

The Azibo Nosology: An Interview with Daudi Ajani ya Azibo



The following interview was conducted in September 2014 by Itibari M. Zulu, senior editor of *The Journal of Pan African Studies* with Daudi Ajani ya Azibo, Ph.D. (pictured above), a nationally recognized expert in African-centered Psychology and the creator of the Azibo Nosology, a diagnostic system of mental disorders directly linked to African-centered personality theory.

JPAS: Thank you for this interview on the dynamics of the Azibo Nosology, an organized system for diagnosing disorders or pathologies of the African personality.

DAYA (Daudi Ajani ya Azibo): It is my pleasure and honor.

JPAS: For those who may not be familiar with you and your work within the field of African-centered psychology, can you please provide our readers with a brief biography, a report on how you came to the field of African-centered psychology, and more specifically, how you became involved in African-centered personality theory development?

DAYA: For an extensive account of my background and paths to African-centered psychology, see Daudi Azibo, Ph.D: Distinguished psychologist. In R. L. Williams (Ed.), *History of the Association of Black Psychologists: Profiles of Outstanding Black Psychologists*. New York: AuthorHouse. In brief, as an undergraduate at Rider College I began research looking into why my peers were flunking out of college at high rates. I wanted to do something about it. Psychology seemed to come natural to me and provided a way of addressing that problem and many problems that beset the African descent person (ADP).

I undertook doctoral studies in psychology at Washington University in St. Louis where I was formally introduced to African-centered perspective. There I became convinced that the African personality construct was the psychological vehicle for setting afoot the new African. So, my first three empirical research studies as a graduate student from 1979-1983 systematically investigated (1) sources of intrinsic motivation that correlated with the African personality, (2) just for which ADP was “Black beautiful” and (3) which ADP would behave in a “race-first” way that defended and developed ADPs. This third study was my dissertation. African-centered personality theory and *theory-derived empirical research* has been my focus ever since. It all derived from motivation to make life better for ADPs as a life’s imperative.

JPAS: What was your thinking that informed the original the Azibo Nosology?

DAYA: I had an aha moment while yet still a graduate student studying scores of works about the African personality/racial identity. It became clear that although the various scholars were writing from different psychological frameworks, each had a piece of the picture of African personality. Some works addressed normalcy and others abnormality. The original Azibo Nosology brought all that together in one centered African personality theory, which was the linking piece that had been missing up to that time.

JPAS: Why have you decided to revisit your original thesis of the Azibo Nosology?

DAYA: Practical imperative and scholarly necessity. A cursory look at the mental state and behavioral sink (including Negro-like/middle-class-like/bourgeois overdoing or aping of Eurasian behaving as well as the mayhem, deprecation, and degeneracy operating in African societies everywhere today) of ADPs en masse today screams for psychological liberation as a practical imperative. Yes? That would seem to require or benefit from a psychological tool. As I envision the Azibo Nosology II, it is a tool likened to a spear for fighting this fight. The fight goes on unless one has given up. Without one’s own tools or spears fashioned from centered African worldview for the mental health fight of overturning ourselves, the enemy’s weaponry steeled in alien worldview is relied on for mental health assessment. I am most pleased—as I hope are the ancestors—to have provided the African world with a tool that is a spear for this practical imperative where before there was no other.

By scholarly necessity I mean updating the original nosology to reflect that scholarship has revealed more disorders to reckon with and the knowledge base underlying many disorders in the original nosology has expanded. For these same reasons the Azibo Nosology III, IV, etc., are likely future occurrences. Hopefully it will not take another 25 years as has the 2nd Azibo Nosology which raises an interesting point. The Azibo Nosology should not die with me nor should it disappear when I retire or move to some other work. Spear makers neither live nor make spears forever, but their trade must be passed on. Thus I am planning for institutionalizing the Azibo Nosology for posterity not unlike the DSMs and ICDs. Persons who have ideas about this or are interested can contact me at azibod@yahoo.com.

JPAS: In your opinion, what three new contributions to the Azibo Nosology reflect key advances in African-centered psychology?

DAYA: Hands down the single most important “new” contribution of the Azibo Nosology II is not this or that disorder not presented in the original. Rather, it is the lucid articulation of the mental health model underlying the nosology or upon which the nosology is situated that holistically integrates the two components of African (and maybe all human) personality: the non-racial idiosyncratic and the racial. For ADPs, personality is the individual’s integration of this non-racial component with the racial African personality construct a component? In other words, by juxtaposing the idiosyncratically organized component which is responsible for the uniqueness of an individual’s personality (like big-five traits, equanimity, sense of humor, temper, and so on) with the race-maintenance component responsible for an individual’s behavior pertaining to racial-group survival and development in a practical, user-friendly model of mental disorder the nosology encompasses and organizes all possible mental disorder (with culture-based caveats, I might add). Strictly speaking, this is not new as the original nosology also does this. However, it is made so plain in the Azibo Nosology II that students and fools can get it, but I am not so sure about the professional mental health worker of African descent. This last statement is simultaneously a joke (smile) and, sadly, a harsh irony. In speechmaking these last 20 years I have been saying sarcastically and meaning every word of it that psychologists and psychiatrists of African descent are the two craziest groups of ADPs (speaking colloquially). Just how crazy? So much so that I now write primarily with the coming generations in mind.

A close second would be tying disordered functioning to the centered African creation myth as it is a statement of the nature of African human nature. What better way is there to evaluate African psychological functioning than against the indigenous, authentic view of African human nature? Third would be incorporating Marcia Sutherland's description of the authentic struggler as a template for the correct orientation construct of normalcy to which the 55 disorders in the Azibo Nosology II are yoked. This helps flesh the skeleton or put teeth in the bite of just what normalcy functioning defined as prioritization of the defense, development, and maintenance of African life and culture is.

JPAS: In what ways does the Azibo Nosology function as a liberatory psychological model of mental health diagnosis for African people?

DAYA: Once an ADP is diagnosed, the work for setting him or her afoot aright or re-birth as an African with correct orientation can begin. ADPs with correct orientation more than any other category of ADPs are the only ones who will struggle every day of the rest of their lives to bring about and maintain viable African civilizations again.

JPAS: What are the most controversial aspects of the Azibo Nosology and why do you think they present such a controversy?

DAYA: I will pick two. To simplify let me give a chain of logic. Today and for centuries ADPs worldwide are not up from slavery, not over colonialism, and not centered. Therefore Isft (what Nile Valley Africans of old called disorder) has reigned carte blanche intergenerationally among ADPs. The upshot is that "things fall apart" real bad and when that happens ADPs' society degenerates to the bottom where "the only contradiction in Black life is that there are no contradictions. That itself is the only contradiction and thereby does all manner of behavior go, gains a foothold, or gets a pass eventually." This is Isft and where ADPs worldwide are right now. Only "clarity as a concept" of orienteering from one's centered peoplehood can begin the sustained overturning that is necessary. Yes? Clarity has a formidable foe, however, in psychological misorientation and the host of disorders in the Azibo Nosology II, all of which are maintained by Eurasian hegemonic forces.

In this way has centered African common sense been rendered ineffective and relegated to non-entity status leading to (1) *theological misorientation* en masse with accepting of religions used deliberately as a tool of race-war to reinforce docility in ADPs, hagiographic assessment of associated religious personages and officials, abjuration of centered religious heritage, and jihad against same—instead of a scathing laughing-at-ya and eschewal; and (2) "scissors and sword fighting" (pardon the euphemism) as lifestyle choice behaviors of *sexual misorientation* disorder—instead of the gender complementary principle at the root of the African-centered worldview that positions heterosexual functioning as foundational and indispensable to the nature of African human nature.

As simple as this is in the elementary sense, “why, ADPs have got to be out of our minds” as there is no controversy when we steep ourselves in our centered worldview mind and negotiate the world from there.

JPAS: What has been the response to the Azibo Nosology’s challenge to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), a text used, or relied upon, by clinicians, researchers, psychiatric drug regulation agencies, health insurance companies, pharmaceutical companies, the legal system, and policy makers that offers a common language and standard criteria for the classification of mental disorders published by the American Psychiatric Association?

DAYA: To date, to my knowledge it has been completely ignored by Western psychology and psychiatry establishmentarianism. That chapter could prove interesting, but it has not been written yet.

JPAS: Where and by whom is the Azibo Nosology being implemented?

DAYA: I have no data on this. I developed a grant proposal in the early 2000s to conduct a survey to find out, but it was not funded. Among psychologists of African descent I get the impression that it is well-known, but I do not see these confreres publishing case studies. Sad, but true, it seems many African descent psychological workers provide lip service to developing African-centeredness in the profession.

Among psychiatrists of African descent? Forget about it. I solicited several interviews from African descent psychiatrists and none participated. One called me twice, but when I made it clear that there was no money, that the interview would be gratis, she withdrew. Another responded implying the possibility of going forward with an interview if a homosexual quid pro quo might be discussable. Can you imagine that? Nuts, I tell you, nuts as alluded to above! In my time spent with African descent psychiatrists in professional settings I am impressed (negatively) with their allegiance to the medical model and/or Freud.

Hopefully, the Azibo Nosology II will be compelling enough to change this. It being available on line is a major plus as access is not restricted.

JPAS: What is the current state of African-centered psychology and theory development, and how does Azibo Nosology fit within that paradigm?

DAYA: A great question. Since its nascent reemergence in 1972 it has been, in my view of course, devolving. This is paradoxical, of course, as the knowledge base mushroomed after 1972 and continues growing today. But, in my 34-year involvement with this movement (1980-present) I have noticed with alarm that as the knowledge base increased, the formal and informal teaching decreased and an “I’m OK, you’re OK. You do your thing and I’ll do mine” attitude also mushroomed. In other words, the ethos has become everything goes and don’t you dare question me critically. Stephen Jay Gould criticized this attitude as bad for science in general. He, and I agree, there should be more teaching and criticizing among scientists (despite the risk of occasional fisticuffs).

If taken seriously, the Azibo Nosology II should generate well-thought out responses. As Tommy Curry’s essay (this volume) makes plain, the original Azibo Nosology was equally strong epistemologically as an African-centered theory-development tool as it was a practical tool for diagnosing. In the Azibo Nosology II, that legacy continues.