

# Commentary: On Skin Bleaching and Lightening as Psychological Misorientation Mental Disorder

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## Abstract

Skin bleaching and skin lightening behavior (SBSLB) is shown to be psychological misorientation mental disorder. The concepts of mental disorder and psychological misorientation are explained. SBSLB is integrated into the African-centered culture-specific Azibo Nosology of mental disorders (Azibo, 1989). Therapy of an African-centered nature is recommended for persons afflicted with SBSLB disorder.

**Keywords:** Azibo Nosology, psychological misorientation, skin bleaching, skin lightening

The purposes of this article are to first establish skin bleaching and lightening behavior (SBSLB) as a mental disorder of the psychological misorientation type and second to integrate it into the Azibo Nosology of mental disorders peculiar to African descent persons (ADP).

## **On Psychological Misorientation**

Historically introduced by Baldwin (1976), the psychological misorientation construct (Kambon, 1996) has received attention and great currency in the annals of culture-specific psychopathologies afflicting ADP from its promulgation in the Azibo Nosology (Anderson, 2003; Anderson & Stewart, 2007; Atwell & Azibo, 1991; Azibo, 1989, 2006; Belgrave & Allison, 2006; Harrell, 1999; Schultz, 2003). Psychological misorientation refers to the overt and cognitive behavioral orientation to reality that derives from ideation itself when said ideation is based in Eurasian concepts, beliefs, and definitional systems. Literally, the body, pre-bleached of course, may be black, but the mind is not. Thus we may speak of ADP afflicted as “genetic Blackness minus psychological Blackness [psychological Africanity]” (Azibo, 1989, 183). Since people proceed as they perceive, so to speak, a cognitive definitional system comprised of or dominated by Eurasian elements can only orient ADP as if they were said Eurasians. ADP negotiating reality with a Eurasian-centered psyche is how orienteering to defend, develop, and maintain African life, culture, and *phenotype* is precluded and militated against. Simultaneously, ADP possessing a Eurasian-centered cognitive definitional system are oriented to reality in a manner that sustains, defends, and actualizes Eurasian socio-cultural behavior even if it is subtly or blatantly anti-African. An example of such behavior is skin bleaching and lightening behavior (SBSLB). It is one upshot of psychological misorientation out of many. And, psychological misorientation is mental disorder.

## **On Mental Disorder**

When interpreting or evaluating a given behavior as psychopathological or inappropriate or not, culture is the lynchpin. A given behavior may be seen as appropriate or inappropriate depending upon the cultural perspective employed. SBSLB is a case in point. In Eurasian cultures, SBSLB by ADP may be construed as nonpathological individualism. Also, since themes like “West is

best”, “White is right”, and “African is inferior and repulsing” pervade Eurasian cultures, any movement by ADP that approximates Eurasian orientation and gains distance from an African orientation is seen as normal or acceptable behavior from prevailing Eurasian-centered perspective.

However, centered African culture (Azibo, 1992) stands on the two principles of universal mental health and organismic survival maintenance propensity (see Azibo, 1996). The former states that all life forms must tend to preserve themselves as a priority. The latter ascribes normalcy to ADP only when their behavior is maintaining of the “self” conceptualized Africentrically as “extended” to include the corporate collective of living ADP, yet-to-be-born progeny, and ancestors. This is a veritable vertical and horizontal self-extension. Perforce, behavior that under Africentric cultural interpretation is found not to reflect prioritization of the defense, development, and maintenance of African life and culture can only be interpreted as abnormalcy. Azibo’s analyses (Azibo, Johnson, & Robinson, 2007; Azibo & Robinson, 2004) revealed the paradox that quotidian African-U.S. racial identity development qualifies for this abnormalcy. It is not a paradox, however, that when mental health functioning as reflected by Africentric conceptualizing pervades African civilizations, they fare better (Azibo, 1999).

The abnormalcy attribution for behavior of this sort is doubled when the behavior actually attacks African life and culture. I maintain that SBSLB is accurately interpreted as a *profound* attack on genetic blackness and by extension ADP. Removal, erasure, and making less ADP’s biogenetic blackness are behaviors that literally and essentially wipe it out phenotypically. Frankly, this means that *psychologically* the bleacher or lightener has deliberately eliminated, discarded, shed, and *killed* her or his genetic blackness. In gangster terms, genetic blackness is “rubbed out” (murdered) by SBSLB. Thus, SBSLB is equivalent to participation in own-race murder. As such, it qualifies as an attack on ADP. Since it is participating in own-race maintenance that is the sine qua non of mental health (Azibo, 1989, 1991, 1996), the profound own-race destruction and disparaging that underlies SBSLB qualifies it as mental disorder.

Another justification for applying the abnormalcy attribution to SBSLB is the “harmful dysfunction analysis” which posits mental disorder

when the individual lacks an ability that human beings are designed to possess ... *a person ought to be able to do something if the person would be able to do that thing if the person's mental mechanisms were functioning as designed.* (Wakefield, 1997, 252-253, original emphases)

Theory (Azibo, 1989, 1991; Khoapa, 1980) and the universal mental health and organismic survival maintenance propensity principles (Azibo, 1996) say that ADP are designed to possess the race-maintenance function. It simply is something ADP “ought to be able to do”. However, this is not the case overwhelmingly (Azibo, 2010b; Baruti, 2005) due to the disruption of African civilizations by Eurasians, not happenchance or innate African inferiority. The race-maintenance and harmful dysfunction criteria for abnormalcy attribution establish SBSLB as mental disorder. Also, all abnormal psychology textbooks list harm to ones self or others as criterion for abnormal behavior.

## **On Bleaching and Lightening the African Skin**

But for faulty responding to Eurasian domination by ADP, SBSLB would not exist in continental or diasporan African societies. This position is supported by the fact that no SBSLB as it occurs today has been documented in pre-colonial, pre-enslavement, or maroon ADP. Something has gone awry, completely haywire in how modern-day ADP see themselves. It would seem a mental health imperative for ADP to “recognize the absolute priority ancient Afrikans gave to Black and blackness ... [such] that black or dark-blue skin was a divine attribute” (Baruti, 2005, 168). This is doubly so for bleachers and lighteners. Skin bleaching and skin lightening behavior committed by ADP shall be conflated in this article. Defined here as the serious contemplation about (specifically, entertaining the idea three or more times) or the deliberate alteration of one's phenotypic skin pigmentation to a hue that is less dark by any nonmedical or potentially dangerous means (chemical, biological, nutritional, etc.), SBSLB by ADP today is likely *rooted* in the *Destruction of Black Civilizations* (Williams, 1976) which begot the Maafa defined as the horrific experience of colonization, enslavement, and their aftermaths (Ani, 2004). The behavior, then, is not at all reflective of personal agency or idiosyncrasy of an African descent individual. Stated differently, SBSLB is far less an individual doing his or her own thing and far more a tragically pathetic, yet psychologically explainable, Maafa-borne reaction.

The reaction is probably compensatory for feelings of inadequacy and inferiority which beset new world (Jennings, 2003) and old world (Chinweizu, 1987; Khoapa, 1980) ADP. Welsing (1991), Wilson (2000), and Azibo (Azibo, 2007; Azibo & Jackson, 2004) point out the dysfunction inherent in African-U.S. people's usage of psychological defense mechanisms under Eurasian supremacy domination. Whatever share of SBSLB that does not involve psychological defensiveness probably involves individual self-hatred and/or race-hatred of ADP. In both cases, the base motivation is inappropriate and psychopathological.

It is the job of psychologists and mental health workers to examine the motivational basis for a behavior to evaluate its appropriateness/inappropriateness. In general, the evaluation of appropriateness or not of a given behavior that comes from the mental health profession is preeminent to that of lay society and popular culture. Suppose quantitative and qualitative research provides data on persons who in their own self-conception and self-reports or as indicated by psychological tests appear quite "normal" but, for example, also are without any appetite for food, or with insatiable appetite for food and constant vomiting after eating, or self-mutilators (cutters and so on). The attributions of abnormalcy, pathology, and inappropriateness hold sway, not the attribution from data compiled in research that "these-people-are-normal." Why would SBSLB be any different with regard to which attribution should hold sway, the one of inappropriateness/disorder from the African-centered mental health analysis versus the "these-people-are-normal" from the lay society or popular culture analysis?

Within every culture one might find as an exception an individual who is radically out of step with his/her culture regarding a given behavior(s). The notion that there may be individual bleachers or lighteners who engage in the behavior out of just such an idiosyncrasy and therefore their behavior can be regarded not as inappropriate or pathological, but as "normal", appropriate, or acceptable can be dismissed readily. The behavior of so-called "odd duck" persons or persons marching to their own drum, so to speak, is evaluated as not mentally ill so long as it is not anti-self/anti-African in motivation or actuality and is neither harmful to maintaining African civilization nor the African individual himself or herself. Harm to one's self or others is listed as a criterion for abnormalcy in every abnormal psychology textbook. These principles would appear reasonable (Azibo, 1989, 1996). Fathoming ADP who bleach or lighten without violating these principles does not seem possible, especially in light of the reactive status of SBSLB as occurs under Eurasian domination of Africans.

Like suicide is a category of behavior that ADP are forced or programmed into even though it appears to be her or his individual choice (Wright, 1985, 16-22), so too is SBSLB. Since the Eurasian has specified the environment in which ADP live, they or their civilization, not ADP, are responsible for behavior that emanates from it. In this light, SBSLB is one of a category of behaviors *set aside* or *predetermined* for ADP as they adjust faultily to the anti-African hostility that imbues the ecosystem under Eurasian domination. Like hair misorientation mental disorder (Imarogbe, 2003), which is the “conscious and/or unconscious fear, anxiety, shame and/or insecurity about embracing one’s African ancestry expressed by reactions to hair” (213) inferable from “(1) altering or hiding the natural texture of the hair, (2) engaging in risky or dangerous behavior in the process .... and (3) discriminating against others [of African descent] based on the texture or length of their hair” (201), embodies a pro-Eurasian and an anti-African aesthetic about hair, so too does SBSLB regarding the African skin *by definition!* The point cannot be overstated that when SBSLB occurs it is not idiosyncrasy, but a nefarious accomplishment of the anti-African ethos of Eurasian civilizations.

Admittedly, there is a possibility that some ADP who bleach or lighten may do so without pathological motivation. They simply do not know any better because a mental commitment to *prioritizing* the defense, development, and maintenance of African life and culture (i.e., psychological Africanity) was never developed to minimal adequacy in them. It is not their fault either because psychological Africanity was not taught in the schools or religious institutions, transmitted by parents and adult socializing agents, nor programmed in the popular culture. Psychological Europeanism, psychological Arabism, and other non-African psychological orientations, however, are propagated and learned throughout vast populations of ADP. Since all things African are so thoroughly disregarded worldwide in non-African civilizations, many ADP have a racial group identity void that is readily filled by other human social orientations (psychological Europeanism, Arabism, and so forth). Thus, ADP with low levels of psychological Africanity could commit SBSLB as defined above, but not driven by self-hatred or defensiveness and without conscious awareness of any problematic socio-cultural issues inherent in SBSLB. Whenever this is the case, the behavior is still inappropriate as it is driven by a psyche diminished or empty of psychological Africanity and composed of other human social orientations, many of which are anti-African. By analogy, imagine an “independent” woman “doing her own thing”, perhaps the oft mentioned “strong Black woman” (Curry, 2005), whose psyche pertaining to “womanhood” or “female” has been informed only by or is predominated by societal sexist concepts. She de facto commits

anti-woman behaviors, which in her self-conception are normal and appropriate, such as in acquiescing to roles promoted by said sexist thinking. Can her anti-woman behavior, including the transmission of the mindset to her offspring, be classified as appropriate?

## **Concluding Remarks: Integrating SBSLB into the Azibo Nosology**

It seems that in every fathomable scenario of SBSLB it is accurately adjudged as inappropriate, abnormal, and pathological. Further, I contend that pathological motivation will underlie most SBSLB by ADP, specifically psychological misorientation. Living under Eurasian domination has severely undercut the ability of ADP to orienteer in their own interests and SBSLB is a side effect and symptom that reflects psychological misorientation mental disorder. Thus, very little emphasis should be placed on the hoopla surrounding celebrity bleachers and lighteners like Sammy Sosa, Michael Jackson, and others. Instead, the hoopla should be spun as examples of attacks on African-centered consciousness (Azibo, 2010a).

SBSLB itself should be treated and conceptualized as one more of the 18 psychological misorientation mental disorders originally presented in the *Azibo Nosology* (Azibo, 1989) which is a *system* for diagnosing mental disorders of an African-centered culture-specific nature in ADP. Specifically, the nonesuch Azibo Nosology details the systematic personality disorganization that occurs in the necrosis of psychological Africanity, a subject ignored in the Western-based *Diagnostic and Statistical Manual* (DSM) and the *International Classification of Diseases* (ICD) nosologies. It is free-standing and based in African-centered personality theory as well as the African-centered mental health definition provided by Azibo (1996). To detail the Azibo Nosology here cannot be accomplished any more than detailing the DSM or ICD could. The unfamiliar reader might consult the primary references (Azibo, 1989, 1996) and case studies that support the Azibo Nosology's validity and indispensability in psychologically assessing and treating ADP (Abdullah, 1998; Atwell & Azibo, 1991; Denard, 1998) and Africana-focused textbooks (Anderson, 2003; Anderson & Stewart, 2007; Belgrave & Allison, 2006; Harrell, 1999) that discuss it. The remaining discussion can be followed without technical familiarity, but presupposes it.

SBSLB will be formally added as a disorder in the Azibo Nosology II (a forthcoming update of the original). SBSLB was defined earlier as the serious contemplation (specifically, entertaining the idea three or more times) about or the deliberate alteration of one's phenotypic skin pigmentation to a hue that is less black or less dark by any means (chemical, biological, nutritional, and so on) that may be dangerous or not for any reason other than a verified medical one. This definition contains all the criteria necessary for a diagnosis. Future research and case studies may lead to refining the criteria (elaboration of symptoms) and perhaps distinguishing levels and types of SBSLB. What is certain in the present analysis is the disabusing of the idea that SBSLB can be conceptualized as anything other than mental disorder deriving from predisposing psychological misorientation mental disorder.

The formal name of this disorder shall be *skin bleaching and skin lightening behavior disorder*. Mentacide (Azibo, 1989; Olomenji, 1996) makes up the etiology of SBSLB disorder because SBSLB disorder is a pure product of systematic and deliberate stratagem (of Eurasian civilizations) to destroy the minds of ADP with the intent of an eventual extirpation of them (definition of mentacide taken from Wright, 1979). In the Azibo Nosology alienating versus peripheral mentacide is distinguished. Whenever SBSLB disorder is manifested, perforce is alienating mentacide (a cognitive divorce or separation between individual me-myself-I consciousness and collective we-us/all-us-we race consciousness or at least a devaluing of the latter). There appears as well a real possibility that SBSLB disorder might also be correlated with peripheral mentacide (discombobulation of the general aspects of personality that do not involve racial identity).

The nature of SBSLB disorder also suggests the alien-self, anti-self, and self destructive disorders (Azibo, 1989, 2006) may be involved etiologically. All three may be present in some individuals with SBSLB disorder, but not necessarily as either alien- or anti-self disorder alone could underlie it. While alien-self is likely always present with SBSLB disorder, the hurtfulness to ADP embodied in the behavior suggests involvement of classic, deeply rooted anti-self (Akbar, 1981) mentality also.<sup>1</sup>

It is recommended that whenever SBSLB is detected, the individual be referred for treatment to a mental health worker who employs the Azibo Nosology for diagnosis and an African-centered gestalt for the treatment of ADP (Azibo, 1990). There are two recommendations that the gestalt of the mental health

worker tackling SBSLB disorder include. First, the perspective that Ausar (indigenous Kemetic name of Osiris), the model upon which the present-day concept of the Christ was built (Barashango, 1982; ben-Jochannon, 1973, 1974, 1978; James, 1976; Massey, 1886; Onyewuenyi, 2005), was presented by the Ancients as “the Lord of the Perfect Black” implicates the criticality of melanin/biogenetic blackness to human nature, especially the higher parts thereof (Bynum, 1999; King, 1979, 1990; Moore, 1995, 2002). Second, physical blackness is a critical component of the racial identity/psychological Africanity of ADP (Thompson, 1995, 2001, 2006). To disparage physical blackness so or to be so nonchalant about it as to bleach or lighten is a 180° turn from the Ancient conceptualization. It is an aberrancy that must be purged with high priority worldwide.

## Notes

<sup>1</sup> Empirical findings that implicate distinguishing classic versus veneered anti-self mentality as well as alien-self mentality being a more problematic condition than anti-self have been reported (Azibo, 2006).

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