THE FUTURE OF ALIENATION AND THE POSSIBILITIES OF FANONIAN SOCIODIAGNOSTICS

O FUTURO DA ALIENAÇÃO E AS POSSIBILIDADES DA SOCIODIAGNÓSTICA FANÔNICA

Dana Francisco Miranda[1]

Abstract: The work of the Afro-Martinican psychiatrist and philosopher Frantz Fanon is crucial to understanding the psychological and socio-political causes of disorder. Drawing upon his corpus, this article details the radical potential for disalienation located within his sociodiagnostic method and argues that personal and structural well-being can only be achieved together. This article will also both psychiatric and phenomenological models of depression as experienced by Africana people in order to better illuminate the usefulness of sociodiagnostics.

Keywords: psychosocial; disorder; situatedness; depression; dysbeing

Resumo: O trabalho do psiquiatra e filósofo afro-martinicano Frantz Fanon é crucial para a compreensão das causas psicológicas e sociopolíticas da desordem. Com base em seu corpus, este artigo detalha o potencial radical de desalienação localizado em seu método sociodiagnóstico e argumenta que o bem-estar pessoal e estrutural só podem ser alcançados juntos. Este artigo também abordará modelos psiquiátricos e fenomenológicos de depressão vivenciados por africanos, a fim de esclarecer melhor a utilidade dos diagnósticos sociodiagnósticos.

Palavras-chave: psicossocial; desordem; situação; depressão; disfunção

Introduction

There are branches of psychiatry that view psychological symptoms and causes as endogenous or not attributable to any external or environmental factor. Yet, if psychiatry is the branch of medicine focused on the proper diagnosis, treatment, and prevention of mental disorders then it must be attentive to the particular psychosocial factors that cause maladaptation, even if these causes lie outside the body. Fortunately, there are psychiatric branches that take seriously etiological factors that are exogenous and are thus typically categorized as psychosocial or

[1] Dana Francisco Miranda, Ph.D., University of Massachusetts Boston, dana.miranda@umb.edu

environmental stressors. For instance, in versions of the *Diagnostic and Statistics Manual of Mental Disorder*, such stressors include social environment problems, educational problems, occupational problems, housing problems, and economic problems. However, even these models fail to connect mental disorders to forms of structural oppression, such as antiblack racism. Moreover, they do not provide a systematic analysis of how alleviating such societal problems might be integral to the treatment of mental illness.

The work of the Afro-Martinican psychiatrist and philosopher Frantz Fanon is here a worthy antidote insofar as he was not only opposed to these dehumanizing and alienated forms of psychiatry, but also offered a situational diagnosis of alienation. In analyzing the brutalities of the colonial situation, Fanon aimed to not only accurately diagnose such an unhealthy environment, he also urged his patients to become *actional* and change the colonial order of Algeria. This psychology methodology, called "sociodiagnostics," reveals how racism and colonialism function as socio-etiological causes of disease requiring both patients and mental health practitioners to restructure the disordered socio-political arrangements that make such conditions possible.

1.The derelict method

Sociodiagnostics as a psychiatric methodology not only accounts for socio-etiological causes and the lived-experience of alienation, but also more importantly offers treatment beyond the psyche. In this respect, sociodiagnostics begins from the premise that one's psyche is intimately connected with the environment and therefore both the diagnosis and treatment of disorder necessarily deals with restructuring unhealthy social conditions. As the literary critic Frederic Jameson argues, "When a psychic structure is objectively determined by economic and political relationships, it cannot be dealt with by means of purely psychological therapies; yet it equally cannot be dealt with by means of purely objective transformations of the economic and political situation itself, since the habits remain and exercise a baleful and crippling residual effect" (JAMESON, 1986, p. 76). In terms of diagnosis, sociodiagnostics provides clarifications that can account for general symptoms of Africana subjects, within socio-cultural situations, as well as the personal idiosyncratic experiences of depression.

Fanon was one of the foremost pioneers of sociodiagnostics in his studies and treatment of colonial psychopathology. Working at the Blida-Joinville psychiatric hospital in Algeria, Fanon

found himself treating both perpetrators and victims of colonial violence. As Paul Adams writes, "During 1954 and 1955, and into 1956, he functioned as a double agent while earning his living at that post. He was officially and publicly a psychiatrist for the French colonial establishment, but underground he became ever more deeply involved in the anticolonial struggled led by the Algerian Front de Libération Nationale (FLN)" (ADAMS, 1970, p. 810). The anticolonial activities that Fanon found himself enacting were not, however, simply political acts. They can also be read as a continuation of his psychiatric method. Thus, when Fanon resigned from his post at Blida-Joinville to work openly with the FLN it was done in the name of enacting or creating the possibility of a healthy environment in Algeria. As Fanon argues, "my objective, once [the patient's] motivations have been brought into consciousness, will be to put him in a position to choose action (or passivity) with respect to the real source of the conflict—that is, toward the social structures" (FANON, 1986, p. 75). In other words, if racism and colonialism provoke mental disorders, treatment must also be directed externally to the environment.

Fanonian sociodiagnostics is thus rooted in understanding the sociogenic causes of mental disorders. Rather than simply being a personal (phylogenic) or universally applicable (ontogenic) disorder, situational disorders detail the particular social conditions that adversely affect mental health. For instance, in "The 'North African Syndrome,'" Fanon argues that French medical practitioners in having an *a priori* attitude failed in the diagnosing and treating of the North African immigrant population. A pre-existing, racist framework and a commitment to the colonial project result in the solidification of a colonial ethnopsychiatry. Opposed to these dehumanizing and alienated forms of psychiatry, Fanon offered a situational diagnosis of colonialism. It is for this reason that Fanon, quoting Erich Stern states, "One must try to find out what [Heinrich] Meng calls his 'situation': that is to say, his relations with his associates, his occupations and his preoccupations, his sexuality, his sense of security or of insecurity, the dangers that threaten him; and we may add also his evolution, the story of his life. One must make a 'situational diagnosis'" (FANON, 1967, p. 10). In enacting a "situational diagnosis" or sociodiagnostic of the African diaspora, one thereby not only accounts for the lived-experience of Africana members, but also reveals the exogenous causes of mental disorders.

It is thus important to note that sociodiagnostics is also informed by Africana phenomenological practices. The best evidence of phenomenology playing a role in Fanon's psychiatric practice is his use of phenomenological suspension, or epoché. This is a practice where

non-evident matters or assumptions are suspended so that information can be seen in a different light. For instance, in "Social therapy in a ward of Muslim men: Methodological difficulties," Fanon and Jacques Azoulay ask, "How was a structural analysis possible if the geographical, historical, cultural and social frameworks were placed in parentheses" (FANON, 2018, p. 362). This question highlights how both men sought to bring socio-historical causes into the psychiatric framework through suspending *a priori* commitments to non-situational models. Unfortunately, there has been a neglect of phenomenology in contemporary psychiatry because it does not meet the criteria of scientific objectivity. As Sean Baumann argues:

> In current practice there appears to be a gulf between diagnostic explanations and a sufficient understanding of the predicament of the individual in a specific personal and social context…. Diagnostic explanations and meaningful understanding should not be considered dichotomous, but standard clinical practice and research programmes seem to disregard the need to integrate the two perspectives (BAUMANN, 2010, p. 114).

However, as argued previously, Africana phenomenology adds to the understanding of both to the lived-experience of blackness and depression. One cannot understand the socio-etiological causes of depression without first considering personal and situational contexts. Moreover, phenomenological techniques and concerns are not in themselves absent from forms of counseling or social models of depression. For instance, in the social model of depression, the environment plays an instructive role in provoking mental disorders. As Suman Fernando argues, "Treatment within this [social] model is to encourage strategies for self assertion and control over events—not a 'coming to terms' or changing cognitive sets: Identifying racism as the restrictive yoke which prevents patients from controlling their environment lead to ways of encouraging resistance and self assertion" (FERNANDO, 1984, p. 46).

Sociodiagnostics advocates for environmental restructuring because it has identified the socio-etiological causes of disease. Identifying racism as not simply an environmental stressor, but part of the psychosocial structure of Africana being allows for a clearer understanding of alienation. As Fanon argued previously with regards to the North African Syndrome, "Threatened in his affectivity, threatened in his social activity, threatened in his membership in the community-the North African combines all the conditions that make a sick man" (FANON, 1967, p. 13).

Given the significance the environment plays on mental well-being and disorder, one must note that structural change is a crucial component of sociodiagnostics. In analyzing the brutalities

of the colonial situation, Fanon aimed to not only accurately diagnose such an unhealthy environment, he also urged his patients to become *actional* and change their environment. However, as the community psychologist Derek Hook argues, "…the more people internalize oppression through various psychological mechanisms, the less they will see their suffering as resulting from unjust political conditions. At times, the internalized psychological oppression will almost completely obscure the political roots and dynamics of oppression" (HOOK, 2004, p. 128). In analyzing alienation, it thus becomes necessary to account for the acknowledgements and denials of those affected by both mental and political disorder. Thus, Fanon argues that: "Although I had more or less concentrated on the psychic alienation of the black man, I could not remain silent about certain things which, however psychological they may be, produce consequences that extend into the domains of other sciences" (FANON, 1986, p. 34). In order to understand the lived-experiences of antiblack racism and colonialism on the black subject, Fanon had to not only account for prevailing prejudices, but also account for associated environmental and socio-political dysfunction. Moreover, it became necessary to motivate individuals to restructure their environment. For Nigel Gibson and Roberto Beneduce this meant that "Fanon aimed not only to provide an analysis but in medical terms a 'lysis'— a destruction of this 'morbid universe' with its 'psycho-existential complex' and brutal social and economic realities" (GIBSON; BENEDUCE, 2017, p. 73). In applying sociodiagnostics to the lived-experiences of blacks, it then becomes important to detail the ways a lysis would be applied to black alienation.

Last, it is important to note that sociodiagnostics is a *transdisciplinary* psychiatric method. To diagnosis and treat depression for Africana subjects, one cannot simply rely on interdisciplinary or multicultural efforts. Multicultural training within psychiatry, whether through the study of racist attitudes, racial discrimination, microaggression, or race-based trauma, too often fails to account for the non-psychiatric methods of treating depression. As the Africana philosopher Lewis Gordon argues, "[A] teleological suspension of disciplinarity suggests a *transdisciplinary* movement, where engagement with reality may demand disciplinary adjustment, transcendence, or the construction of new disciplines. Teleological suspension demands being willing to go beyond one's disciplinary presuppositions for the sake of reality" (GORDON, 2010, p. 203). If environmental dysfunction is a cause of alienation, or exasperates its symptoms, then it is necessary to move beyond the discipline. Sociodiagnostics moves beyond psychiatry in arguing for socio-political action and environmental restructuring as conditions for well-being. Moreover, it is through

sociodiagnostics that one can then combat experiencing mental disorders as dysbeing. As Fanon wrote, "Hence we are driven from the individual back to the social structure. If there is a taint, it lies not in the 'soul' of the individual but rather in that of the environment" (FANON, 1986, p. 165).

2. Alienation-in-black

It is within tainted environments, or "disordered" socio-political arrangements structured by antiblack racism and colonialism, that alienation flourishes. For Fanon, both whites and *la nègre* (a French term meaning both "Negro" and "nigger") are affected by alienation. In the former, this alienation is caused by being enslaved to a superiority complex. In the latter, alienation is due to being enslaved by an inferiority complex. Fanon even states that *Black Skins*, *White Masks* represents the culmination of his seven years of psychiatric observations with regards to these types of alienation. However, what interests me here is black alienation. Fanon writes that, "In the man of color there is a constant effort to run away from his own individuality, to annihilate his own presence. Whenever a man of color protests, there is alienation. Whenever a man of color rebukes, there is alienation" (FANON, 1986, p. 42-3).

The most extreme cases of black alienation are those that internalize the disorder present within socio-political arrangements that are conditioned by racism and coloniality. With regards to black alienation, inferiority itself becomes ontological. Fanon argues that "We must see whether it is possible for the black man to overcome his feeling of insignificance, to rid his life of the compulsive quality that makes it so like the behavior of the phobic. Affect is exacerbated in the Negro, he is full of rage because he feels small, he suffers from an inadequacy in all human communication, and all these factors chain him with an unbearable insularity" (FANON, 1986, p. 35). One's presumed nonbeing and subordinate social location become confirmation of one's "bad" being, or pathological existence. In other words, instead of being beset by abnormal conditions, one becomes pathological or inferior. Black alienation, or dysbeing (bad being), thus is a more general symptom affecting the lives of Africana people due to the intertwining of medical, social and political orders. Influenced by the work of the Jamaican cultural theorist Sylvia Wynter, "dysbeing" tracks the symptomatic forms of alienation and pathology that results simply from being-black-in-the-world. As Wynter argues:

> The systemic inducing of black self-alienation, together with the securing of the correlated powerlessness of its African-descended population group at all levels of our contemporary global order or system-ensemble...[is premised on] our present sociogenic code or genre of being human and therefore from 'the unbearable wrongness of being,' of *désêtre*, which it imposes upon all black peoples and, to a somewhat lesser degree, on all white peoples (WYNTER, 2005, p. 118).

This "unbearable wrongness of being" is instituted through the systematic devaluing and dehumanization of Africana people. Insofar as slavery, colonialism, and racialized stereotyping have historically mapped on to black populations so too does "dysbeing" then seek to map the causes of these situations in the individual and group pathologies of Africana people. This global order thus re-situates socio-political projects and their adverse effects as being inherent defects of a people. In this way, Africana people are transformed from human beings facing problems into "bad" beings.

Black people afflicted with mental disorders are doubly burdened insofar as there is no acknowledgement of societal dysfunction exacerbating their symptoms or being the cause of their mental illness. Moreover, because such individuals do not adequately function in such unhealthy societies, mental disorders become markers of individual failing. However, by acknowledging that some of the dysfunction produced by antiblack racism and coloniality can deeply affect a subject's well-being, one can see how the problems faced by Africana people is recognizable as mental disorders. Moreover, the black individual's affective reactions to racism and racist environs are not only evident as psychiatric disorders, but is also present in interactions with psychologists and doctors. In other words, in a racist society, Africana people are situated as an object of diagnosis. As such, dysbeing engenders an anguished relationship to a world in which one has to live as "that-which-shall-be-diagnosed."

To be diagnosed or branded with a label of mental disorder even if one's individual actions are a direct or indirect response to the socio-political disorder affecting oneself is to face dysbeing. For Africana people can begin to internalize their mental disorder as something disorderly or pathological about their own functioning. For instance, "black melancholia" is a special case of dysbeing. Lewis Gordon also argues that:

> Euromodernity produced a special form of alienation through the transformation of whole groups of people into categories of "indigenous," "native," "enslaved,"

> "colonized," and "black." Such people suffer a unique form of melancholia (bereavement from separation), as they are indigenous to a world that rejects them by virtue of making them into problems. Their "home" is, unfortunately, a homeless one…. The African, in other words, struggles paradoxically, as do the African Diaspora, with being homeless at home (GORDON, Unpublished, p. 6).

As long as Africana people continue to live in a world predicated on antiblackness, they will continue to see the economic, political, and psychosocial problems they face be turned instead to evidence of their "bad" being. Such a form of melancholia is typical across the Afro-diaspora. However, this alienation is also seen within mood disorders. Sociodiagnostics thus allows one to examine the relationship between mood disorders and dysbeing for Africana people, while also being able to offer situational treatments. One way of thus seeing the radical possibilities of sociodiagnostics is examining how depression is experienced for Africana people that live in deranged and "disordered" socio-political arrangements.

3. A case of depression

Depression is conventionally understood as a mood disorder that causes persistent and severe feelings of despondency and loss of interest in previously rewarding or enjoyable activities. According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V), a diagnosis of Major Depressive Disorder must consist of either depressed mood or disinterestedness along with five (or more) additional symptoms, such as significant weight loss or weight gain, insomnia or hypersomnia, daily agitation or fatigue, diminished ability to think, excessive feelings of worthlessness or guilt, as well as recurrent suicidal ideation (APA, 2013, p. 30-31). These symptoms often present themselves as a persistent dysphoria that is not attached to any specific thought or preoccupations. This psychiatric diagnostic of depression, however, makes no mention of any psychosocial etiologies but rather relies on the discovery and discernment of distinct symptoms. It is true that the former Axis IV conditions of the DSM-IV dealt with a more holistic picture of illness rather than dealing with acute symptomology.[2] For instance, it focused on "…reporting psychosocial and environmental stressors that may affect the diagnosis, treatment,

[2] It must be noted that the current version of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V) has abandoned the multiaxial system (present in DSM-IV-TR) in order to eliminate the confusing distinctions between Axis I: Clinical Disorders, Axis II: Personality Disorders, and Axis III: Medical or Physical Conditions. Clinicians still evaluate psychosocial and environmental stressors, however, they do so without Axis IV.

and prognosis of mental disorders" (APA, 2000, p. 31). The categories the DSM highlighted are primary support group problems, social environment problems, educational problems, occupational problems, housing problems, economic problems, problems with access to health care services, and problems related to interaction with the legal system/crime. However, even this holistic approach to psychological health operates with an assumption that systemic disruptions do not fully account for socio-political disarrangements. Although, these factors might exacerbate psychological problems neither the DSM-V nor DSM-IV (Axis IV) connect such problems with forms of oppression, such as antiblack racism, nor do they provide a systematic analysis of how alleviating such problems might be integral to the treatment of mental illness.

With that being said, depression in both these manuals *is* characterized as a psychological disorder based on a symptomatic or minimal interpretation of mental illness. Under a minimal interpretation of mental health, disease is not a pathological process of the bodily system, but rather focuses on the perceivable characteristics, or symptoms, of mental disorders. Since the DSM model is based on a minimal interpretation, it is an appropriate point to begin with criticisms regarding the popular psychiatric notion of depression. According to Dominic Murphy:

> A minimal interpretation makes no commitments about the underlying physical structure that causes mental illness…. Minimalists treat diagnostic labels as useful heuristics rather than natural kind terms, whereas a strong interpretation commits psychiatry to a view of mental illness as a medical disease in the strongest sense, that of a pathogenic process unfolding in bodily systems (MURPHY, 2017, p. ?).

The current DSM-V thus treats the cluster of heterogeneous symptoms presented earlier as useful criteria for diagnosing Major Depressive Disorder. However, even though this view is not committed to mental illnesses being caused by "morbid anatomy" it remains non-situational by eschewing the cultural and socio-political causes of depression. Under a minimalist reading, depression is thus best understood through essential features or after-effects, namely outward signs of dysfunction. As Murphy argues, "The DSM concept of depression, on the face of it, lumps together different psychological and behavioral types in the same category. It does this because it neglects the diverse etiologies that may produce similar signs and symptoms" (MURPHY, 2017). By contrast, Africana phenomenology, in focusing on the lived-experience of Africana people, becomes an orientation that can lead to a fuller exploration of the full range of contributing

mechanisms that produce depression in Africana people, such as by revealing etiological causes that are socio-politically produced but that also produce similar signs and symptoms, as recorded in the DSM.

While recognizing the same outward effects delineated by the DSM, Africana phenomenology offers a political understanding of mental health in contradistinction to the apolitical diagnostics of the DSM. Under the "disordered" socio-political arrangement of an antiblack world, it is these same socio-political causes that result in mood disorders, including Africana depression. In order to understand the implications of such a view it is first necessary to make an Africana phenomenological examination of the body, consciousness, and "world" of Africana people. It will then become apparent that Africana depression not only has strong exogenous causes, but that it shifts or de-situates a black individual's orientation to an antiblack "world" due to one being conscious of one's alienation from the conditions of possibility and futurity. This alienation is due in part to a "historico-racial" schema that reduces, or rather over-determines, the humanity and agency of black people to their body. Moreover, I will argue that being conscious of this situation can result in depression. A foreclosed reality becomes part and parcel of mundane lived-experience in such a manner that it becomes internalized as "dysbeing."

Given the strong psychosocial connections between mental health and one's environment it is perhaps best to return to psychiatric definitions of depression within the *Diagnostic and Statistical Manual of Mental Disorders*. Major depressive disorder consists of either depressed mood or disinterestedness along with five (or more) additional symptoms, such as significant weight loss or weight gain, insomnia or hypersomnia, daily agitation or fatigue, diminished ability to think, excessive feelings of worthlessness or guilt, as well as recurrent suicidal ideation. What would it mean for a diagnosis of depression to treat psychosocial stressors as an integral component of the mood disorder? What if diagnosticians and practitioners moved beyond the psychosocial account provided by Axis IV in the DSM-IV-TR? One possibility is hinted at in a study by Gilman and colleagues that argues that Axis IV—the incorporation of psychosocial and environmental stressors into the prognosis of psychiatric disorders—should be enhanced due to its prognostic value:

> There exists a substantial evidence base to support the development of a more sophisticated Axis IV, one which would go beyond the simple presence or absence of events and incorporate both the nature of the stressors and context in which they

> occur. This might include distinguishing chronic from acute stressors, and identifying stressors that impact an individual's core identity or that individuals appraise as highly disruptive (GILMAN *et al*, 2013, p. 312).

Here it must be noted that the event-based configuration of Axis IV and the psychosocial and environmental problems assessed by Gilman and colleagues do provide some limitations. In examining fourteen factors—the death of someone intimate, serious illness, relationship failure, financial hardship or precarity, interpersonal conflict, police interaction, incarceration, etc.—Gilman and colleagues do not analyze structural issues impacting the lives of their participants. For our purposes, this is a critical lapse because in order to understand Africana—and perhaps ultimately all forms of—depression one has to see how psychosocial stressors such as institutions of structural degradation are intimately connected with antiblack racism. Given the heterogeneity of Africana experiences, the impact of psychosocial stressors is also variegated. However, since psychosocial stressors can be highly protracted and disruptive (such as with racialized violence), then perhaps stressor is not the correct word. For if antiblackness is a structure and not an event, then psychosocial "stressors" do not only initiate and/or exacerbate mental disorder they can also be seen as part of the racialized affects and experiences particular to Africana subjects. In this way, rather than being simply a psychosocial stressor, antiblackness can actually serve as a psychosocial structure of the lived-experiences of Africana people.

How then to understand this psychosocial structure? I have argued elsewhere that this structure can be understood through the concept of situatedness (*Befindlichkeit*). In particular, I have argued that, "De-situatedness…captures the ground of experience for Africana people in antiblack environments" (MIRANDA, 2018). Turning to the works of Matthew Ratcliffe and Anthony Vincent Fernandez will here be helpful insofar as both thinkers employ phenomenology to understand depression as being intimately connected with de-situatedness. For Ratcliffe, depression is a fundamental shift in mood. As such, his positive account argues that depression is the result of a degraded shift in mood (*Stimmung*) with consequences for one's situatedness (*Befindlichkeit*). Both Ratcliffe and Fernandez illuminate the connection between depression and situatedness by drawing on ideas from Martin Heidegger. With regard to situatedness, Fernandez states:

> *Befindlichkeit* is, for Heidegger, an essential structure of human existence. That is to say, being always already situated in the world is a fundamental, categorical

> characteristic of human existence. This situatedness, however, is always manifest through some *Stimmung*, some mood or other. Situatedness, then, can be understood as the category (existential) that includes any and all moods, or particular ways of being attuned…. [Each mood] plays the role of situating us in the world. In light of this, it is situatedness in general that makes up an ontological structure of human existence (FERNANDEZ, 2014, p. 600-1).

In this respect, both Ratcliffe's and Fernandez's account relies on a pre-given sense of the "world," since all human individuals are situated within a world. However, how one experiences one's situatedness in the world is dependent upon one's particular mood or capacity to feel moods. For Ratcliffe, depression is not a situating mood. Instead, it is experienced as an erosion of moods. For instance, in depression, feelings of happiness, joy and sadness are instead transformed into indistinct blobs incapable of eliciting their previous pull of excitation. This incapacity or degraded capacity to experience moods fundamentally affects one's relationship to the world. As Ratcliffe states:

> [T]he "world," in this sense, is not an explicit object of experience or thought but something we already "find ourselves in," something that all our experiences, thoughts and activities take for granted…. [However, this] ordinarily pre-reflective sense of "belonging to a shared world"…is altered in depression…[since it] involves a change in the kinds of possibility that are experienced as integral to the world and, with it, a change in the structure of one's overall relationship with the world (RATCLIFFE, 2015, p. 2).

Depression thus involves the fundamental disturbance of what we can experience in ways that are "seldom reflected upon and poorly understood" (Ratcliffe, 2015, p. 10). For Ratcliffe, it is misleading to characterize depression as sadness or melancholy—as these are themselves just general moods that color our sense of situatedness. Depression is rather the erosion of mood itself and with it our ability to sense that we belong to a shared world. However, this ordinary sense of "belonging to the world" is not apparent for Africana people.

Take for instance the fact that many Africana people have no sense of their being able to bring about significant changes to an antiblack world, then their mood can erode. In this case, not only is there an erosion of mood there is also an exaggerated sense of one's lack. In an environment that constantly degrades and dehumanizes one such alienation can all too easily lead to depression. In speaking of the loss of hope experienced in depression, Ratcliffe states, "Insofar as something is pointless and also inevitable, passive hope is equally unsustainable. Where something is

inevitable, nobody can act so as to avoid it; alternative possibilities are absent…. The future is there, but it offers nothing of the kind that would allow one to form hopes" (RATCLIFFE, 2015, p. 112-13). When the future or the world is seen as inevitably meaningless and with no significant possibility, then there is almost a doomed certainty that only bad happens. However, this existential erosion of hope is not only experienced in Africana depression, it has the added effect of being an actual project of an antiblack world. This type of socio-political disarrangement constantly seeks to produce futures that are hopeless for black people. In this sense, de-situatedness is the ordinary form of situatedness (*Befindlichkeit*) for Africana people.

Moreover, if one takes a look at the Heideggerian conception, which influence both Ratcliffe and Fernandez above, depression seems to function as a ground mood. Ground moods in Heidegger's work are also known as fundamental attunements: "Attunements are the fundamental ways in which we *find* ourselves *disposed* in such and such a way. Attunements are the '*how'* [*Wie*] according to which one is in such and such a way" (HEIDEGGER, 2001, p. 67). As such, ground moods are ontologically revelatory. For the de-situated Africana subject, could one then not say that depression is one of the main or fundamental attunements in finding oneself living an antiblack world?

Here it is perhaps best to look at Heidegger's examination of anxiety in *Being and Time* due to the centrality of anxiety undertaken in the book. As Fernandez argues, "Anxiety falls into Heidegger's category of ground moods [*Grundstimmungen*]. These moods are foundational, disclosing the world in such a way that they both open and constrain the possible range of meaning, significance, and feelings that can manifest within the world" (FERNANDEZ, 2014, p. 598). As such, attunements are not mere emotional events or states but rather ways of being that disclose one's being-in-the-world. In other words, anxiety detaches one from an ordinary sense of belonging such that one experiences one's life as indeterminate and without coordinates. It is for this reason that Heidegger argues that, "In anxiety one feels *'uncanny.'* Here the peculiar indefiniteness of that which Dasein finds itself alongside in anxiety, comes proximally to expression: the 'nothing and nowhere.' But here 'uncanniness' also means 'not-being-at-home' [*das zuhause-sein*]" (HEIDEGGER, 2008, p. 233).

Heideggerian anxiety is in some ways uncannily similar to de-situatedness. For instance, when thinking of depression one can easily think of the statement by Lewis Gordon that "black melancholia…is the condition of being rejected by the world to which black people are indigenous

(Euromodernity)" (GORDON, 2017). This not-being-at-home is particularly relevant for Africana people. Moreover, it would seem appropriate to categorize depression as a fundamental attunement for Africana subjects given the preponderance of de-situatedness. However, if depression were defined phenomenologically as the experience of de-situatedness from the world, would it not then hold that all black people are depressed most, if not all, of the time? In other words, if one were to use this phenomenological approach to diagnose depression, would not all Africana people be depressed? If that is not the case, we need a different, or at least additional, set of diagnostics that have a different relationship to existential experience and feelings about the world.

In an earlier work, Ratcliffe argued that depression and Heideggerian anxiety have many similarities: "Severe depression can involve a radical transformation of the ordinarily taken-for-granted sense of belonging to a world, where the usual sense of things as practically significant is gone from experience. In addition, both depression and Heideggerian anxiety involve not only a loss of possibilities but also a conspicuous awareness that something has been lost" (RATCLIFFE, 2013, p. 172). Under this account, depression is a ground mood because it radically discloses and forecloses a sense of belonging and possibility for an individual.

However, what is distinctive about Ratcliffe's later phenomenological account of depression is its ability to incapacitate. Depression is fundamentally defined by the eroded capacity to feel moods. Thus, if depression is not identical with Heideggerian anxiety, even though they share many similarities, how do we rethink Africana depression beyond its etiological causes? One must begin to perceive how depression, as an eroded capacity to feel moods, is connected to de-situatedness, an eroded sense of belonging, within Africana experience.

At the same time, this connection reveals that de-situatedness is not fundamentally determining even as it remains a pre-reflective structure of experience or psychosocial structure. Rather de-situatedness and eroded moods are coterminous but neither synonymous nor equivalent. As mentioned previously, Ratcliffe argues that depression erodes one's capacity to feel moods thereby altering one's sense of belonging, whereas Fernandez argues that depression alters one's state of situatedness thereby eroding one's capacity to feel moods. Both theories fail to account for the structural de-situatedness that marks the "everyday experience" of Africana subjects. For Ratcliffe, this failure to account for structural de-situatedness result in an inability to see how Africana de-situatedness is an achievement of an antiblack world and not simply the result of eroded moods. For Fernandez, this results in a misreading of de-situatedness as being equivalent

with depression. Thus, when Fernandez states, "Many people diagnosed with depression are, in a sense, de-situated" he fails to recognize that many Afro-diasporic people who are de-situated are not depressed (FERNANDEZ, 2014, p. 605). This means that even de-situatedness can cultivate a range of responses within individuals to depressing circumstances. It is perhaps best then to see de-situatedness then as a "first cause," following the work of Nassir Ghaemi.

A "first cause" reflects an underlying structure, such as genetics or early life environment, which makes one susceptible to depression, whereas an "efficient cause" describes a triggering event, such as those detailed by Axis IV of the DSM-IV. Here it is necessary to quote Ghaemi at length. He argues:

> The first cause is *necessary* for later depression though not *sufficient*; it usually is not enough to lead to the actual depressive episodes of adult life. The efficient causes are not *necessary*—depression can occur without them, and the same life events occur without depression in other people, and even in the same person they do not invariably produce depression—but they sometimes are *sufficient*: in some persons they can lead to depression whenever they occur. So first causes are necessary but usually not sufficient; efficient causes are often sufficient but not necessary. One usually needs both, and neither alone is *the* cause of depression (GHAEMI, 2013, p. 16)).

Here I would argue that de-situatedness, cultivated by antiblackness and coloniality, remains a "first cause" of depression. Racialized violence, as well as other psychosocial stressors, are "efficient causes" of depressive episodes. As Ghaemi would argue, it is a common, but tragic mistake to see efficient causes as *the* cause of depression. Rather it is only when the two are taken together that one gets an accurate picture of Africana depression. For instance, an Africana subject who constantly experiences slurs and microaggressions may live in an environment that is thoroughly inflected by disorder. It is through this lived-experience of racism within an antiblack world that transforms one's capacity into an inability to experience moods. This transformation is, however, manifested uniquely by an individual. As Fanon argues, "The neurotic structure of the individual is simply the elaboration, the formation, the eruption within the ego, of conflictual clusters arising in part out of the environment and in part out of the purely personal way in which the individual reacts to these influences" (FANON, 1986, p. 81). De-situatedness although necessary, insofar as it acts as a psychosocial structure, is not sufficient. This is due in part, because an individual is confronted by discrete experiences that are distinct and non-identical to others. To

that end, my model of structural de-situatedness is always cognizant of the unique, existential choices that Africana people face by the ever-present possibility of depression.

In this sense, one can understand Africana depression as operative through the psychosocial structure of de-situatedness. The de-situated subject experiences non-belonging in the world, but this does not automatically translate into periods of dysfunction or mood erosions. A depressed subject might enact performances to regain a sense of belonging and normality. Or a subject may still vigorously try to collapse the disorder present in socio-political orders so that depression is only recognizable as a personal dysfunction. Moreover, some depressed subjects may still experience an erosion of moods, while maintaining a healthier metastable relationship to their mood disorder. This then is the radicality of Africana depression. Not all forms of depression are indicative of dysfunction or mental illness: "Illness situates the patient in a world in which his or her freedom, will and desires are constantly broken by obsessions, inhibitions, countermands, anxieties" (FANON, 2018, p. 497). Africana depression, insofar as it tied to black alienation and "disordered" social structures, can also be an acknowledgement of a reality which has to be overcome.

4. Reanimation

Thus, by utilizing sociodiagnostics, one is able to not only trace the socio-etiological causes of depression, but is also able to understand the triadic connection between black alienation, social structures, and the mental state of Africana people. At the same time, Fanon was also immensely concerned with disalienation. In fact, *Black Skin, White Masks* was originally titled "An Essay for the Disalienation of Blacks." For Fanon, disalienation was also necessarily a process of reanimation insofar as it consisted precisely in assisting colonized people to become actional, while also restructuring society. The psychiatrist's job is thus twofold. Recovery or "repossession" is only accomplished once Africana people are capable of social participation and transforming the material and cultural conditions of their world: "There will be an authentic disalienation only to the degree to which things, in the most materialistic meaning of the word, will have been restored to their proper places" (FANON, 1986, p. 11-12). Fanon demands the reordering of society, not only because this goes directly against the mandates of colonial psychiatry, but also because wellness cannot be achieved in a dysfunctional environment. This is why this reordering can never

be confused with adapting patients to an ill society. Fanon does not demand for re-socialization even when, "Society asks the psychiatrist to render the patient able again to reintegrate into society" (FANON, 2018, p. 517). For if the psychiatrist aims to reintegrate colonized people to colonial orders this would simply amount to further acculturation to a racist society. To understand the colonial world, the antiblack world, or the modern world requires that psychiatrist perceive the vast derangement and unfreedom undergirding such structures. Without this perception, psychiatrists further fail to treat mental disorders. The dysfunction that must be treated is not only of the patient, but also of the world. Fanonian sociodiagnostics is thus a psychiatric model for past, present and future times.

References

ADAMS, Paul. "The Social Psychiatry of Frantz Fanon." *The American Journal of Psychiatry* 127, no. 6 (1970): 809-814.

ALEXANDER, Amy and Alvin POUSSAINT. *Lay My Burden Down: Unraveling Suicide and the Mental Health Crisis among African-Americans*. Boston: Beacon, 2000.

AMERICAN PSYCHIATRIC ASSOCIATION. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR). Arlington, VA: American Psychiatric Publishing, 2000.

——. *Diagnostic and Statistical Manual of Mental Disorders* (DSM-V). Arlington, VA: American Psychiatric Publishing, 2013.

BAUMANN, Sean. "The Problematic Neglect of Phenomenology in Contemporary Psychiatry." *South African Journal of Psychiatry* 16, no. 4 (2010): 114-116.

FANON, Frantz. *Toward the African Revolution: Political Essays*. Translated by Haakon Chevalier. New York: Monthly Review, 1967.

FANON, Frantz. *Black Skin, White Masks*. Translated by Richard Philcox. New York: Grove, 1986.

FANON, Frantz. *Alienation and Freedom*. Translated by Steven Corcoran. London: Bloomsbury Academic, 2018.

FERNANDEZ, Anthony Vincent. "Depression as existential feeling or de-situatedness? Distinguishing Structure from Mode in Psychopathology." *Phenomenology and the Cognitive Sciences* 13, no. 4 (2014): 595-612.

FERNANDO, Suman. "Racism as a Cause of Depression." *International Journal of Social*

Psychiatry 30, no. 1-2 (1984): 41-49.

GHAEMI, Nassir S. *On Depression: Drugs, Diagnosis and Despair in the Modern World*. Baltimore: Johns Hopkins University Press, 2013.

GIBSON, Nigel and Roberto BENEDUCE. *Frantz Fanon, Psychiatry and Politics*. London: Rowman & Littlefield, 2017.

GILMAN, Stephen; TRINH, Nhi-Ha; SMOLLER, Jordan; FAVA, Maurizio; MURPHY, Jane; BRESLAU, Joshua. "Psychosocial Stressors and the Prognosis of Major Depression: A Test of Axis IV." *Psychological Medicine* 43, no. 2 (2013): 303-316.

GORDON, Lewis R. "Theory in Black: Teleological Suspensions in Philosophy of Culture." *Qui Parle: Critical Humanities and Social Sciences* 18, no. 2 (2010): 193-214.

GORDON, Lewis R. "Interview with Lewis Gordon." *Magazine International*, January 21, 2017.

GORDON, Lewis R. "On Philosophy, from Africana Philosophy." Unpublished.

HEIDEGGER, Martin. *The Fundamental Concepts of Metaphysics: World, Finitude, Solitude*. Translated by William McNeill and Nicholas Walker. Bloomington; Indiana UP, 2001.

HEIDEGGER, Martin. *Being and Time*. Translated by John Macquarrie and Edward Robinson. New York: Harper, 2008.

HOOK, Derek. "Frantz Fanon, Steve Biko, 'psychopolitics' and critical psychology." *Critical Psychology*, edited by Derek Hook, Anthony Collins, Nhlanhla Mkhize, Peace Kiguwa, Ian Parker, and Erica Burman. Lansdowne, South Africa: Juta Academic Publishing, 2004, 84-114.

JAMESON, Frederic. "Third-World Literature in the Era of Multinational Capitalism." *Social Text* 15 (1986): 65-88.

MIRANDA, Dana Francisco. "Africana Philosophy and Depression," *The APA Blog: Black Issues in Philosophy*, edited by Lewis R. Gordon. Fall 2018.

MURPHY, Dominic. "Philosophy of Psychiatry." *The Stanford Encyclopedia of Philosophy*, edited by Edward Zalta. Spring 2017.

RATCLIFFE, Matthew. "Why Mood Matters." *The Cambridge Companion to Heidegger's Being and Time*, edited by Mark Wrathall. Cambridge, UK: Cambridge University Press, 2013, 157-76.

RATCLIFFE, Matthew. *Experiences of Depression: A Study in Phenomenology*. Oxford: Oxford University Press,

2015.

WYNTER, Sylvia. “On How We Mistook the Map for the Territory, and Re-Imprisoned Ourselves in Our Unbearable Wrongness of Being, of *Désêtre*: Black Studies Toward the Human Project.” *Not Only the Master's Tools: African American Studies in Theory and Practice,* edited by Lewis R. Gordon Jane Anna Gordon. New York: Routledge, 2005, p. 107-171.

Accepted for publication on October 10, 2020