized groups through their exploitation, othering, and scientific racism (Durazo 181). To put it more explicitly, although Durazo does not directly discuss how these complex industries work together, she alludes to their “interdependency” by attributing the medicalization of domestic violence to the “increasing law enforcement response to domestic violence” (Durazo 182). To illustrate this, Durazo mentioned how, in 1978, “officials from [criminal justice agencies, medical institutions and social service] agencies, along with activist and academics, were invited to participate in the United States Commission on Civil Rights’ “Consultation on Battered Women: Issues of Public Policy” (Durazo 182). And as a result, “battered spouse” and “battered women” became an “international classification of diseases” (Durazo 182).

The collaboration among the agencies resulted in the interdependency between medical industrial complexes (MICs) and prison industrial complexes (PICs) precisely because the medicalization of domestic violence, via the medical institution and social service, continued to encourage law enforcement, and inevitably the possible criminalization and legitimized Othering of marginalized groups. This legitimized Othering can be seen more clearly when Durazo explicates how “medical violence,” from Western medicine, “is deployed from etiology, to prevention, treatment, and research” (Durazo 184). In doing so, it “negat[es] indigenous knowledges of the body, health, and healing and by superimposing western values and colonial racist epistemologies and figures” (Duzaro

184). In other words, the medicalization of domestic violence and, at large, Western medicine reflects the reification of American/Western ideals. By imposing these ideas onto marginalized groups, MICs function similarly to PICs to “surveil and report on communities, regulate human bodies, and impose docility” (Duzaro 184). One could say MICs function as a catalyst for marginalized groups to enter a social death so that they can be pushed into PICs and be completely dehumanized there. Or as Duzaro puts it, the need for Western medical intervention forms “additional forms of medical violence—such as active exclusion and withholding of treatment—emerge, and become tools of social control; the MIC determines who is treated, who lives, who dies” (Duzaro 184). To further illustrate Durazo’s point, the opening story of “The Medicalization of Domestic Violence” suggests how “a stop at the hospital can lead to criminal charges—sometimes *without survivor* consent—which potentially enlists processes of incarceration, detention, and deportation” (Durazo 181). As the narrator is from a marginalized group, the opening story is Durazo’s conceit about the ways marginalized groups are already racialized into inequitable and unfavorable situations. The anxieties that the narrator experiences when the narrator is imposed with the questioning of charges reflect how MIC has been working with the PIC to regulate marginalized groups. In doing so, this enables MICs to grow their “corporatization and privatization of healthcare” (Durazo 183).

When putting Durazo’s analysis on medical violence alongside the experiences that were documented in *CRAZYWISE*, it is clear to see how many of the individuals in the documentary felt alienated precisely because the MICs had treated them as Other when resorting to other methodologies and epistemologies to reconcile with their identities. Joan Halifax, a Buddhist teacher, Zen priest, and anthropologist in the documentary,

mentions how people's "inner process" of understanding themselves is immediately disrupted by being sent into "prison," "jail," "psychiatric ward," to the point they are "chemically incarcerated or homeless" (*CRAZYWISE* 00:31:10 – 00:31:16). This is seen with Adam and Ekhaya's journey in reconciling with their psychological crises; they were denied their ways of reconciling with their identities. Inevitably, the two shamans were sent to mental institutions and psychiatric wards that only made their mental and social health worse precisely because doctors would prescribe them medication that did not directly address their mental health needs. Moreover, as Robert Whitaker puts it, many of the doctors were contingent on chemical imbalance theory to understand how to treat mental disorders, but there was no scientific research that explicitly addressed any mental disorder (*CRAZYWISE* 00:09:43-00:10:10). That is to say, much of Western medical research that was conducted to postulate chemical imbalance theory was positivistic. To better understand why positivism could be problematic, Linda Smith, in *Decolonizing Methodologies*, articulates that:

Positivism takes a position that applies views about how the natural world can be examined and understood to the social world of human beings and human societies. Understanding is viewed as being akin to measuring. As the ways we try to understand the world are reduced to issues of measurement, the focus of understanding becomes more concerned with procedural problems. The challenge then for understanding the social world becomes one of developing operational definitions of phenomena which are reliable and valid. (Smith 49)

In other words, although medical research's theory of knowledge is based on empirical evidence, it is fundamentally limited by a set of measurements, a set of parameters, in order to theorize certain

biological phenomena in the world. This is why, as Whitaker alluded to in the documentary, there is no objective way to diagnose and treat mental disorders. Although, chemical imbalance theory suggests that there could be a deficiency for certain neurotransmitters, that does not mean that having more of those neurotransmitters will fix the mental health issues. On one hand, there are too many biological mechanistic factors that are in play to assume that the lack of neurotransmitters is the only cause of certain mental disorders. On the other hand, a mental disorder could not be a biological mishap but instead a spiritual awakening. That is to say, if Western medicine is limited in scope precisely because it is merely an epistemology to understand phenomena but not the noumenal, it opens itself to various kinds of violence, which in this case, leads to coloniality.

Coloniality occurs within Western epistemologies, and in this case, Western medicine, because it assumes a 'zero point epistemology.' As Mignolo coined the term, a 'zero point epistemology' assumes a "universal epistemic code,' [creating] the illusion that the Western code is the only game in town" (Mignolo xvii). Another way to put it is that Western civilization considered their epistemology as *first philosophy*. Western epistemologies were solipsistic because their positivistic and colonial logic was the only way Western civilization could understand the world. It consisted of Enlightenment philosophy, the *cogito*, for example, to suggest that the only ontology that was ensured to exist was oneself—hence, *cogito, ergo sum* (I think, therefore I am). Moreover, as Maldonado-Torres emphasized in "On the Coloniality of Being," coloniality had undergirded the solipsism of Western modernity; Western civilization had only used colonial logics and positivism to self-affirm its imperial and colonial attitudes and projects. That is why, when examining the *cogito*, the *ego conquire* "predates and precedes the *ego cogito*" (Maldonado-Torres 245).

As Maldonado-Torres opines, “[t]he certainty of the self as a conqueror, of its tasks and missions, preceded Descartes’s certainty about the self as a thinking substance (*res cogitans*) and provided a way to interpret it” (Maldonado-Torres 245). To have skepticism about the world, then, means to have self-certainty about one’s world view. Skepticism “provid[ed] a solid foundation to the self” so that one’s world view can be seen more certain if not objectively better than others (Maldonado-Torres 245). Western epistemologies like the Cartesian cogito convey that the Self is the conqueror of conquerors in thought—that separates the Self and Other as sub-ontologically different. Consequently, the ‘coloniality of Being’ and colonial difference was created by Western civilization and its ontoepistemologies.

The colonial difference has established itself in concepts like time, space, man, and nature, as contended by Smith and Mignolo. For Smith, this colonial difference has existed since classical Greek philosophy, where “[n]aturalistic explanations linked nature and life as one and humanistic explanation separate people out from the world around them, and place humanity on a higher plane (than animal and plants) because of such characteristics as language and reason” (Smith 55). From there, colonial difference continued to be extrapolated into concepts like the mind-body distinction, Cartesian dualism, and Hegel’s dialectic, or even the pathogen-antigen relationship in immunology by which these concepts further gave justification to and legitimized the difference between the Self and Other; much of Western ontoepistemology was limited to its teleology by which imposing difference as being the way to understand cosmology and cosmopolitanism. In other words, the epistemic limit of Western theories of knowledge was understanding difference as teleological rather than relational precisely because Western theories of knowledge held imperial attitudes. That is why Smith has

articulated that Western ontoepistemological discourse has only served to be about the discourse “about the Other which is supported by ‘institutions, vocabulary, scholarship, imagery, doctrines, even colonial bureaucracies and colonial styles’” (Smith 1). Mignolo would describe this instance in which the “totality of knowledge [...] shows the double face of modernity/coloniality: (a) the consolidation of Eurocentrism as a system of interconnected knowledge (e.g., the epistemic domains of [colonial matrix of power] CMP: theology, philosophy, science, politics, economics, biology, culture); and (b) the dismissal and disavowal of principles of knowing and created knowledge in non-European languages and non-European systems of belief” (Mignolo & Walsh 197).

Based on the imperial and colonial attitudes that are derived from Western ontoepistemologies and its genealogies, there is no coincidence why Western medicine perpetuates violence, especially in BIPOC communities. Contributing to the colonial matrix of power, the knowledge of medicine occupies both the levels of the enunciation and the level of enunciated. As Mignolo defines these terms:

[t]he enunciation is the level in which actors, languages, knowledge generation, and institutions enable the circumscription of the domains of the enunciated. Power of decision takes place in the enunciation, though there would never be consensual or homogenous agreements between actors and institutions operating at the level of the enunciation... Both levels (the enunciated and the enunciation) are *connected by flows of energy* in the sphere’s knowledge, subjectivities, and interests. (Mignolo & Walsh 169)

In other words, the knowledge of Western medicine, being guided by not only Western ontoepistemologies but also its institutions, biopolitically determines through colonial difference who is deserving of life and death. In the case of

Tomilson and Borges's documentary, people like Adam and Ekhaya were pathologized because there was a lack of guidance and community to understand what would later be known as their spiritual awakening, leading the two to be put into medical institutions. As seen by not only the environment itself but also the medical drugs that were employed, the hospital became a place that treated Adam and Ekhaya as abject, which could be seen as a place of forced conversion inevitably leading to an epistemicide. Especially for Adam, after his time at the hospital and becoming an exile and vagabond, he was never able to return to the voices in his head that originally were curious about God and cosmology or the Vipassana meditation that helped him after not taking drugs. Whether it was the drugs that were given to him by the doctors, his experience as a vagabond, being ostracized by his family for their different beliefs, or the emotional turmoil that Adam had to reconcile with became the crux of his everyday thoughts. At some point in his life as a vagabond, he would spend almost every day thinking and writing thoughts of suicide, self-deprecation, and harming others (*CRAZYWISE* 00:55:50-00:57:21). Due to there being no incident in the future where Adam interacted with the voices in his head that talked about God and cosmology, it could be assumed that, even after reconciling with his grandfather's molestation and rekindling his relationship with his father, the loss of these past interactions with his voices was an epistemicide. When examining this epistemicide from the colonial matrix of power, Adam's epistemicide reflects how homogenous Western epistemologies are and, as a result, would find any means to dispel any other methodologies of healing. For Adam, his family's disapproval of his methods, and his way of living, resulted him in being ostracized from his family. Adam's story reflects ethnographically the geo- and body-politics of America, in which beyond the racial line, Western ontoepistemologies are favored over

other ontoepistemologies precisely because power is involved or, more explicitly, Western empire still exists.

As contextualized by Ndovu-Gatsheni, although Western empire has physically been dismantled in the twentieth century, it can still permeate in different forms such as 'commercial-military-non-territorial empire' and 'metaphysical empire'. As these two forms of empires go hand-to-hand, commercial-military-non-territorial empire abides by "the rhetoric of empire, particularly its discourse of maintaining order and stability and its claims to spread democracy and human rights across the world" whereas metaphysical empire submits "the colonized world to European memory" by "remaking [...] the [colonized] people in the image of the colonial conqueror" (Ndovu-Gatsheni 57-58). In other words, Western empire still exists in the fabric of American society because of militarism and cultural production that are responsible for disseminating the legacies of European memory and ontoepistemology.

In the case of the American shamans' experience in *CRAZYWISE*, they live the "consequences of 'metaphysical empire' such as epistemicides, linguicides, cultural imperialism and alienation" (Ndovu-Gatsheni 6). Although Adam, as a white American, may not reflect what Ndovu-Gatsheni's metaphysical empire in terms of the 'colour line', as aforementioned, Adam's denial of exploring and applying Vipassana meditation to his day-to-day life only reflects that there is an 'epistemic line' being drawn by Western empire. Other non-Western ontoepistemologies are racialized as abject, giving privilege only to Western ontoepistemologies that exist. As Neel Ahuja would explain in his book, *Bioinsecurities: Disease Interventions, Empire, and the Government of Species*, "[since] empire involves the control of life through accumulation of territory and capital, which may be securitized by activating life's relational potential [, ...] racial differentiation

of epidemiological risk takes particular forms that respond to contexts of military, economic, and territorial expansion as well as to specific technical logics aimed at controlling infection or burnishing national immunities” (Ahuja xi, 6-7). In America’s biopolitical empire, Western medicine became an important site of power to regulate who and what deserves to live or die. “Power was increasingly vested in the productive reshaping of the biological life of human organisms by institutions such as clinics, prisons, and asylums and their related forms of scientific knowledge; power meant letting live, albeit in constrained form” (Ahuja xi). With Western medicine’s prevalence over other kinds of treatments being undergirded by the zero-point epistemology of the West, it is clear to see that this “system of classification and representation [...] play[s] out in systems of power and domination, with real material consequences [...]” (Smith 51). Not only are BIPOC communities and the shaman, specifically Adam and Ekhaya, in *CRAZYWISE*, portrayed as pathological, they are, to an extent, biopolitically compelled to a social death because they are labeled as such. Therefore, as articulated by Durazo, since Western epistemologies in medicine look to medicalize patients due to biological reasons rather than the sociopolitical and economic reasons that might have induced their condition, Western medicine and its practice are fallible to perpetuating sociogeny or racial and colonial differentiation.

Reconciling Coloniality of Medical Violence with Indigenous Epistemologies and Decolonial Futures in *CRAZYWISE*

As seen from the previous section, it is clear how coloniality and modernity reside in Tomilson and Borges’s documentary. The first section of this essay delved into the nuances of how medical violence reflects the sociopolitical culture of the U.S. through the lens of decolonial theory to appreciate the kinds of nuances and implications

that Tomilson and Borges have documented. One could say that analyzing the documentary through this critical lens is a decolonial move. By recognizing how medical violence from the West can derive from colonial differences wherein Western epistemologies are contingent, this essay acknowledges and maps how our responses may have been informed by and complicit to these colonial constructs. In so doing, it has paved the way for us to negotiate “our engagements with [the] colonizer” (Smith 198). Through the juxtaposition of violence that comes from Western medicine and the healing that comes from non-Western methods of healing, Tomilson and Borges are not suggesting that non-Western methods of medicine should not be taken, nor that we should romanticize Indigenous epistemologies of healing. Will Hall, a mental health advocate and family counselor in the documentary, emphasized that there have been peers of his who have recovered and healed from their mental crises because of Western medicine, but as seen from the medical violence that comes from the West, Western medicine is not a “one size fits all” situation (*CRAZYWISE* 00:31:20-00:00:31:40). In light of decolonial theory, Tomilson and Borges as directors ensure that the message to take away from the documentary is not solely contingent on Indigenous ways of being. The two do not want to overromanticize Indigenous epistemologies because, in doing so, they would abide by the logic of coloniality and the positivist notions of modernity. Overromanticizing Indigenous epistemologies would inevitably result in the West to continue creating, as Smith has mentioned, the discourse about the Other. Seeing Indigenous epistemologies as teleologically messianic to medicinal discourse would only redirect the reallocation of imperial and colonial attitudes towards Indigenous communities, inevitably leading to the material consequences that come from settler colonialism.

As mentioned at the beginning of this essay,

then, Tomilson and Borges created *CRAZYWISE* to encourage intercultural discourse—to open other ways of being and healing other than Western medicine. As seen with Ekhaya and Adam’s journey to selfhood and inner peace, whether it be through uncovering the Sangoma training in Southern Africa or music therapy, both their journeys confronted the impact of colonial violence by embracing their trauma and realizing that they do not have to be alienated in the process of healing and reconciliation. The two eventually came to different communities that enabled them to heal because they accepted them for whom they were as their imperfect selves trying to discover who they are and the world they reside in. The communities offered them space, time, and spiritual guidance to heal. That is not to say, again, that Tomilson and Borges are arguing for viewers to subscribe to these spiritual paths that Adam and Ekhaya went through. By sifting through various perspectives and experiences from academic professionals to indigenous shamans, the directors are opening the intercultural conversation by questioning this: what worlds can we build knowing that there are other ways to heal?

By framing this documentary so that viewers can question this possibility of healing alternatives, *CRAZYWISE* pushes the viewers to make connections outside of their perception of what the world has to offer. The directors are asking what relations we can make from the various ways of healing in order to possibly consider what kind of options—if not overlooked options—do we have to heal in the United States. In what the directors are gesturing, Walsh and Mignolo would suggest that the directors are indirectly teaching us ‘relationality/*vincularidad*.’ Defined by Walsh and Mignolo:

[Relationality/] *Vincularidad* is the awareness of the integral relation and interdependence amongst all living organisms (in which humans are only a part) with territory or land and the cosmos. It is a relation and interdependence

in search of balance and harmony of life in the planet. [Therefore,] *vincularidad*/relationality unsettles the singular authoritativeness and universal character typically assumed and portrayed in academic thought. Relationality/*vincularidad* seeks connections and correlations. (Mignolo & Walsh 1-2)

As mentioned with the documentary’s focus on Adam and Ekhaya’s journey, the community was an integral attribute for them to come to their reconciliation with their trauma. This is precisely because in those spaces, “[h]ealing can be found in our languages, cultural customary practices, environment, in water, fire or smoke, in Indigenous food, [...]” (Smith 191). Healing can be found anywhere as long as it is when one begins to connect oneself to the world—one begins to think relationally about the interdependence of the world. When one is able to recognize *vincularidad*, their cosmological mapping connecting to how each concept, idea, or being is interdependent on one another. One can treat ontology as philosophy. In Mignolo’s words, this kind of understanding is simply put as this phrase, ‘I am where I do and think.’ As a response to the cogito (I think, therefore I am), “‘I am where I do and think’ relocates thinking and knowledge at the intersection of the geo- and body-political imperial classification of places and racialization of people, languages, and ideas” (Mignolo 99). Rather than assuming a universalism like the cogito, the ‘I am where I do and think’ asks us not how we are different or the same in the world but instead how are we connected in relation to one another.

In both theory and praxis, then, *CRAZYWISE* is about opening the conversation to decolonial options. Similar to interculturality, *CRAZYWISE* has unveiled to us a future of ‘cosmopolitan localism,’ which “names the connector for global and pluriversal projects, where all existing nation-states and future organization that will replace,

displace, or redo current forms of nation-states, as well as emerging political society will participate (by whatever form of organization) to a truly cosmopolitan world” by connecting Western medicine to other non-Western epistemologies in medicine and healing (Mignolo 23). Another way to understand *CRAZYWISE* within the decolonial discourse is what Ranjan Datta understands knowledge as a ‘decolonizing ceremony,’ where “knowledge does not belong to individuals; shared among people, knowledge is relational and interdependent, constantly produced and reproduced through the web of relationships” (Datta 24). The collage of different thinkers, scholars, academics, shamans, and indigenous healers in *CRAZYWISE* represents the decolonizing ceremony, the cosmopolitan localism, relationality, interculturality—the decolonial possibilities of seeing the futures of not only surviving indigenous epistemologies but also everyone’s survival having delinked and begin to heal from the colonial matrix of power.

Conclusion

As the title of the documentary initially suggests, *CRAZYWISE* serves as a conceit to explore the pathologizing of non-Western medicine and Indigenous epistemologies through the experiences of shamans and the expertise of academics in the field of mental health and spirituality. *CRAZYWISE* also comes from a teaching style in Tibetan Buddhism called ‘crazywisdom.’ As told by Carroll Dunham, an anthropologist in the documentary, “[In Nepal,] there’s something over there that’s called ‘crazywisdom.’ In Tibetan medical tradition, illness is not just an individual, it’s something larger and it’s related to the environment so when we start to lose that connection with the environment, in a very deep way, I think other illnesses start to manifest” (*CRAZYWISE* 00:40:00-00:40:19). In relation to Western coloniality and modernity and its

connection to the documentary’s title, crazywisdom can be seen as a form of epistemic disobedience by understanding not only the relationality in Tibetan medical tradition but also, as portrayed throughout the documentary, in other non-Western medicinal and spiritual practices. In that regard, then, Tomilson and Borges’s documentary performs but also conveys the necessary decolonial theory/praxis in order to begin the delinking from Western coloniality and modernity so that we can start to think of other futures that exist now and lie ahead.

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