

The Azibo Nosology II: Epexegetis and 25th Anniversary Update: 55 Culture-focused Mental Disorders Suffered by African Descent People

by

Daudi Ajani ya Azibo, Ph.D.
azibod@yahoo.com
Independent Scholar
St. Louis, Missouri
United States of America

Asante sana (thank you very much) to Maggie Jackson, Tequila Keith, and Colita Nichols Fairfax, Ph.D for various assistance over the years.

Dedication

This work is dedicated to Mother Jean Wilkens Dember, M.H.S. She is a founder of Afrikans United for Sanity Now!, which under her direction has for the last 24 years organized annual grass roots mental health conferences in Houston and New York City. She also has engaged the Roman Papacy to intervene in police shootings of African-U.S. in New York City by Catholic police officers. A Queen Mother for true.

Special Dedication

To the memory of Lorraine Marie Allen-Miller, my mother
To the memory of Frank K. Miller, my father
To Muthy Fatama, my wife of 31 years,
how blessed I have been to have had you all in my life

Abstract

Containing 55 disorders derived from the centered African framework and drawing on the works of 22 mental health scholars spanning over 60 years, the Azibo Nosology II replaces the original Azibo Nosology published in the *Journal of Black Psychology* 25 years ago as of Spring 1989 with 18 culture-focused disorders. African deep thinking on the nature of the original human being's nature (African personality construct) is the platform for juxtaposing normalcy or appropriate thinking and behaving with disordered psychological functioning. Mental health is defined Africentrically as that psychological and behavioral functioning that is in accord with the basic nature of the original human nature and its attendant cosmology (cultural deep thought) and survival thrust. Exegetical definitions and discussion as well as considerations for each disorder are provided. Additionally, DSM and ICD nosologies are structurally integrated into the Azibo Nosology II with qualifications.

Keywords: African personality construct, Azibo Nosology, DSM, ICD, mentacide, mental disorder, mental health, nosology, and psychological misorientation.

[T]he license to name the world, to categorize, classify, or otherwise demarcate the world and behavior on the part of Whites, must be revoked. Afrikans *must* assert their right and power of self-definition—of categorizing and classifying the world and the nature of their being in it ... in ways which make their minds and bodies humanitarian instruments of Afrikan power and liberation.

Amos Wilson (1993, 119, original emphasis)

To outline this work, it begins with a proem that covers the approaches to psychological inquiry employed in developing the nosology. The nosology itself is led into with discussion of multicultural competence, the Africentric definition of mental health and its grounding in the African asili or deep structure of culture, and mental health at the level of psycho-behavioral modalities. Real life examples of mentally healthy functioning are provided to vivify the Africentric mental health idea contained in the African personality construct and referred to as correct orientation (Azibo, 1989). A templet for correct orientation/mentally healthy functioning is presented next followed by practical working criteria for primary and secondary mental disorder (defined below). Then, how DSM and ICD conditions are handled by the Azibo Nosology II is explained and contrasted with the asinine position of Kambon (2003) which dismisses out of hand the relevance of Western mental illness concepts. After this the 55 specific disorders are presented followed by concluding remarks and an afterword.

Proemial Remarks

Wilson's is a most apropos epigraph to start with as the original Azibo Nosology (Atwell & Azibo, 1991; Azibo, 1989) 25 years ago epitomized kujichagulia (self-determination, self-definition) in conceptualizing mental well-being and disorder in African descent people (ADP). That nosology took its own African-centered culture-focused lead and in doing so it revoked proactively the license of the Eurasian conceptual systems of mental health and personality disorder reflected in the DSM and ICD nosologies to prevail. This legacy is maintained in the Azibo Nosology II. My overall gestalt of the Azibo Nosology II likens it to the spear in the African proverb "If you have enemies then travel with your spear" (Baruti, 2003, 329). It is the spear for the African descent mental health worker and it is the platform from which s/he should enter the discourse on and praxis regarding (multi)cultural competence and diversity in mental health instead of perennial, encapsulated debate and adjustment regarding the latest DSMs and ICDs. I assert the fundamental place in the world of the Azibo Nosology II is its destined counterpoise to Eurasian domination in defining mental health in general and for ADP in particular.

A Brief Word on the Role of Construction, Reconstruction, and Deconstruction

The original 1989 Azibo Nosology was grounded in the long view of centered African psychology meaning the psychology originating among ADP of the ancient nilotic civilization located in today's Arab-centered Egypt, but called Kemet by the African indigenes (Azibo, 1996a) before Eurasian conquering. Thus, its articulation of concepts and perspective was derived using African utamawazo which means culturally structured thought (Ani, 1994). This unfolding of African-centered psychological knowledge is properly called the construction approach to psychological inquiry as psychological knowledge is created and articulated—literally constructed—using the irrefragable African-centered framework outlined in Azibo (1992). The construction approach, interestingly enough, is the original way psychological knowledge was brought into the world. Using the construction approach in developing the Azibo Nosology II represents my serious endeavor to (re)articulate as accurately as possible the mental health platform of indigenous, culturally matured, classical African civilization. Therefore, constructing knowledge about mental health and mental dysfunction with the Azibo Nosology II is manifest Sankofa as against mouthing Sankofa.

The 1989 Azibo Nosology was also open to the reconstruction and deconstruction approaches which were reactions to manifest Eurasian domination. The former means recasting Eurasian psychological concepts or ideas in African-centered premises. As Eurasian formulations of mental functioning frequently are not companion to centered African ones and often are laden with anti-Africanism, deconstruction or dismantling completely the Eurasian idea along with data advanced to support it has been warranted frequently in modern-day mental health.

Centered African psychology benefits when deconstruction and reconstruction bridge to construction, a task attempted throughout this article. All three approaches are discussed in Azibo (1996a) and have been used in developing the Azibo Nosology II. They are springboards to appreciating the necessity for multicultural competence in mental health work.

The Azibo Nosology II

Multicultural Competence

Calls from within Western-dominated psychology for multicultural competence (American Psychological, 2011; Schultz, 2003), celebrating the non-Caucasian other (Sampson, 1993), the advancement of culturally sensitive techniques (e.g., Arnault & Shimabukuro, 2012) as well as admonishments that anti-racism efforts in mental health could be better (e.g., Corneau & Stergiopoulos, 2012), critiques of the handling of culture-bound syndromes (Bhugra, & Munro, 1997; Hughes, 1998) and the presentation of disorders related to culture (Kleinman, 1997; Tseng, 2006) have arisen. Dana (1998, 13) succinctly nails the point central to multicultural competence in mental health services that “each multicultural group must provide the idiosyncratic perspective and cultural/racial idiom in which all providers become fluent.” Toldson and Toldson (2001, 417) impressively make the point too: “Psychological health care must begin to mak[e] accommodations for the expression of belief patterns, thoughts, and sociocultural customs indicative of the presence of an African identity in the behavior of African people.” The Azibo Nosology II answers these calls for ADP. In 1989, the original Azibo Nosology contained 18 culture-focused disorders. Scholarship responding to it without my involvement (Anderson & Stewart, 2007; Belgrave & Allison, 2006; Harrell, 1999) and with me involved in some way (Anderson, 2003; Atwell & Azibo, 1991; Azibo, 2013c; Azibo Nosology, 1998; Schultz, 2003) has been mostly favorable. As far as I know, Eurasian writers except for Schultz did not acknowledge its existence. As the nosologist of record—creator, definer, and nomenclator of the original—it is my honor to advance the Azibo Nosology II containing 55 disorders drawing on the works of 22 scholars and mental health workers spanning over 60 years. Most of the work is not inchoate, but established. This advancing is an act of *freedom* or interpreting the world in ways contiguous with that of authentic African ancestral worldview and *literacy* or applying said freedom in the here and now of ADP’s lives (definitions paraphrased from Harris, 1992). All mental health workers of African descent are invited to participate. The invitation, however, comes with the stipulation for thinking from the African-center in conducting mental health work for ADP (Azibo, 1990b). This is growth as we begin building our discourse on the point Gyekye chose to conclude his, namely the imperative for centering in African deep thinking: “It is never too late in human history to start from where one should start (or should have started)” (Gyekye, 1995, 212). Eurasian mental health workers of good will should find using the Azibo Nosology II enhances their multicultural competence.

Mental Health Defined

In appraising the society-wide intra-racial mental maladies which prevent ADP from orienteering in their own best interests, Baruti (2010) likened it to a war-torn frontline where ADP are far from home. Marcus Garvey responded to this reality in his time by observing “the time has come when we have ... to sort ourselves” (Blaisdell, 2004, 158). In those times, psychology had little to offer our honorable ancestor in the way of assistance. Decades later nascent “Black psychology” remained ill-equipped to help with such mass mental maladies, but at least recognized “obviously, a new definition of normalcy is required” (Wilson, 1979, 51). Around this time at the height of the Black Arts Movement in 1976 playwright Joseph Walker opined “as an oppressed people I think we ought to subject ourselves to scrutiny more often than we do” (104).

Scrutinizing ADP with the Azibo Nosology II unveils diagnoses of many of these en masse mental sufferings and ipso facto the fundamental psychological sorting can begin. To start, there are two basic categories—the mentally healthy and the mentally disordered. Sorting ADP into these two categories will better enable reinforcing and reinvigorating the former and medicamentous, meliorative transformation of the latter. Sorting with the Azibo Nosology II is righteous, completely devoid of elitist or Blacker-than-thou sentiments, as it is prerequisite to group progress and unity, to wit:

Before a group can enter the open society, it must first close ranks (Carmichael & Hamilton, 1967, italics original), and [to close ranks] it is necessary first to divide and then unite; otherwise you can never remove the obstacles that stand in the way of unity in the first place. (Hare & Hare, 1984, 108)

Therefore we sort as “it is a privilege to be Afrikan, but Afrikans must unite” (Jones, 1992, 3). Azibo, Robinson-Kyles, and Johnson (2013) evaluate models for transformation and rehabilitation of the mentally disordered. But support for the mentally sane among ADP may be as critical at this juncture as help for the disordered. The observation is serious that “without Black sanity, there will be no resurrection of Black life” (Cheatwood, 1992, 8).

Azibo (1996c) defined mental health Africentrically as that psychological and behavioral functioning that is in accord with the basic nature of the original human nature and its attendant cosmology (cultural deep thought) and survival thrust. This implies that the limiting form of what mental health is is parameterized by the cultural dictates codified in the deep thought of earliest African high civilization. In particular, continent-wide African mythos about the creation of humanity took the position that the One God (henceforth the Divine) brought forth the African woman and man simultaneously and both were constituted from the same primeval stuff—namely, the Divine’s own spiritual essence—from which they emerged as a unit with offspring (Azibo, 2011d; Barashango, 1991; Carruthers, 1980; Harper-Bolton, 1982).

Upon codification as a deep thought statement of what the nature of original human nature (i.e., the nature of the African) or human personality is, the mythos is informing allegorically that the sexes are complementary parts that complete the other, consubstantially equal or the same in Divine essence, and lifelong obligated to the procreant function and the protective function as parents have to protect young offspring who, in turn, may have to protect aging parents.

Moreover, the mythos is straightforwardly interpreted as implying that thinking and behaving in ways that reflect gender complementarity and equality in the context of an aspiring morality—that is preeminent to the appetitive urges—all within the overarching context of producing progeny and securing their hereafter (here on the planet after the parents are gone/deceased) is the only (presumably “God-given”) way to protect human life ultimately and perennially. Falling short of thinking and behaving of this sort is always a psychological functioning beneath and undermining of the basic nature of the original human nature. By aspiring morality is meant a desire for that which is excellent, good and right in oneself first and then in human relations (Williams, 1993, 86), said morality itself emanating from the platform African human nature/African personality receives from ensoul with the Divine’s essence.

Therefore, it can be seen why when codifying the mythos at the level of psycho-behavioral modalities, traditional African deep thinking embedded the protective function. It took note that in natural contexts all life forms tend to preserve themselves. For an original human being, in order for this self-preserving propensity to operate within the bounds of normalcy, mental health, or appropriate functioning, his or her orientation to living must be to prioritize protection, development, and maintenance of the self. As an organism, the self is considered to be extended—not just figuratively, but literally via consubstantiation in the Divine’s Ka or spiritual essence (Azibo, 1996c, 2011d)—as per the creation mythos from the Divine to ancestors to the living on in perpetuity to the yet-to-be-born progeny. That is why early on “there was no confusion [in] African societies both group and individual were responsive to and responsible for the other” (Evans, 2006, 131). In part a cultural holdover now eroding, it was routine among African-U.S. to be “mentored by parents, neighbors, extended relatives, teachers, church members ... demonstrate[ing] a communal culture” (Rouse, 2007, 69).

The upshot, then, is that at the level of psycho-behavioral modalities thinking and behaving incorporative of the sustention of selves of biogenetic commonality relative to nonhuman organisms and human organisms of lesser biogenetic commonality that oppose African life individually and culturally is the final arbiter of mental health. In today’s racialized world founded on full blown anti-Africanism (Ani, 1994; Williams, 1976), this translates into *own-race maintenance* as the final arbiter of mental health or appropriate psychological functioning for ADP (Azibo, 1989, 1991). Thus, Garvey’s race first social theory (Daniels, 2005; Maglangbayan, 1979; Martin, 1976) is vindicated. Social theory throughout this article refers to the principles and concepts that are used in negotiating reality or the social world thereby determining how a people relate to one another, to people who are not of their collective, and to nature (Azibo, 1999).

How about gender first? It is impossible to derive a gender-superseding-race position from this arbiter of mental health (Azibo, 1994b, 2012a). Gender focusing—male or female—as well as child focusing are derivable from the creation mythos but each comes to us at once from jump street or get go delimited to or parameterized within the context of sustentation of the extended-self.

At this point, *primary mental health* can be distinguished as an inhered propensity or potentiality occurring in own-race maintenance thinking and behaving that is delimited to a positive bias towards the biogenetically common and not an anti-bias toward the more biogenetically dissimilar (Azibo, 1991). (Secondary mental health is explained below in juxtaposition to primary.) The Azibo Nosology II rests upon this mental health conceptualization which combines the psychological and absolute models. The psychological model refers to a theory of personality that specifies mental illness or disorder as something in the personality process gone haywire. For the present nosology, that would be any misfiring in own-race maintenance functioning (Azibo, 1991). The absolute model refers to an a priori standard that is culturally determined and nonarbitrary for what mental disorder is. In the present case, that would be failure or falling short in realizing the inhered self-extension propensity or potentiality presumed to underlie African human nature. The absolute model is preeminent to the psychological because any theory that can be infixed within the bounds of the articulated cultural absolutism can be interchanged for another that does the same as pleases the mental health worker. The medical model (all mental illness is biological) and statistical model (if enough people do it, then the behavior cannot be abnormal or a mental illness) are rejected. These four models are discussed in Azibo (1996c) and Calhoun (1977).

Abbreviated Examples of Primary Mental Health: Three Correctly Oriented Persons or African Personality Manifest

Remember, our most serious battle is to resurrect our sanity
... allow[ing] us to purge our consciousness and culture of
the cancerous white[Eurasian] supremacist induced self-hatred[s]

Del Jones (1993, 79)

A unique feature of the Azibo Nosology II carried over from the original is its explicit yoking of disorders to the African personality construct of normalcy. This construct can be defined as a mentality that uses African-centered cultural definitions in negotiating reality. It is tantamount to what Jones (2002) identified as the common Africanity existing beneath Africana peoples' diversity. This part of "cultural unity is far more significant than is superficial [read ethnic, national, surface] diversity" (Hilliard, 1995, 90).

Cogitating on this suggests that for African descent persons to be mentally incapable of, neutral or opposed to, or oblivious to identification and orienteering with the cultural dictates of ancestral Africanity as a result of *forced* living under the rule of a Eurasian dominated civilization or in reaction to same is less psychological minutiae, not at all an assimilation or diversity issue but more quintessential mental disorder in the African personality that afflicts an otherwise normal population (Azibo, 1989, 1996c; Azibo, Robinson, & Scott-Jones, 2011). Because the African personality construct derives from the cultural substrata of African deep thinking about African humanity, it is applicable as a normalcy statement for all ADP. It follows that the 55 conditions of disorder that will be yoked to it below are also globally applicable with local adaptations where necessary.

The juxtaposition of normalcy with disorder forces the consideration of disordered behavior as a function of a theory about ordered behaving. That would be the African personality construct in this case. Ordered human conduct is conceived as an inherited propensity according to the irrefragable African worldview or reality structure or *asili* or deep structure of culture (Azibo, 1992). Contrariwise, the DSMs and ICDs carry on about disorder without offering a corollary theory of a priori order in the nature of human nature. This makes cultural sense given Eurasian origins of civilization in the northern cradle and African origins in the southern cradle (Diop, 1978b; Wobogo, 1976) where chaos and cooperativeness ruled respectively. It also makes sense from the perspective of Western psychology/psychiatry as an agent for government oppression in which diagnosing mental disorder is inextricably tied to social control (e.g., Abdullah, 2003; Bulhan, 1993; Citizen's Commission, 1995; Kilty, 2008).

Vivification of the own-race maintenance idea as manifested in the African personality construct might be helpful. For that, snippets of three persons whose behavior in this regard has been exemplary are offered. First, Marcus Mosiah Garvey implemented perhaps the greatest racial uplift program on behalf of ADP since the enthronement of Eurasian supremacy domination. His efforts were lifelong and global. They included institution building in the political, economic, health, and cultural arenas (Maglangbayan, 1979; Martin, 1986). Garvey provided philosophy and down-to-earth social theory to guide ADP's behavior to be effective in our own interests under Eurasian domination (Garvey, 1986). Garvey insisted repeatedly that for ADP he was glad to suffer, sacrifice, and even die. There has never been a truer statement than Garvey's "All I have I have given to you [ADP]." His orientation to work for improving the life chances of ADP is summed up in his statement "Would I not lose the whole world and eternity for you?" (All African, 1983; Blaisdell, 2004). Mr. Garvey is a hero for true (Martin, 1983). His 2nd wife, the veiled Amy Jacques Garvey, should be remembered as she struggled alongside him (Taylor, 2002).

Second, Kwame Ture is another life-long struggler for ADP's betterment. He dropped his English language/slave birth name (Stokely Carmichael) for the African one. Continually he pushed pride in African heritage and advocated and demonstrated organizational development for effective action. He served as Chairman of the Student Non-violent Coordinating Committee known as SNCC, Prime Minister of the Black Panther Party, an Ambassador for Guinea, worked to establish the United States Black United Front and the All-African People's Revolutionary Party. Ture instilled a palpable fear into the enemies of ADP likely to last forever and reminiscent of the chilling effect the phrase "Hannibal at the Gates!" had on the Romans, and Italians still, when in 1966 he uttered "Black Power" (see Carmichael & Thelwell, 1998; Harris, 1990). Ture took the position that if an African person did not work to overturn oppression of ADP, an own-race maintenance activity, "then by your very act of inactivity you are against your people" (All African, 1983). It follows that not participating in own-race maintenance for ADP is outside the bounds of mental health defined Africentrically.

Third, Jean Wilkins Dember, M.H.S. shows that exemplars of own-race maintenance need not be deceased, a man, or nationally known. For 24 years and counting she has been a main organizer of annual mental health conferences in Houston and New York City under the auspices of Afrikans United for Sanity Now!, an organization she helped to found. Under her direction the organization actively advocates for culturally sensitive mental health work with ADP and training for providers. Mother Dember staunchly opposed drug and electroshock therapies on ADP and carried that fight to Harlem Hospital where it has been reinstated. Many psychological workers have become aware of deleterious mental health practices and alternatives for them through her work. She was awarded the Community Service Award by the National Association of Black Psychologists. Her efforts have been courageous as she singlehandedly (for the most part) engaged the Roman Papacy over sexual abuse, palpable racism directed at priests of African descent within the church and, moreover, the frequent murdering of African-U.S. (descendants of Africans enslaved in the United States) in New York by Catholic police. Additionally, she is a mainstay, activist supporter of the New Black Panther Party and the local and national Black United Front. She carries the fight for increasing African-U.S. life chances almost daily be it political, health or otherwise to civic leadership. Mrs. Dember's behavior epitomizes a Queen Mother and is in the tradition of Harriet Tubman (Bradford, 1886/2004), Sojourner Truth, Queen Mother Audley Moore, Ida B. Wells Barnett, Mary McLeod Bethune, Annie Malone, Assata Shakur (1987), and the many others of great rectitude and capability. Finally, her spousal union of over 60 years with Clarence Dember (R.I.P.) and parenting epitomizes the point of the creation mythos. Mother Dember lectures/teaches youth and adults of both genders on male-female-familial relationships rooted in African-centered principles drawing on her own life's example.

The foregoing snapshots show persons whose orientation to living prioritizes the defense, development and maintenance of the life and culture of ADP all within the casing of their individual idiosyncratically organized personality (see individualism versus individuality contrast below). The term proffered by Azibo (2006a) for prioritizing of this sort is psychological Africanity. No behaving and thinking could be greater manifestations of normalcy or appropriateness than psychological Africanity geared to purposefully ensure that ADP remain on the planet in perpetuity *as Africans*. This is what the African personality is designed to do naturally. Thus, the behaving of Garvey, Ture, and Dember warrant the label “correct orientation” defined by Azibo (1989) in short as a genetically black person who possesses psychological Blackness/psychological Africanity. In research, African-U.S. persons classifiable as correctly oriented report having greater psychological Africanity scores and are deemed to provide better psychological profiles for social engineering than persons classified as having diffused or incorrect orientations (Azibo, Robinson-Kyles, & Johnson, 2013) where diffused refers to an orientation admixed with both pro-African and pro-Eurasian sentimentality with the Eurasian highlighted and incorrect refers to an orientation dominated by pro-Eurasian attitude.

The Azibo Nosology II promotes producing correctly oriented ADP through child rearing (Azibo, 2013a) and therapeutically-directed transformation. As the examples of Garvey, Ture, and Dember reveal, correct orientation represents the authentic African personality, to wit

The authentic struggler sees value in [and] is dedicated to his or her [individual] African self and by extension to all African persons not allowing the oppressor to manipulate him or her to maintain the oppression of [ADP] lives in accordance with African-centered attitudes is a person of [African-centered] culture informed by our collective history and common concern has fallen in love with the race and consistently sacrifices for our uplift [as] a situation of oppression can never be adjusted to existing as a sovereign people [is preferred as] our only stake in the present order of things would be to change it [thus] seek justice, but strive for the liberation of productive forces [resources] possessing a true and lucid consciousness of the Manichean world’s design accept[ing] of the risks and responsibilities associated [as his or her] will to freedom ... exceeds any ... psychological and physical fears resolved never to yield ... to rebuild ... and to fight.

(Sutherland, 1989, 1997, 58-60)

Marcia Sutherland has in effect provided the *templet* for transforming ADP and diagnosing correct orientation or normality/appropriate behavior. Her description can be used as if it were a scale or ledger on which successive approximations of attitudes and behaviors to a correct orientation are recorded. This templet is dictated by the African personality construct idea of correct orientation which is the normalcy reference point of the Azibo Nosologies I and II.

In other words, we have here the primary goals set for child rearing and mental health intervention, respectively, before procreation and *before the client presents in the consulting room and irrespective of his or her presenting problem*, which if something else is automatically relegated to a secondary goal(s) of intervention though it may have to be dealt with first.

This point of incorporating the transformative goal of (re)establishing own-race maintenance orientation—used henceforth interchangeably with correct orientation—in clients of African descent is particularly relevant to the mental health worker for refusing in one’s professional capacity to do so is a violation and complete disregard of the primary medical ethic of the four received via Hippocrates, namely non-maleficence: “physician, first do no harm.” The harm done by treating the client’s presenting problem—be it schizophrenia, depression, substance abuse, a work or sexual dysfunction problem, and so forth—then terminating therapy releasing her or him back into the world sans addressing her or his own-race maintenance orientation status is incalculable. It is safe to say that most clients are neutral or negative in own-race maintenance orientation when first seen by the psychological worker. Turning him or her out with a “fixed” presenting problem only is tantamount to fattening the calf (improving the client’s adjustment) only to send it to the slaughterhouse (Eurasian-dominated/based civilization).

Indicted in this nasty state of affairs, which is inherent in Western mental health practice, the African descent psychological worker is culpable and in dereliction of Nia (purpose) (Azibo, 1990b). As treating deficiencies in correct orientation is the back end of the problem, it could be minimized if “the rearing of ‘race men and women’ [was] entered into at birth” (Evans, 2006, 137). Laws and Stricklen (1980), Perkins (1986), Sutherland (1995), Johnson (1981), Johnson, Brown, Harris, and Lewis (1980), Wilson (1992), and Azibo (2013a) concur on emphasizing own-race maintenance in rearing children of African descent. Until that time, however, mental health workers are entreated to invest in securing snapshots of hosts of correctly oriented ADP, sung and unsung, ancient and modern for use in intervention and prevention activities.

Mental Illness/Mental Disorder: Working Criteria

For ADP, it follows from the above conceptualization of mental health that the mental illness/disorder criterion is thinking and behaving that is devoid of, opposes, or contradicts own-race maintenance, protection, and development. It seems that thinking and behaving of this sort is the rampart by which Isft enters ADP’s lives. Isft is a Kemetic term referring to a state of confusion and disorganization where chaos reigns and disorder is the resulting norm (Baruti, 1985a; Carruthers, 1984). If not characterizing large segments of Africans globally, Isft nonetheless is impacting ADP today. Ordinarily, the African personality (Azibo, 1991; Bengu, 1975; Khoapa, 1980) would protect ADP from Isft. According to the African personality construct, under natural conditions all ADP ought to be able to think and behave in terms of own-race maintenance (Azibo, 1990a, 2013a).

But, the Maafa or exceedingly great destruction caused by enslavement and its aftermath (Baruti, 2005a; Jones, 1992; Roberson, 1995) visited upon ADP worldwide by Eurasian civilizations arrests the African personality whenever it finds it. Thus, in addition to the African-centered criterion, Wakefield's (1992, 385) criteria for mental disorder—namely, a condition is a mental disorder if and only if (a) the condition causes some harm or deprivation of benefit to the person as judged by the standards of the person's culture ... and (b) the condition results from the inability of some mental mechanism to perform its natural function—are met when ADP think and behave in opposition or without regard to own-race maintenance due to the Maafa and Eurasian world hegemony.

DSM and ICD “Peripheral” Personality Disorders

There is a part of human nature that is idiosyncratically organized in individuals and does not involve own-race maintenance dictates. *For ADP, what personality is is the individual's integration of this non-racial component with the racial African personality construct component.* A negative and a positive example using public figures will illuminate. Clarence Thomas, Condoleeza Rice, and Colon Powell are forever defined by their infamy in routinely perpetrating anti-African acts ranging from legal decisions to assassinations to kidnappings on behalf of the American nation-state to which each displays a perfervid, perverse allegiance. Thus, each of them evinces the same negating consciousness in matters pertaining to own-race maintenance. Yet, their senses of humor, equanimity, gregariousness, boorishness, crudeness, artistic likes and dislikes, moodiness, and so on are most likely different and idiosyncratic in them by comparison. Similarly, Martin Luther King Jr., Malcolm X, and Mary McCloud Bethune probably also differed from one another in these same characteristics as they are all idiosyncratically organized psychically. But, they shared a consciousness of own-race maintenance just as the other three shared an anti-own-race maintenance consciousness. The point to be taken is that the gestalt of mental health theory and work with ADP must include each aspect of personality, the idiosyncratic and the own-race maintenance. Either or both may be ordered or disordered. This point or position seems straightforward. Yet, mental health workers of African descent do not seem to take this point. Such, I suppose, is the power of miseducation and conceptual incarceration in Eurocentric thinking.

Table 1

Schematic for Conceptualizing Psychotherapeutic Intervention with African Descent People

| | | Own-race Maintenance or Primary Part of Personality | |
|--|------------|--|--|
| | | Ordered | Disordered |
| Idiosyncratic or Secondary Part of Personality | Ordered | (A) best possible situation | (C) unacceptable, intervention required, mandatory transformation to (A) |
| | Disordered | (B) intervention helpful, but not mandatory, transformation to (A) as appropriate | (D) unacceptable, intervention required, mandatory transformation to (A) or (B), never transform to (C) and end treatment |

It might help to conceptualize the matter as the four-fold table shown in Table 1. Regarding quadrant A, where the idiosyncratic and own-race maintenance parts of personality are each in good order, the psychological worker wants to optimize both idiosyncratic and own-race maintenance functioning. Considering scenarios in which Thomas, Rice, Powell, King, X and Bethune each is adjudged to be perfect or healthy pertaining to idiosyncratic aspects of personality, the first 3 would fall into quadrant C where own-race maintenance is in disorder and the last 3 would continue to be categorized in quadrant A. Now, changing the scenario to where the first 3 have clinically dysfunctional idiosyncratic aspects lands them in quadrant D. I pose the question Does it matter mental health-wise C versus D for these 3 (Thomas, Rice, Powell)? A more poignant way of asking this question is Did it matter when Powell invaded Grenada solidifying the deposing of hero-ancestor Maurice Bishop or when Powell and Rice had Jean-Bertrand Aristide of Haiti kidnapped, both victims being Heads of State no less, and Thomas stood by ready to rule the constitutionality of it all? Clearly, for ADP who function without or in opposition to own-race maintenance orientation consistent with the dictates of Eurasian civilization, the ordered quadrant C versus disordered quadrant D status of the idiosyncratically organized aspects of personality makes no functional difference in their behaving and thinking pertaining to the maintenance of ADP/own-race maintenance. The idiosyncratically organized aspects of human personality warrant the label *peripheral* in juxtaposition to own-race maintenance aspects which are more central functionally.

Now, consider if Messrs. X and King and Mrs. Bethune were bereaved over the loss of a family member eventuating in clinical depression for them. This would place them in quadrant B obviously. I pose the question Is this not a real possibility for anyone with ordered own-race maintenance? In other words, can an African descent person who is correctly oriented suffer mental disorder at the same time? It should be obvious that ADP can be correctly oriented and experience a mental disorder found in the DSMs or ICDs. Said disorder would be considered valid for ADP if two criteria are met. The first is Wakefield's and second is the disorder must not be incongruous with African-centered culture. Though touched on by Wakefield, this point of incongruity is made throughout the 20th and 21st centuries by African descent mental health workers.

Kambon (2003, 100-107) is the only personologist who takes the position that DSM and ICD disorders have relevance for ADP only if the individual is psychologically misoriented or disordered in his or her African personality. This position is taken on the grounds that in the final analysis DSM and ICD disorders are derived from Eurasian thought. What an astounding, not well thought out, skull-cracking position (makes your head snap involuntarily as you contemplate). In other words, Kambon's position is that a correctly oriented person living according to own-race maintenance dictates *cannot* suffer any mental illness contained in the DSMs or ICDs and remain correctly oriented, to wit

Azibo[*'s* nosology] sees no worldview contradiction in a normal Black personality suffering at the same time from a Eurocentrically defined mental disorder, and yet still be regarded as in a state of African-centered normalcy [possessing a Eurocentric consciousness is] the necessary precursor or prerequisite condition to the onset of virtually all ... [DSM and ICD] mental disorders in Blacks. (Kambon, 2003, 103-106)

That Kambon's position is asinine should be self-evident. Yet, some good may be extracted as it is an important point for teaching and practice. First, the illustrative scenarios about bereaved Messrs. X and King and Mrs. Bethune debunk the position. Second, were the position to stand it would eliminate the need for the deconstructive and reconstructive approaches. Third, it would depress and dumb down knowledge in Africentric mental health as thinkers might shy away in light of such an indefensible position founded on fiat only. Fourth, the position is retarding in its preclusion of viewing the personality of ADP as holistically integrating idiosyncratically organized peripheral and central own-race maintenance components as important, nay critical, for the psychological worker. Fifth, the position at best is shortsighted, but Kambon's "modification of the [original] Azibo Nosology" (2003, 103) to fit this position was arrogant as neither supporting rationale nor data were provided. Instead, Kambon's position smacks of overweening bombast, a frequent failing in much of his work.

Though sublated, pressing this point is neither overkill, japery, nor epistemological minutiae as, sixth, the Azibo Nosology II distances itself from fiat and decree of this sort and instead classifies as peripheral personality disorders any DSM, ICD, or other condition defined in Western psychology that satisfies Wakefield's criteria pointed out above without violating African-centered criteria. These "peripheral" disorders are to be considered alongside—yet secondary to—disorders deleterious to correct orientation referred to earlier as primary. The four-fold Table 1 discussed above compels the primary-secondary scheme.

The superiority of the Azibo Nosology II formulation on the interplay of peripheral/DSM-ICD disorders with the central/own-race maintenance/correct orientation disorders over the absurd Kambon position can be nailed shut with two more tragic, splanchnic examples from real life. First, the honorable Paul Robeson would doubtlessly be classified in either quadrant A or B of Table 1. Tellingly, it matters not which because ancestor Robeson's own-race maintenance behavior—the mental health worker's "primary" concern—is legendary. But, supposing this giant of correct orientation actually had DSM diagnosable issues pertaining to "secondary," non-racial, idiosyncratic aspects of his personality, how absurd and grossly off the mark is Kambon's formulation that Mr. Robeson had to be psychologically misoriented *before* these DSM issues could onset? Kambon's formulation cracks the skull as bombast is wont to do. Speculation, however, is not necessary as the CIA poisoned ancestor Robeson with a hallucinogen causing him immense, debilitating psychological distress (Cockburn & St. Clair, 1999; Paul Robeson, 2010) which upon onset affected not his correct orientation but the idiosyncratically organized peripheral aspects of his personality. For certain, the latter can become so compromised in an individual as to make moot the race-maintenance or primary aspect of personality. The second example involves Hurricane Katrina which devastated African-U.S. residents of New Orleans. It is a safe bet that many residents experienced diagnosable psychological distress such as post traumatic stress disorder (PTSD) and what Fullilove, et al. (2008) called "root shock" defined as the harm caused when people lose their emotional ecosystem over and above the loss of human habitat. It is equally safe that these effects were felt by both the correctly oriented and the psychologically misoriented caught up in the Katrina devastation. Does the reader hold that the correctly oriented persons presto chango became psychologically misoriented before the onset of PTSD or root shock? This is what Kambon's (2003) framework requires. Enough said.

55 Specific Disorders

Have I made myself very clear by opening the challenge that
White psychiatry [and psychology] is totally incapable of
diagnosing what became 'Black Mental Health'

Yosef ben-Jochannan (1992, vol. 2, 16)

Turning to the 55 specific disorders in the Azibo Nosology II, nota bene that they have no precedent in the DSMs or ICDs, consistent with "Dr. Ben's" epigraph. The culture-focused disorders presented here would likely be regarded as *nomina nudu* in the Eurasian-based perspective. Maser, et al.'s (1991) observation that the DSM-III and DSM-III-R were especially deficient in cross-cultural psychopathology and ignored culture-focused disorders remains relevant overall for the later versions. As well, the research foundation of the DSM-III and DSM-III-R (Abdullah, 2003; Kirk & Kutchins, 2008) and probably later DSM versions too is highly suspect. Thus, at best, each of the DSMs to date should not be the Bible for diagnosing ADP, but only one source of information to be juxtaposed with that from the Azibo Nosology II.

Each Azibo Nosology II disorder will be defined and discussed regarding diagnostic criteria, etiology, predisposing, precipitating, and correlated conditions so far as current knowledge permits. Definition is all important because the minimum prerequisite for diagnosing any Azibo Nosology II disorder is that the manifest behavior actually maps onto the definition. In sorting with these diagnoses the psychological worker might "remember that the very first and last step to physical freedom is a free mind" (ben-Jochannan, 1992, vol. 1, 98). Free the Mind!, then, is espoused as a rallying cry to be uttered each time psychological work with an African descent person or population is begun by African descent psychological workers. It can keep them on task toward sovereignty serving simultaneously as an *à propos* corollary to the Free the Land! cry of the Republic of New Afrika (Obadele, 1984, 2003; Taifa, Plummer, & Lumumba, 1997) and the Garveyite's "Africa for Africans, Those at Home and Those Abroad."

Psychological Misorientation

For a [colonized,] captive and enslaved people which we Blacks [worldwide] are, the highest form of mental instability could be ... a Black who has adjusted to his [or her] condition and/or has accepted the value system of the White [or Arab] oppressor[she or he] is more in need of the services of the mental health provider than the traditional 'patient' [with peripheral/secondary disorders] because [his or her] ... level of adjustment [to Eurasian society] ... is dangerous not only to him or herself and the family related, but also to present and future Black generations.

Yosef ben-Jochannan (cited in Alexander, 1980, 34-35)

Definition. Drawing on Azibo's work (Atwell & Azibo, 1991; Azibo, 1989; Azibo, Robinson, & Scott-Jones, 2011), psychological misorientation to reality is defined in two parts, both being required to make the diagnosis. The definition is (a) interpreting and negotiating reality or proceeding in the world with that part of one's individual consciousness that determines his or her psychological Africanity (racial identity) being bereft of cognitions and lacking ideation that would orient him or her toward prioritizing own-race maintenance and, most importantly, (b) the person's cognitive structure/ideational mechanism, i.e., constellation of beliefs, values, attitudes, and so forth is composed of concepts opposed to or incongruous with African-centricity in thinking and behaving, especially those of psychological Arabism, psychological Europeanism, or nihilism. Genetic blackness minus psychological Africanity is a capsuled definition.

Diagnosing. At present there is no substitute for soundest clinical judgment based in analysis from African-centered human sciences per analyses by Azibo (1992, 2012a), Carroll (2012), and Semaj (1996). The ideal situation is when African-centered cultural analyses → a culturally competent practitioner → the capacity for making a psychological misorientation diagnosis, where → means lead to. Making the diagnosis is neither a flippant nor unchallenging undertaking as case studies reveal (Abdullah, 1998; Atwell & Azibo, 1991; Denard, 1998). Here lies the "most importantly" aspect of part (b) of the definition as the practitioner must determine that the attitudinal, belief, and value elements in the client's cognitive structure that are oppositional and contradictory to African centering were imposed by societal forces fostering Eurasian orientation and/or deliberately chosen by the client despite knowing the beliefs, values, and attitudes to be anti-African or contradictory thereto. The former case may be distinguished as *classic psychological misorientation* and the latter as *treasonous psychological misorientation*. The distinction makes sense remembering that the individual African person remains connected via self-extension to all other living ADP as well as African ancestors and future African progeny. Relinquishing or rejecting the African way for oppositional, African killing ways of Eurasian civilization is treason (Baruti, 2010).

Diagnosing psychological misorientation gets even more intricate. Part (a) of the definition by itself is insufficient as it cannot be distinguished from mere low, underdeveloped, or truncated psychological Africanity. It is likely that a vast majority of ADP in the diaspora have not learned how to be culturally African. As things continue to fall apart on the continent (Achebe, 1994), ADP there may be learning less African culture as well. That does not ipso facto render those affected with low psychological Africanity as psychologically misoriented even though their thinking and behaving may be indistinguishable from actual psychological misorientation thought and behavior. Low psychological Africanity and psychological misorientation, though similar, do not appear to be redundant. Where correct orientation is the standard, a state of low psychological Africanity is weak and psychological misorientation is psychopathologic.

Azibo (2006b) advanced a theory to disentangle low psychological Africanity and psychological misorientation along with supporting preliminary data. It could be that for significant numbers of ADP the own-race maintenance part of personality is being driven by low psychological Africanity as against psychological misorientation per se. Discerning which would seem imperative for the practitioner. By definition low psychological Africanity leaves a void in the cognitive structure regarding own-race maintenance. There is little else to fill this void other than concepts that will eventually lead to psychological misorientation. As these concepts increase in the psyche, they overtake and override low psychological Africanity which concomitantly increasingly diminishes in capacity to drive thought and behavior. This psychic, cognitive process warrants its own diagnosis as a subfeature of psychological misorientation. Thus *diminutional psychological misorientation* is the diagnostic label that refers to the process in which the capacity of low levels of psychological Africanity to drive own-race maintenance behavior is diminished (and likely to be eclipsed) by concepts that reflect psychological misorientation as the latter increase in number and influence in the cognitive structure. Perhaps a substantial number of ADP arrive at psychological misorientation through this process.

Scales for diagnosing. Cut scores for diagnosing psychological misorientation based in research have not been reported. However, Azibo has operationalized “correct orientation” as defined above and “diffused,” “unclear,” and “incorrect” psychological Africanity orientations using a variety of existing scales of psychological Africanity (racial identity). The terms diffused and unclear refer to a consciousness admixed with African and Eurasian cognitions and incorrect to a consciousness in which Eurasian cognitions predominate. With African-centered criterion variables, persons classified as correct outperform diffused and unclear who outperform incorrect (Azibo, 2008b; Azibo, Cassius, Marion, & Caspar, 2013; Azibo, Robinson, & Scott-Jones, 2011; Azibo, Robinson-Kyles, & Johnson, 2013; Dixon & Azibo, 1998). A rough index of psychological misorientation might be possible following the procedures used to operationalize these last three categories. The index would be a temporary fix useable in research and as an adjunct to clinical judgment and not a substitute for valid cut scores not yet developed.

The procedure is generic and can be used with any scale that provides at least two scores indexing correct orientation/psychological Africanity/racial identity. Combinations of scores from several scales may also be used. The procedure works with any type of score like total, subscale, factor, and so on. The median value has been used most, but other values might be used. For example, using the Black Personality Questionnaire groups were operationalized as follows:

1. correct orientation = Africentric score > *Mdn* of 13 and Anglocentric score < *Mdn* of 5;
2. incorrect orientation = Africentric score < 13 and Anglocentric > 5; and
3. diffused orientation = all others (Azibo, Robinson-Kyles, & Johnson, 2013, 118). Another example used scores from a 2-factor solution of the African Self-Consciousness Scale where Factor 1 was positive for correct orientation and factor 2 negative;
4. correct orientation = Factor 1 score above the 60th percentile and Factor 2 score below the 40th percentile;
5. incorrect orientation = Factor 1 score below the 40th percentile and Factor 2 score above the 60th percentile; and
6. orientation unclear (diffused) = all others (Dixon & Azibo, 1998).

Several examples that combine scores from different scales are given in Azibo, Robinson, and Scott-Jones (2011). The procedure can be gleaned here supposing the two datasets from items 1-6 were one. Persons could be classified as correct orientation by combining lines 1 and 4, incorrect lines 2 and 5, and diffused or unclear lines 3 and 6. (I no longer use the “unclear” term to refer to this construct in favor of the “diffused” term which was first employed by Semaj, 1981.) It is recommended that practitioners obtain scores periodically as needed from current literature and average them.

Of the psychological Africanity (racial identity) scales developed on African-U.S, only the African American Multidimensional Racial Identity Scale, Black Personality Questionnaire, and Cultural Misorientation Scale can be recommended at this time. Among these three, which scale, scoring method, or type of score is superior for assessing psychological misorientation is an empirical question. The fault with most others like the Multidimensional Inventory of Black Identity, Cross Racial Identity Scale, Racial Identity Attitude Scales, Developmental Inventory of Black Consciousness and similar scales is that they commit the “contradiction in construct conceptualization” error (see Azibo, Robinson, & Scott-Jones, 2011, 251) in which scale indices of an actual psychological misorientation are mistakenly interpreted as appropriate, high, sometimes even apical levels of African oriented identity. In so erring, these scales contradict the sacrosanct, rudimentary notion that psychological Africanity (racial identity) is necessarily and sufficiently defined as an African descent individual’s prioritizing in his or her thinking and behaving the defense, development, and maintenance of ADP (Azibo, 1991, 2006a) *as the creation mythos suggests*.

In many of these scales psychological Africanity (racial identity) as the underlying construct is distorted so greatly that “Africanity” or “Blackness” comes to include prioritizing the defense, development, maintenance of and the integration and interfacing with Jews, lesbians and male homosexuals, and Eurasians on par with ADP. In this way, Africanity or Blackness encompasses everything and ipso facto becomes a neutered nothing: “if Blackness is everything, then it is nothing” (public lecture by Dr. Bobby Wright, circa 1980). As these contradictory scales are the ones that receive recognition and respect in Eurasian-centered psychology, they and their attendant theories provide the rampart for a Eurasian-centered African psychology that I have warned about (Azibo, 1994a, 1998). Also, having determined in 1998 that Joe Baldwin/Kobi Kambon and his co-authors Yvonne Bell and Reginald Hopkins straight-up advanced the African Self-consciousness Scale and the Worldviews Scale (Baldwin & Bell, 1985; Baldwin & Hopkins, 1990) with falsified data, I cannot recommend their use in any activity.

Etiology. Psychological misorientation derives from deAfricanizing caused by the superimposition of Eurasian civilization on ADP. When this happens Eurasian cultural forms and definitions are continually promulgated and reinforced while simultaneously enforced is debasing and relegation to marginalia of centered African cultural dictates. This attacking of ADP’s correct orientation and the psychological misorientation which results is hardly happenchance as it originates in codified Eurasian supremacist thought across the ages (Ani, 1994; Management of Negroes, 1919; Wobogo, 1976) which at its base is anti-African culture and civilization (Azibo, 1992). This fact is given witness by the utter truth that the Eurasian has never come in peace (see Blaut, 1993; Chomsky, 1993; Fagan, 1998; Williams, 1976). The overall effects observable in ADP worldwide have been a co-dependency to racism (Ukombozi, 2011), mental wrecking, and wretchedness (Walker, 1829/1965). Reparations for this infamy are warranted (Azibo, 2011c, 2012b; Carroll & Jamison, 2011).

A Predisposing Condition. Each of the other 54 disorders in this nosology proceeds first from the state of being psychologically misoriented. Most likely, so will any disorder pertaining to own-race maintenance not identified. Thus psychological misorientation is the pivotal disorder in the Azibo Nosology II as it predisposes all other culture-focused conditions. (A caveat is introduced below regarding the condition known as mentacide.) A precise trigger or precipitator for its onset is unknown and unlikely given its arising from all facets of society or people activity (family, church, school, media, and so forth).

Superior construct to false concepts of acculturation, assimilation, bi-culturalism, multi-culturalism, and diversity. A false concept is one that seems applicable at first glance but after scrutiny is seen to obscure and mislead into the Eurasian conceptual universe and utamawazo. Once there, the mental health worker may mean well but will only deliver theory, research, and practice using Eurasian conceptualization. Even if s/he deconstructs and reconstructs, absent construction, the fact remains that s/he is working from the confines of Eurasian utamawazo.

This is a problem for ADP as Eurasian culturally structured thought is by definition designed to maintain the culture that produced it. Necessarily, Eurasian-based sciences including mental health work is as supremacist and geared toward the continuing of White-over-Black ethos as is its parent culture (Baruti, 2006; Carruthers, 1996; Semaj, 1996).

Therefore, as discussed in Azibo's works (Azibo, 2011c, 2012b; Azibo, Robinson, & Scott-Jones, 2011) the question is whether psychological misorientation or acculturation, assimilation, bi- and multi-culturalism, and diversity capture the reality of the thinking and behaving contrarily to correct orientation that ADP engage in. If psychological misorientation is the more valid concept, then the others ipso facto are false concepts. Nota bene there is a lot riding on this question, namely the validity of the entire Azibo Nosology II enterprise specifically and generally that of Africentric culture-focused disorders. The reader may make up her or his own mind after considering the following:

1. Jacobus E. Capitein (aka Rafael Septien) was an enslaved African who in his 1742 dissertation argued that Christian dogma supported African enslavement. That is, the latter was reconcilable and consistent with the former. After that, he served as Chaplain at the infamous slave dungeon Elmina Castle (deGraft-Johnson, 1986; Thompson, 1987). Assimilation?
2. Neptune Small served the Confederacy in battle at the side of his enslaver's sons. His exploits were so heroic that the state of Georgia named a park—Neptune Park—in his honor (St. Simons, 2010). Acculturation?
3. For a \$390,000 contract African-U.S. William Keyes lobbied the United States Congress on behalf of apartheid South Africa. He worked against social justice reforms pertaining to legal and voting rights, land, and income that the indigenes were fighting for (Williams, 1985). Diversity?
4. African-U.S. Courtney Mann worked for the Ku Klux Klan for over 3 years as its Pennsylvania state director. She assisted Grand Dragon David Duke in working for "White Rights" (Mann has destruction, 1997). Bi- or multi-culturalism?

It would seem the Azibo Nosology II enterprise is on safe grounds as the psychological misorientation concept—not assimilation, acculturation, diversity, bi- and multi-culturalism—captures the psycho-sexual terrorism that underlies the imposed and maintained nature of the thinking and behaving of these four persons and by extension ADP in general.

Nomenclatorial Nuance. Psychological misorientation is a superior term to cultural misorientation. The two should not be conflated. In the consulting room, it is the client's psyche that the practitioner evaluates and tackles because the individual psyche is the *locus* of directions that proximally guide, nay determine, thinking and behaving, ideation itself. The truism that people proceed as they perceive implicates individual cognitive structure as the focal point for the practitioner.

To illustrate, when treating a husband for philandering the practitioner works on the problematic beliefs, values, and attitudes that the client holds while trying to displace them in his psyche with more appropriate ones. Two points to be taken are that (a) this is what is done in real-life casework (e.g., Atwell & Azibo, 199a; Denard, 1998) and (b) the client's culture is not treated. Culture as the linchpin of mental health definition (Azibo, 1996c) necessarily is drawn upon, but it bears repeating that the client's psyche is treated and not the culture of the client. For example, in the philandering scenario the centered African creation mythos can be used to teach the sacredness of the marital union and the idea of the Great Mother to encourage respect for the wife and African womanhood. Technically speaking, practitioners prioritize working through the psyche or cognitive structure or on the overt behavior directly as these are the proximal targets. The cultural concepts drawn upon are too distal for direct intervention. "Cultural" misorientation, then, as both concept and phenomenon is ethereal except that it is rooted in the psyche of the individual client. Therefore psychological misorientation is the better nomenclature for theory, research, and practice. Supporters of using the term cultural misorientation need an argument better than the one presented here as, again, the Azibo Nosology II distances itself from fiat and decree, particularly that of Kambon (2003).

Four disorders are subclassed under psychological misorientation. They appear to be quintessential types or instances of the condition but have a distinct enough character to warrant an explicit diagnosis of their own. I refer to alien-self disorder, anti-self disorder, negativists-pejorativists profile, and Negromachy.

Alien-Self Disorder

Definition. This disorder may be defined as an active rejection of one's personal self (me-myself-I) as meaningfully African beyond mere lip service acknowledging of African descent, and sometimes not even that, coupled with an eschewal and disparagement of thought and behavior perceived to be associated with ADP or their cultures historically or contemporarily.

Diagnosing. Clinical impression based on symptom presence will have to suffice at this juncture. Akbar (1981) may be consulted. Typical symptoms include socialization to strongly identify with Eurasians and/or their culture, the internalization or acceptance of this socialization, excessive tension and discomfort with racial matters generally and matters African particularly, avoidance of sunlight, avoiding or minimizing social contact with ADP, and disaffection with natural sexual roles a la the creation mythos including wifehood, husbandry, and parenting (as ideas or in actuality).

Discussion. See discussion section under anti-self disorder.

Anti-Self Disorder

Definition. An orientation that is actively hostile toward ADP and their cultures as well as disparaging and undermining of them while concomitantly favoring Eurasian people and culture defines the anti-self disorder.

Diagnosing. With the addition of active and rigid hostility, the diagnostic criteria and symptoms are generally the same as for alien-self disorder (Akbar, 1981). Symptoms of this hostility include aggression against ADP of the kind typically perpetrated by Eurasians like beatings, kidnappings, rapes, social and economic persecution, et cetera, opposition to affirmative development of ADP, outmarriage, and dating non-ADP.

Discussion. Akbar's (1981) articulation of anti-self and alien-self suggests the former disorder is more serious or damaging than the latter due to the anti-African hostility. However, Azibo (2006b) has re-thought this and sees the matter vice versa. It would seem that the hostility component of the anti-self-disorder can penetrate the psyche at a surface level or, of course, it can penetrate deeply. In either case hostility is the pivotal component of the anti-self-diagnosis. Consider that the attitude "if you're Black stay back, yellow you're mellow, light and near White you're alright" when deeply penetrating the psyche may lead to out marriage based in hostility, but if penetrating not so deep may lead to hostility-based use of the n-word, but no more. Both scenarios map onto African-U.S. life. Thus anti-self-disorder is warranting of reconceptualization as graded to include hostile—but run of the mill—anti African sentiment that penetrates little farther than the surface of the psyche at the low end through a more deeply psychically penetrating active opposition to and negation of ADP's life and culture at the high end. This means that the anti-self-disorder diagnosis could apply to persons who resonate with the hostility contained in society's prevailing anti-Africanisms, but show no inclination for or history of aggression against ADP. The veneering of anti-self-disorder in this way in contrast to deeply ingrained is less psychically penetrating than alien-self disorder and consequently can be less damaging according to Azibo (2006b) whose survey research provides preliminary empirical support. Alien-self disorder by definition would seem to penetrate the psyche deeply enough to always seriously affect own-race maintenance behavior. The same cannot be said for low-end, run of the mill anti-self-orientation which is probably more prevalent than the classic high-end type. Therefore alien-self disorder may be more damaging to own-race maintenance and more prognosis poor than anti-self. It is prudent that the practitioner be mindful of this while not losing sight that both conditions are seriously damaging.

Negativists-Pejeorativists Profile

Definition. Negativists-pejeorativists profile (N-PP) is defined as a maladaptive syndrome culled from the unfavorable descriptions of African-U.S. personality found in six select, classic Western-based theories published from 1951-1975 (Azibo, 1990a).

Diagnosing. The symptoms of N-PP are taken from Kardiner and Ovesey (1951), Pettigrew (1964), Vontress (1971), Mosby (1972), Karon (1975), and Kirk (1975) each of whom was describing the normal African-U.S. personality in his or her mistaken view. These works evinced themes not unlike the vulgar sambo personality thematic (Scott, 1997, 89-91) which preceded them. Specific symptoms are:

1. compulsiveness/immediate gratification;
2. low personal self-esteem and/or personal-self-hatred (I, me referent);
3. sense of personal humiliation;
4. deep feelings of inferiority;
5. fragile, split, or otherwise inadequately functioning self (see also Welsing's 1991 concept of inferiorization and Wilson's 1992 alienated self-concept);
6. extended-self-hatred/disparagement of the extended self (We, us, the race referent);
7. caricature or overdoing of characteristics associated with the Eurasian cultures;
8. anger and aggression;
9. fear of success; and
10. confused personal or extended self-identity.

This syndrome reflects an aberrated, disorganized personality system, not a normal one. When the symptomatology is exhibited, the N-PP diagnosis is made. Precise guidelines regarding the intensity or number of symptoms required for the diagnosis remain to be developed in clinical research. For now, perhaps the clinical worker should weigh both intensity and number of symptoms. It could be that one symptom intensely held or deeply penetrating the psyche is as much a psychological disturbance as several symptoms less psychically penetrant.

Discussion. All symptoms are negative and pejorative, hence the nomenclature. The symptoms constitute psychological misorientation because they reflect discomposed correct orientation resulting from Eurasian psycho-cultural hegemony as presented in Baldwin (1980), Eyerman (2001), and Jennings (2003). Although much of the literature that underlies the negativists-pejeorativists perspective on ADP's normal or modal personality functioning has been discredited by deconstruction and reconstruction work, N-PP is not to be dismissed when it comes to disordered mental functioning.

Negromachy

Definition. Thomas (1971) defined Negromachy as confusion and doubt of self-worth in an African-U.S. person due to dependency on or the use of standards and definitions from White American culture. The self-referent here is to the personal self. To generalize to global ADP, replace “White American” with Eurasian.

Diagnosing. Difficulty may arise in distinguishing Negromachy from N-PP. The crucial differences for diagnosis are that Negromachy pertains exclusively to personal self-worth whereas N-PP entails multiple symptoms of both personal- and extended-self matters.

Discussion. Eurasian civilizations produced Negromachy in ADP part and parcel to conquering them. The worldwide enslaving and colonizing schemes that forced ADP’s abjuration of their traditions and murdered and marginalized those who maintained traditional memory while implanting Eurasian ways full of anti-Africanity is a formula for rendering ADP anti-intellectual, a theoretical, and completely ahistorical as Wright put it (cited in Carruthers, 1985). Confusion and doubt of self-worth in Africans was bred in historic conditions like these (e.g., Eyerman, 2001; Jennings, 2003). That Negromachy is a continuing factor in the minds of ADP today speaks volumes to the power and intergenerational character of psychological misorientation (Azibo, 2011b, 2011c). Jones (1992) underscores that living amidst mental confusion in self-consciousness straight-up bars group progress for ADP.

Menticide

[F]irst look back at the 15th century. At the 500 year span of time, the age of menticide, and explain the colonization of the mind that has brought us [ADP] to the sad state where we can get close to liberation—close enough to touch and taste it—and turn around and move in the other direction.

John Henrik Clarke (1994)

All of our problems can be attributed to the systematic theft of our Afrikan personality.... brought about by the conscious destruction of our culture by both our Arab and European enemies. The results of their cultural imperialism has been devastating as we stumble around leaving “Race First” logic behind.

Del Jones (1996, 162)

Definition. In applying the mentacide term to ADP, Dr. Bobby Wright defined it as the deliberate and systematic destruction of an individual's or group's mind with the intention of extirpating that group (Olomenji, 1996). It is worth underscoring that by definition there can be no de-linking of inflicted mental harm to target group physical demise. To maintain the Eurasian-over-African relationship, Eurasian civilizations are compelled to completely destroy ADP's potential for social functioning. To achieve this, controlling the African mind by Eurasians is prerequisite and therefore prioritized in Eurasian cultures. Mentacide it would seem is the ultimate weapon for that.

Mentacide as a Process. Mentacide as a perpetration employs societal institutions which project images, values, beliefs, and opinions which render correct orientation in ADP void of its pro-African orientations to living by instilling in the psyche pro-Eurasian orientations to living with their corollary anti-African sentiments. Mentacide is in no way a lightweight idea or psychological farce, but rather is the necessary psychological gearing which precedes a smooth, well-managed extirpation of ADP physically or psycho-culturally. Cheikh Anta Diop provided witness when he noted that the Eurasian war on the African mind has resulted in "a cultural and mental death which preceded and prepared genocide" (Jeffries, 1986, 149). The United Nations official position on genocide seems to also bear witness by pointing out the mental devastation-group extirpation relationship as part of the genocide definition, to wit "[c]ausing serious bodily or *mental* harm to members of the [target] group" (Obadele, 2003, 229, emphasis added). The colloquialism "if you control minds, you will control behinds" is apt for mentacide. Combining metaphors from "Dr. Ben" and Olomenji yields a view of mentacide for serious cogitation by mental health workers as the silent raping or murder of a people's collective mind which effects in its wake a kind of living-dead.

Mentacide as an Effect. As a mental disorder, mentacide is bi-partite as it can discombobulate the peripheral, non-racial, idiosyncratic, secondary part of personality as well as the own-race maintenance/correct orientation, primary part. *Peripheral mentacide* is defined as disorganization in the idiosyncratically organized secondary part of personality via a peripheral personality disorder when it is caused by the mentacide process. To illustrate, consider a correctly oriented individual who otherwise is a typical African-U.S. person. S/he is utterly thrilled at Barack Obama's elections as president. Eating away at the elation, however, is the unrelenting, unprecedented vicious treatment of Mr. Obama (e.g., McCamey & Murty, 2013) and the First Family as carried in blogs, news reports, and radio and television shows. Examples might be Dr. Oz saying on his television show to the First Lady "I wish I was in the room when you had that colonoscopy," the broom placed in the behind of the rodeo clown wearing the Obama mask, the finger in the face by the Arizona Governor, the 40 and counting Congressional attempts to repeal "Obamacare," protestations like "Kenyan, go home," "Muslim," et cetera. The person eventually presents with an intact correct orientation and a sleep disturbance and/or a "work problem" solely caused in reaction to the non-stop Obama-bashing.

This bashing is part of the mentacide process. To diagnose and treat, shall we say, the peripheral personality disorder sleepwalking or insomnia only rather than sleepwalking or insomnia induced by peripheral mentacide is likely to yield less efficacious treatment. This illustration is realistic and, moreover, reveals the important consideration that mentacide can directly engender a diagnosable peripheral personality disorder contained in the DSMs or ICDs for ADP who are correctly oriented. (A diagnosis of sleepwalking, insomnia, or work disorder as found in the various DSMs would satisfy both Wakefield's and the non-incongruity with African culture criteria in this scenario.)

What if the client here had been psychologically misoriented instead of correctly oriented before presenting with sleepwalking or a work problem? Assuming an anti-self-disorder, for example, prior to Obama's election, the client still could admire Obama's presidential ascent as a prodigious achievement as could any Ku Kluxer and start sleepwalking or develop a work problem in response to the propounded imagery. In this scenario, the mentacidal process is still driving the sleepwalking or work problem and the pre-existing anti-self-psychological misorientation has nothing to do with it.

Continuing with the Obama imagery → sleepwalking illustration and assuming that a pre-existing correct orientation in the client was damaged due to implanting of the vulgar imagery, the diagnosis would be *alienating mentacide*. Alienating mentacide is defined as debilitation or destruction of correct orientation by the mentacide process that yields or facilitates an overall disparaging of all things African which leads toward estrangement or alienation from African-centeredness in orientation and possibly ADP at personal and societal levels. Popular culture in its diminishing of racial awareness, identity, and preference (Azibo, 2010; Hilliard, 1988; Milloy, 2010) is a major vehicle for alienating mentacide as is Western education (e.g., Akoto, 1992; Azibo, 2011c, 2012b; ben-Jochannan, 1973; Carruthers, 1999; Kamau, 1996; Ukombozi, 1996; Williams, 1976, 37-40). From this point, additional culture-focused disorders and/or peripheral personality disorders—like the sleepwalking—could be generated.

Etiological Caveats. In the Azibo Nosology II correct orientation represents a state of personality normalcy. Peripheral personality disorders, mentacide and psychological misorientation are major states of disorder. Consideration of the possible etiological paths to disorders should be instructive. In the 5 nominal paths that follow, the → symbol stands for directly leads to, →→ stands for dissipated by, and ↔ stands for bi-directional/reciprocal causation or influence where either can lead to the other.

Path (1): mentacide → peripheral personality disorder in a correctly oriented person: diagnosis is peripheral mentacide;

Path (2): mentacide → peripheral personality disorder in a psychologically misoriented person: diagnosis is peripheral mentacide noting that the pre-existing psychological misorientation disorder(s) is etiologically unrelated to the peripheral personality disorder;

Path (3): correct orientation →→ alienating mentacide → psychological misorientation → either (3a) or (3b) where (3a) is any other Azibo Nosology II culture-focused disorder(s): diagnosis is the particular culture-focused condition(s) with alienating mentacide etiology; and where (3b) is any peripheral personality disorder(s): diagnosis is the particular peripheral personality disorder induced by psychological misorientation disorder with alienating mentacide etiology.

As the mentacide process is part and parcel of Eurasian civilization and affects ADP worldwide, *path 3 might be the prevailing path to psychological misorientation. This would imply that it is Azibo's construct of alienating mentacide that is the pivotal disorder in the nosology and not psychological misorientation* as stated earlier. This issue awaits future resolution.

Path (4): correct orientation →→ psychological misorientation or diminutional psychological misorientation; and lastly

Path (5): correct orientation →→ psychological misorientation or diminutional psychological misorientation → alienating mentacide → another culture-focused disorder(s): diagnosis is the culture-focused condition(s) induced by alienating mentacide and psychological misorientation.

Discerning the etiological path is not just an academic exercise, but important for three reasons. One is theory evaluation. For example, the Azibo Nosology II views each path as possible and alienating mentacide and psychological misorientation as capable of reciprocally influencing each other (alienating mentacide ↔ psychological misorientation) based on paths (3) and (5). This feature is held over from the original Azibo nosology (Azibo, 1989). What is new is postulating path 3 as possibly more probable than path (4). In contrast, Kambon's (2003) theory, by fiat, rejects paths 1, 2, and 3 as impossible ruling in only path 4 (path 5 is actually subsumed by path 4).

The second and third reasons for discerning the etiological path pertain to why mental health workers diagnose in the first place: to provide the most efficacious treatment and, embedded into the mental health enterprise, to support the societal framework. Speculations about William Keyes and Courtney Mann (based only on published newspaper reports) will provide illustrations. Recalling that Keyes accepted a lucrative contract to harm Africans and help their Caucasian enemies, there is nothing in Williams (1985) that suggests mentacide. The impression is of a high functioning person, yet a sickie. It seems he simply made a calculated choice to profit on ADP's pain. On the other hand, in Ku Klux Klan server Mann the mentacidal process seems discernible at several points in her life (Mann has destruction, 1997). Assuming for the sake of illustration only that these speculations are accurate, Keyes' behavior would fit path (4) and Mann's path (3) or (5). Concerning treatment, Mann's disorder may be deeply penetrant of her psyche and resisting of intervention due to the alienating mentacide.

All of that (speculated) mentacide would have to be countered before therapeutically-directed metamorphosis to correct orientation could be accomplished. A stratagem might be to work backwards from the diagnosed disorder(s) to correct orientation—reversing the etiological arrows—battling the ravages of mentacide and psychological misorientation where they occur. It is different with Keyes, however, with whom a transformation to correct orientation could be more readily effected, if he wanted it. The therapist would have to get him to embrace the goal, but would not have to contend with mental roadblocks from mentacide.

Concerning psycho-political implications, the assumption is that both would be convicted of treason under African-centered law. Mann would seem deserving of a psychological defense which might mitigate sentencing. But, it would be appropriate that death, the maximum penalty for treason, be pressed for Keyes. It will be seen throughout the remainder of this article that the implications that derive from the Azibo Nosology II are no joke.

Sub-classed under mentacide are five disorders. They are dependency deprivation, Eurasian supremacy stress, racial encounter distress disorder, mentacidal falling out/blacking out disorder, and nepenthe defense mechanism disorder.

Dependency Deprivation

Children are the only future of any people. If the children's lives are squandered, and if [they] are not fully developed at whatever cost and sacrifice, the people will have consigned themselves to certain death.

Frances Welsing (1991, 239)

... reiterate that our children are our future and it is up to us to pave the way for them to run towards freedom.

Del Jones (1992, 6)

Definition. Articulated by Welsing (1991) as a consequence of inferiorization, which is a concept equivalent to mentacide, dependency deprivation is defined here as a state of chronic inadequate satisfaction of emotional and physical needs usually beginning in the pre-natal period and running through infancy, childhood, and adolescence or onset anytime within these periods that is caused by the failure of adults responsible for socialization (especially parents) to meet the child's dependency needs.

Diagnosing. When the client's life space is or was characterized by lack of mature, patient support and understanding consistently provided by adults for extended periods of time during early life, infancy and childhood particularly, and is associated with the following symptoms, the diagnosis can be made:

1. continued, un-weaned need for high-level emotional support and need-gratification;
2. incorrect and/or immature behavior pattern organization including discipline and control;
3. impregnation or pregnancy to fulfill unmet dependency needs;
4. being the offspring of a child-parent;
5. significant issues with one's parents or main caretakers including anger and violence;
6. depression masked by disturbing patterns of behavior like sex obsession, substance abuse, longing, and despair; and
7. failure to master adult male and female functioning, particularly social functioning.

These symptoms were culled from Welsing (1991, *iii*, 239-274).

Discussion. Welsing articulated dependency deprivation as a function of inferiorization defined as the conscious, deliberate, systematic process utilized by White supremacy systems to mold ADP from their birth to death into inferior beings through stressful, destructive ecosystem experience (241-242). Inferiorization, then, is best considered a specific instance of the mentacide process. The DSM or ICD may be used (under the restrictions pointed out earlier) for distress resulting from unmet dependency needs not engendered by the mentacidal process/inferiorization as that would entail peripheral personality disorder.

Though child psychologists and mental health workers have to their shame been derelict by not reporting research in the context of dependency deprivation theory (and several other issues Welsing has articulated for over 40 years), casual perusal of ADP involved with the criminal justice and family services systems everywhere suggests its presence. The initial section epigraph is foreboding and ADP do appear to be in extremis. The Azibo Nosology II joins the long list of calls for special and redoubled preventive and intervention efforts for the development of ADP's children, lest we forget just how special, vital (Edelman, 1981; Stewart, 1996; Whitehurst, 1980; Wilson, 1978, 1992) and vulnerable (Kleeman, 2007) they are.

Eurasian Supremacy Stress

Definition. This disorder refers to psychological distress and biological and behavioral dysfunction or impairment resulting from the extra stresses that mundanely operates in ADP's lives under dominance of Eurasian civilization. Pierce (1995) articulated an identical concept calling it mundane extreme environmental stress (MEES) (Smith, Hung, & Franklin, 2011).

Diagnosing. When the stress that grips an African descent person is due to factors of White or Eurasian Arab supremacy, it would be important to diagnose any resulting personality debilitation or problems in living as involving alienating and/or peripheral mentacide, as the case may be, as Eurasian supremacy stress is a function of mentacide.

The extra stresses can bring about loss in correct orientation (alienating mentacide) or effectively foster disorganization of the peripheral part of personality (peripheral mentacide). The extra stresses needed for diagnosis are culled from Welsing (1991, *iii*) and Myers (1976) who provide broad, but maybe not exhaustive, coverage. Extra stresses are operating on the African descent client if s/he is directly or indirectly affected by

1. poverty related to race or racism;
2. socio-political-economic oppression related to racism;
3. racism per se;
4. ethnic or racial minority status;
5. socio-political powerlessness of one's racial or ethnic group;
6. race or racism related socio-economic state of existence including environmental decay, inadequate sanitation, health care, social and recreational services, high unemployment and/or underemployment, education, and limited resources;
7. awareness that ADP will likely have more difficulty surviving than other groups;
8. awareness of racially differential access to coping resources;
9. awareness that taking action to remove environmental stressors frequently result in severe punishment for ADP (i.e., Eurasian-over-African is societally enforced);
10. an ample regard for passive denial and suppression of feelings in response to racially stressful events; and
11. a generalized feeling of hopelessness and/or powerlessness related to race. It would seem that whenever a client of African descent is suffering from stress, if any of these extra stresses exist in his or her life space the Eurasian supremacy stress diagnosis is warranted. Perhaps a single extra stressor is too scant a criterion for some practitioners, but maybe not given the powerful impact Eurasian world order has on the lives of ADP. Until a more definitive analysis is made, the clinical worker's judgment is likely best.

Discussion. Since Eurasian supremacy requires the inferiorization of ADP, Eurasian cultures implement a design of the social structure that ensures Eurasians will be on top of or over ADP (see Ani, 1994). This appears as *faits accomplis* (Williams, 1976; Wilson, 1998). Therefore it is a truism that “nothing happens under White [Eurasian] supremacy that is not about the business of White supremacy” as Frances Welsing utters frequently. In consequence of this dynamic, daily living for ADP where Eurasian domination is in effect is replete with myriad, extra stresses which add to the regular stress in a society like taxes, rent, marriage, rearing children, negotiating school and the workplace, et cetera. Baseline stress level becomes a function of regular stress + extra stresses and, therefore, is no doubt elevated in comparison to Eurasian's basal stress level (comprised only of regular stress). Myers (1976) captured this idea in his model of “Black stress.”

Unfortunately, Myers' analysis smacks of victim analysis. Rather than emphasizing the victim's role, I will heed Wright's (1985, 16) observation that "one of the most difficult tasks of a Black scholar is to analyze the influence of racism on Black behavior and attitudes, and, at the same time, escape the ... 'analysis of the victim' methodology (which involves seeing the victim as the cause of his [or her] own problems)." Victim blaming has been a historic challenge to African descent mental health workers for whom Welsing's (1994) question remains relevant: Will they help their people understand what the real issues are or will they be dragged and pulled into victim analysis because grants are being given for it? Also, as many, maybe most, African descent mental health workers are conceptually incarcerated in Western psychological paradigms victim analysis/blaming is still a problem. Karanja Carroll (2010, 2012) has detailed social science paradigms that make victim blaming less likely. Diagnosing from the Azibo Nosology II perspective should ameliorate victim analysis. Additionally, the nomenclature employed—Eurasian supremacy stress—directs attention to the cultural source and motivation for the stress explicitly by name unlike the "Black stress" and MEES terms, nomenclatures not opted for. As well, coping responses to stress such as John Henryism (Duke Medicine, 2006; Job Stress, n.d.) might also funnel focus onto the victims at the expense of this larger perspective.

Smith, Hung, and Franklin (2011, 68) discuss the stress response African-U.S. men make to racial micro-aggressions (their model applies to women as well). The racial micro-aggressions they discuss can be seen to arise in the mentacide process reflecting "Black misogyny" and "Black misandry" in order to justify and reproduce African-U.S. subordination. They use the rubric "racial battle fatigue" to conceptualize the resulting stress. Their construct appears subsumable under the Eurasian supremacy stress disorder construct.

Using the Azibo Nosology II framework to conceptualize formulations about stress pertaining to ADP such as acculturative stress, racial battle fatigue, and others would appear to be warranted and potentially fruitful. A case in point is Johnson's (1993) description of racial encounter distress disorder.

Racial Encounter Distress Disorder

Definition. Johnson did not provide a definition, so racial encounter distress disorder (REDD) is defined here as stress-related psycho-behavioral debilitation resulting from a racial encounter. The encounter may be of the individualized or institutionalized type, spontaneous or planned.

Diagnosing. REDD is diagnosed when the encounter is galvanized around race, issues pertaining to race, or racist behavior and there are at least three of the following:

1. reporting a verbal or physical incident or any other act experienced as racially/ethnically intimidating or distressing;
2. an internal re-experiencing of the trauma;
3. linkage of the re-experienced trauma to previous racial experiences;
4. an understanding that the incident was not part of ordinary crime or behavior;
5. experiencing excessive anticipatory anxiety associated with people who are of the same race as the perpetrator(s); and
6. reporting a decline in daily functioning (work, school, interaction with others, physiological factors, et cetera) since the encounter.

The listed diagnostic criteria is a modification of Johnson's (1993, 456).

Discussion. For victims of Eurasian supremacy, life will involve racial encounters (Fuller, 1984) that can be clinically distressing. Three factors among many that might affect the amount of distress are the nature of the encounter (high versus low threat, importance to self-conceptualization, reflective of individualized versus institutionalized racism, and so on), whether the time of occurrence of the encounter is at a critical juncture in the victim's life, and myriad personality variables of the victim. REDD may have strong potential to stimulate peripheral personality disorder (and reactionary disorders discussed below).

REDD can occur across the lifespan, but may be especially harmful to children and youth (Coker, et al., 2009; Fisher, Wallace, & Fenton, 2000; Sellers, et al., 2006). "Afrocizing" which is a process of childrearing that teaches African-centeredness including how to deal with Eurasian supremacy (Azibo, 2013a; Laws & Stricklen, 1980) and racial socialization a la Sutherland (1995) are the prevention recommendations as "children reared by parents who prepare them for racism ... report less distress in response to [racial] mistreatment" (Wise, 2010, 172). Establishing or reaffirming "awareness" (Luther X, 1974) of centered African cultural functioning versus Eurasian functioning (Baruti, 2009a) including a general appreciation of racial differences, preferences, and identity (Azibo, 2010) should be a major goal for intervention (Azibo, 1990b). Preventive and intervention activities of this sort should fortify correct orientation against the ravages of REDD.

Johnson's (1993) work while excellent also exemplifies an egregious, yet common error. The Azibo Nosology II disclaims the paradigm in which Johnson operated. His article offered a "new diagnostic alternative" and new "assessment impressions" (Johnson, 1993, 458) relative to standard DSM interpretations. The tragedy is that his entire analysis was located, nay incarcerated, in the Eurocentric psychology ballpark. Specifically, the format and springboard for mental disorder conceptualization was the DSM-III-R. Thus the DSM's underlying conceptual universe was provided a tacit and sometimes explicit assumptive legitimacy. (This criticism applies to Leary, 2005, also.) As a consequence, in the final analysis Johnson accomplished no more than a blackening or, more technically, a reconstruction of Eurocentric nosological classifications with his "new diagnostic alternative" and new "assessment impressions."

Bravo. There certainly is a place for reconstruction. Nevertheless, his work amounted to a supplementing of Western psychology thereby abetting its unabated hegemony over the interpreting of ADP's psyche. There was no bridge or rampart to construction from the African center tendered, possible, nor conceived apparently.

This ignominious state of affairs overall characterizes so-called African (Black) psychology since the early 1990s as I read it, not just Johnson. Still, his work is a quintessential example of the upshot of what Azibo (1994a) identified as the *fundamental failure* to engage construction which still prevails among African descent psychological workers. This fundamental failure is facilitating African (Black) psychology's degeneration into and subsumption as an irritating boil appended to Western psychology's backside that from the West's perspective apparently is best ignored until subsumed. The same thing happened to Black Liberation Theology and that is why it has almost totally disappeared and appears irrelevant to ADP today (Azibo, 1994a). With historical perspective (Azibo, 1996a), Harrell's supplement to the DSM nosological framework as far back as 1979 is acceptable; in the 1990s and beyond, however, the basing of supplementary offerings in the underlying conceptual universe of the DSM, as Johnson (1993) did, should be seen as undesirable, if not unacceptable. The African descent mental health worker is not showing any growth when s/he stays put in the Eurasian psychology conceptual systems. Doing so is not only paradoxical—professing to liberate ADP's minds using the tools and theory that are employed to keep their minds incarcerated in the first place—but also damaging for African-centered psychology insofar as it delays the unfolding of and undermines the foundation for (re)emerging cultural science (Semaj, 1996) and culture-focused research framing (Azibo, 1996d) and treatment of which the Azibo Nosology II is a part and thereby provides rescue.

A case in point for further illustration is post-traumatic stress disorder (PTSD). Before long, in response to the strong footing of nascent African-centered mental health analysis Western mental health has little choice but to re-define PTSD to accept intergenerational trauma rooted in enslavement. This acquiescence will occur for no other reason than Western psychology's need to successfully feign inclusiveness or movement in that direction in response to multicultural arithmetic. My assumption is that neither Western psychology nor its parent culture are actually opening up to inclusiveness of African-centered reality on par with its own, but is responding politically to manage it. Arguments like Cross's (1998) which epistemologically or in the sociology of knowledge qualify as "Negro" scholarship were promulgated because they oppose and deny scientific bases for widening PTSD and other DSM-based disorders in accord with centered African reality (see Azibo, 2011b). Such arguments today in 2014 embarrass the Western scholarship that promoted it despite having successfully spent itself policing against African-centered thinking for 10-15 years until Western-based analysis could capture the tide. This is what opening up PTSD diagnosis to African-U.S. intergenerational trauma reflects. It leaves no room for and militates against interest in relevant culture-focused disorder. This is precluded when the diagnostic pandect is the Azibo Nosology II.

Mentacidal Falling Out/Blacking Out Disorder

Definition. Adapting from Dana (1998, 105) “‘falling out/blacking out’ is a sudden collapse into semiconsciousness, with or without warning, but with immobility accompanied by understanding and inability to see generally an unrecognized and untreated reaction to [Eurasian supremacy] stress among Blacks.... called *indisposition* in Haiti” (italics original).

Diagnosing. In addition to the striking behavior, this diagnosis is appropriate when Eurasian supremacy stress of the acute encounter or chronic type is the igniter. Otherwise, the mentacidal term is dropped from the diagnostic label and “falling out/blacking out disorder is diagnosed and considered a peripheral personality disorder of the culture-bound syndrome type. Sue and Sue (1999), Tseng (2006), and Hughes (1998) discuss culture-bound syndromes.

Discussion. When extra stresses are impacting the client by definition so is the mentacide process, hence the nomenclature. Most practitioners would readily recognize the seriousness of “blacking out” when overwhelmed and treat it. Unfortunately, most do not recognize or know what to do with the mentacidal influences. The Azibo Nosology II framework eliminates this ignorance.

Nepenthe Defense Mechanism Disorder

Definition. This condition is defined as responding to threats to one’s psyche that emanate from the Eurasian controlled or inspired ecosystem with inordinate levels of defensive behavior which provide the individual with a nepenthe—inducement of forgetfulness of pain or sorrow causing in the mind oblivion of grief or suffering.

Diagnosing. Any of the scales (e.g., Davidson & MacGregor, 1998) or projective techniques (e.g., Cramer & Blatt, 1990) that measure defensive behavior might be used. If a client’s score exceeds the 60th percentile of an appropriate comparison group or is two standard deviations above that group’s mean, a tentative diagnosis can be made. It is incumbent on the practitioner to determine if a nepenthe is being afforded. If it is, then the diagnosis is confirmed. Alternatively, clinical judgment might suffice until research based cut scores and the better scales are determined.

Discussion. Azibo’s (2007, 2013b) nepenthe theory is a provocative, culture-focused explanation of defense mechanism functioning in ADP under Eurasian domination. It maintains that present-day Eurasian civilizations worldwide are continuations of *The Destruction of Black Civilization* (Williams, 1976) and direct a relentless campaign of psychosexual terrorism at ADP resulting in major psychological debilitation.

Adding to this the intergenerationally transmitted debasement caused by enslavement, colonialism, and the aftermath of these, it is reasonable that Eurasian civilization generates a host of psychic threats for ADP, not the least of which is fear. Welsing (1991, 153-161) explains ADP's psychic response to fear as involving circular thinking where a problem is perceived but the person moves away from it mentally down a diversionary path thereby proceeding apace not confronting the problem only to have the problem return again. The process repeats continually. Defense mechanisms are perfect vehicles that can lead down diversionary paths to false, delusional ataraxia. The nepenthe theory premise is that out of necessity defense mechanism usage is brought forth to protect self-esteem and the integrity and integration of the self. The subsequent defensive behavior results in a nepenthe.

This is not good coping, but abnormal behavior that occurs en masse in otherwise normal ADP (at least the African-U.S.). It is generally recognized that defensive behavior carried to the extreme can be dysfunctional. The defensive function emanating from the mental health definition given above does not invoke psychological defense mechanisms to deny, rationalize, identify with the aggressor, regress to child-like posture, et cetera. Rather, the defensive function requires own-race maintenance behavior of persons with correct orientation mentality. As defensive behavior in response to Eurasian domination serves to block own-race maintenance behavior, it is a disorder. This breakdown or disorganization in personality is taking place in the peripheral part of the personality—not the own-race maintenance part. It is crucial, however, not to (mis)diagnose inordinate defensive behavior/defense mechanism usage as simply peripheral personality disorder. It can come via paths 1, 2, or 3b.

There is initial empirical support for nepenthe theory. Azibo (2013b) surveyed a small sample of HBCU students and found greater defense style scores (DSS) compared to Caucasian norms and association between DSS and depression. As well, this study found that DSS predicted indices of psychological misorientation disorders. Also, own-race negation and abjuration indices predicted DSS. These findings replicated results from Azibo (2007) and Azibo, Jackson, and Slater (2004).

Remaining Disorders

Each of the remaining disorders is distinctive and not subcategorized under psychological misorientation or mentacide. Yet, none occur without being predisposed by psychological misorientation and may manifest with or without mentacidal etiology. Peripheral personality disorders may or may not be present as well.

Materialistic Depression

Above all guard against the vice of greed [for material things].
It is a grievous sickness that has no cure.... [It] is a compound of
all the evils [and].... hateful things.

Ptahhotep, circa 2388 B.C.E. (Hilliard, Williams, & Damali, 1987, 26)

Definition. Materialistic depression is defined as a masked depression in which “people tend to judge themselves and others by their accumulation or lack of material possessions” (Black, Braithwaite, & Taylor, 1982, 1) such that the more (less) the material possessions, the more (less) favorable the judgment about self or other (Azibo, 2013c). It is a mental condition afflicting ADP in which money, material things, and the means to obtain them form the bases of self-worth and the perceived worth of others.

Diagnosing. A list of symptoms of materialistic depression from Azibo (2013c) follows:

1. motivation to obtain expensive and designer clothing, jewelry, and status-indicative accessories for one’s home, car, and person for reasons of self-worth and self-definition;
2. longing a lifestyle that one cannot afford;
3. committing crime and injustices to obtain money and material things longed for (as against needed for survival);
4. dysphonia when unable to obtain or in the absence of money or material things longed for;
5. intrapersonal and interfamilial strain and psychological distress over the urge for material things and the ramifications of not having them and/or having to get them;
6. regarding money, status symbols, and items of conspicuous consumption as having an inherent value above and beyond their economic value;
7. practically revering money, status symbols, and items of conspicuous consumption;
8. ascribing a halo effect or all manner of positivity to persons of means or persons otherwise possessing the material accouterments and trappings that are thought to go with having means;
9. feeling ashamed of oneself, family, or community because of poverty;
10. feeling better about oneself, family, or community in the sense of self- and other-judgments based upon being well-off socio-economically;
11. living day-to-day or week-to-week because resources are exhausted in pursuit of affluent lifestyle or keeping up the appearance of affluence;
12. intrapersonal conflict over behaving in keeping with materialistic orientation versus a more spiritualistic or moralistic orientation;

13. feeling that one is a better human being than persons who have lesser means and fewer, less quality possessions than oneself;
14. deifying, glorifying, admiring, and striving to be like rich people just because they happen to be rich;
15. acceptance of the idea as articulated by prosperity preachers that “God” wants you to be rich;
16. judging one’s or another’s worth by one’s own or the other’s earning power;
17. feeling that money and affluence entitles one to trump, supersede, or disregard the collective good;
18. having as one’s number one goal in life acquiring as much money and material wealth as possible; and
19. desiring others to look up to and admire one’s self due to having material possessions or means.

The presence of any 10 symptoms or perhaps as few as five held very deeply or intensely is sufficient to diagnose. It appears that scores ranging from 7-10 on the Materialistic Depression Quiz (MDQ), reprinted in Azibo and Dixon (1998, 223), might also be used as an indicator of strong materialistic depression (Azibo, 2013c).

Discussion. Upon examining materialistic depression symptoms, it is discernible that depression lurks insidiously therein. Azibo (2013c) found that high MDQ scorers had higher depression scores than low MDQ scorers indicating that materialistic depression appears to be a bona fide masked depression.

The two keys to understanding materialistic depression are first in knowing that the self and other judgments held by the judging individual are driven by or pertain to self-valuation issues of worth, regard, esteem and image. Second is recognizing and respecting that the judgments held are polar opposite, contradictory incompatibilities of the African-centered ontological position that human worth is inherent in being due to primeval constitution in the Divine’s spirit a la the creation mythos (Azibo, 1992, 2011d). Self- and other-judgments based in materialistic depression thinking are therefore of necessity at variance with self-consciousness defined by correct orientation. By this fact alone is materialistic depression discordant with African heritage and thus, a psychological misorientation. This is suggested in the section epigraph which indicates as well the danger that materialistically depressed persons may be motivated at a deep level to have money or the appearance of having it via material accouterments and trappings obtained at any cost, by any means in order to feel good about themselves, others, and one’s environs. Materialistic depression seems devastating of ADP’s humanity.

Two broad and flawed axiological themes underlie materialistic depression. First is the serious desire for material possessions which undermines the preeminence of the presumed inherited spiritual-moral drive. If accompanied by a lack of means, preeminent material drive can be frustrating and distressing.

Second is a twisted, yet, in the United States, ecologically inspired disparaging of persons who are without means by persons with and without means themselves. These themes permeate African-U.S. popular culture and literature and they compete well with more socially desirable themes. Materialistic depression probably is associated with nihilated African identities (discussed below) and compulsive shopping (Hopkins, 2003). It is a major contributor to socio-economic devastation of interpersonal relationships and individual financial health.

Mammy-ism

Definition. Presented by Abdullah (1998) who provided case studies, mammy-ism is defined here slightly differently. It is a condition in which the individual manages to sacrifice her or his life for the pleasure of a Eurasian employer's business, home, family, or person by acting out with conviction, pride and enjoyment the docility, servitude orientation, and hagiographic paean to Eurasians and their civilization and the corollary disparaging of things African that were historically ascribed and compelled by American Africanism (Morrison, 1993) and de-Africanized New World identity (Jennings, 2003), i.e., the making over of African-U.S. identity by the Americans.

Diagnosing. Mammy-ism is not a gynecopathy. When found in women the diagnosis is mammy-ism; in men the diagnosis is "Mr. Mammy." Some major symptoms culled from Abdullah (1998) are:

1. displeasure with/deprecation of one's phenotypical characteristics;
2. internal conflicts stemming from the expectation to nurture others;
3. inadequate nurturing or development of one's significant others and/or personal self due to attention given the Eurasian employer/job;
4. little time and/or energy to use with family or self at the end of the workday;
5. regularly sending verbal and non-verbal communications of how happy one is to be present and in service (e.g., uniform smile, widely open eyes, Jim Crow posturing updated to the present, et cetera);
6. taking on the role of offering guidance, nurturing, and protection to the Eurasian employer and his or her business;
7. embodiment of the loyal servant;
8. inclination to or practice of hair misorientation or skin bleaching behavior (discussed below) due to adherence to Eurasian beauty standards;
9. imitation of Western society's ideal of Eurasian womanhood or manhood;
10. espousing oppressive Eurasian thinking captured in sloganeering like "All American girl," "the sixties is over," these are the good times," "makin' it," "green power, not Black power," ad nauseam.

11. thinking of the employer's company as "my" or "our" company;
12. feeling or acting trapped in working for the Eurasian employer;
13. taking ownership of the Eurasian employer's troubles referring to them as his or her own;
14. basking and feeling honored in the tasks of being the company or boss's sounding board for racist Eurasian opinions, answering questions about what do ADP think about this or that, and/or lending support to or carrying out the condemnation of another African descent person;
15. having self-esteem and self-confidence enmeshed with employer's gains;
16. striking out with rage and hostility at other ADP often employing the n-word or like euphemisms; and
17. questioning one's adequacy and lowering of self-confidence in social roles (spouse, parent, and so on) and/or as a person.

Discussion. Living mammy-ism is bound to result in significant psycho-social problems. Being able to explain these problems is an invaluable contribution of the mammy-ism construct. It exposes a prevalent psycho-behavioral pattern which masquerades as functional normalcy as inappropriate, rooted in enslavement and colonization, and an insidious psychological misorientation. Also, mammy-ism and Negromachy may be reciprocally related: mammy-ism ↔ Negromachy. Either condition could engender defense mechanisms to protect the integrity of the self as well and thereby could be correlated with nepenthe defense mechanism disorder discussed above.

Psychological Dissemblance

Definition. This disorder is defined as a defeatist response to Eurasian hegemony in which the person while engaged in human interaction or public behavior hides, suppresses, or disavows a genuine African interior and takes efforts to conceal it in the event it inadvertently slips out or is revealed. It does not matter whether the hidden interior is authentically African or misshapen by enslavement and colonial legacies.

Diagnosing. Clinical skill and judgment will be paramount as the behavior is "hidden" by the client and likely involves subtlety. Some key behaviors are:

1. muting of one's Africanness/Blackness;
2. behaving using Eurasian cultural and linguistic forms, aesthetics, and standards;
3. defeatist mentality that the Eurasian is in charge permanently or so entrenched that to assert African interiority is futile, bankrupt, and self-defeating; and
4. resignation that the Eurasian interior is superior, the African inferior.

Discussion. Psychological dissemblance can occur in African-on-African interaction, but when the dissimulation takes place in the Eurasian's presence the presumed underlying drive state may be strongest. Negromachy sufferers might be vulnerable to dissembling particularly in the presence of Eurasians. Lying disorder (below) and nepenthe defense mechanism disorder could result from psychological dissemblance. If the dissembling at some point fails to be satisfactory, the person's stress level could increase enough to precipitate onset of Eurasian supremacy stress disorder. Psychological dissemblance would seem to reflect a profound self-estrangement in ADP as the human being cannot develop from infancy without interiorization (see Quashie, 2009). The question is intriguing does psychological dissemblance or its failure contribute to dissociation and other psychotic breaks?

Sometimes when ADP "wear the masks" a la Paul Lawrence Dunbar and Frantz Fanon, it is a stratagem employed in fighting Eurasian hegemony as in *The Spook Who Sat by the Door*, the feigning of ignorance to fake out the planter or the social worker, the idea that "he don't know me, he don't know me, he don't know my mind ... got one mind for the White man, got one mind that's mine." These represent strategic dissemblance, not psychological dissemblance disorder. Both have been around for some time. Double consciousness a la DuBois (see Jennings, 2003) is of the latter and, frankly, represents disorder. ADP who psychologically dissemble in the presence of Eurasians will always be at a competitive disadvantage in athletics and life.

Shifting and the Sisterella Complex

Definition. Shifting (Jones & Shorter-Gooden, 2003, 7, 64) can be defined as a consequence of living amidst racial and gender bias in which African-U.S. women adopt seemingly with ease an alternate pose or voice that creates an acceptable outer facade in the process of placating, serving, or satisfying Eurasians, African-U.S. men, and others, in effect, by shifting from "Eurasian/White" or "corporate" then shifting back to "African/Black" or "cool" again.

Sisterella complex is defined as a product of shifting where the woman turns inwardly instead of outwardly at bigoted society resulting in personality breakdown or disorganization centered on depression, frequently masked in behaviors of stoic overachievement, overeating, overspending, obsessing on physical appearance, physical pain and ailments, abuse of substances, and own-life taking thought and behavior as well as internalization of racist, sexist, other-directed views of herself (Jones & Shorter-Gooden, 2003).

Diagnosing. The practitioner must determine the following sequence is in effect in order to diagnose:

1. shifting in response to racism or sexism forces in the life space;
2. a turning inward → deprecatory behavior and depreciated sense of self; and
3. Sisterella-defined thinking and behaving.

The practitioner should also check that mammy-ism, nepenthe defense mechanism disorder, and lying disorder are not smoldering, if not igniting.

Discussion. Shifting seems to be an adaptive coping mechanism in origin much like strategic dissemblance. Nevertheless, apparently shifting is a slippery slope “chipping away at her sense of self profoundly self-destructive” (Jones & Shorter-Gooden, 7, 64) much like strategic dissemblance can morph to psychological dissemblance. Shifting and Sisterella complex disorder likely is applicable to Africana women worldwide. It reveals that women of African descent are suffering seriously under Eurasian domination. This disorder should forever disabuse the mis-thought of African descent women as so super in their invulnerability. When we help her heal, all ADP are helped. It is important to remember that the purpose of healing is so that the client can get (back) into the own-race maintenance fight of mental health, not simply to better adjust to Eurasian dominated society.

Personal Identity Conflict

Definition. There is nothing new about personal identity conflict. At some point in interiorizing every human probably has had questions or qualms requiring considerable cogitation. Disorder can creep in in as many ways for as many reasons as there are people. An all-encompassing definition might be any state of (a) faulty thinking about the me-myself-I aspect of the self and/or (b) dismaying confusion or non-assuredness regarding same. Part (a) allows for personal identity conflict even when the individual proceeds apace unaware or unbothered (absolute model). The Azibo Nosology II is not concerned with diagnosing personal identity conflict conditions except where they affect correct orientation adversely (otherwise they may qualify as peripheral personality disorders). Four are sub-classed here: WEUSI anxiety, individualism, hair misorientation, and sexual misorientation.

WEUSI Anxiety

Definition. Having anxiety in any amount at all over one’s collective African identity—be it ethnic or nationality based or pan-African—defines WEUSI anxiety.

Diagnosing. Whenever anxiety is present in issues of personal identification (me, myself, and I) as an African descent person, the diagnosis is made.

Discussion. According to Williams (1981) WEUSI is an actual Kiswahili word that literally translates as collective Black mind. Within the spelling there is a lesson useful for healing: the WE is the genetic blackness, the US is the cultural Africanity, and the I is an individual's psychological Africanity. From this it is analogously teachable that the individual me-myself-I part of the self (the "I") is literally naturally last and least and yoked to the collective (the "WE, US") to which it is obligated as without the WE, US the I would be non-existent, ergo the preeminence of the collective to the individual. The logic is imbued in the creation mythos as there is no possibility of existence for a human offspring ("I") without antecedent village/parental collective behavior ("WE, US"). WEUSI anxiety can only enter with, is only possible with Eurasianized consciousness as it inherently champions individualism.

Individualism

Definition. The thought and practice of individual interests as paramount to and over and above collective, own-race maintenance interests defines individualism.

Diagnosing. Clinical acumen perhaps buttressed by any of various valid scales measuring individualism-collectivism and the like not incongruously with Africentric thought required at this time.

Discussion. Despite vaunted, lodestar status in Western civilization, individualism is the chancre for personal identity conflict in ADP. Emphasizing one's uniqueness or difference for the sake of it, practicing "rugged individualism," dog in the manger, and looking out for number one to the detriment of family and race collectives are acutely at variance with mental health defined Africentrically which is the own-race maintenance human imperative (Azibo, 1991, 1996c; Azibo, Robinson-Kyles, & Johnson, 2013).

It must be pointed out that the individual as such is highly prized in African culture (Gyekye, 1995, 158-162; Khoapa, 1980; Sutherland, 1997). Africentric individuality is nothing short of the practice of own-race maintenance idiosyncratically in one's spheres of operation and life space. Individuality thus contrasts 180° with individualism. Furthermore, as every individual has a distinct, idiosyncratically organized peripheral personality structure it can be seen that collective identification with ADP does not obtund one's individuality. As Gyekye puts it "communality does not obliterate individuality" (159). Witness the Dr. Martin Luther King, Jr.-Malcolm X contrast where both prioritized the pursuit of own-race maintenance and collective African-U.S. identity inimitably (e.g., Maglangbayan, 1979; Wise, 2002). I query the reader, Is this individualism or individuality?

There are so-called “odd duck” persons who march to their own drum, so to speak, as a function of their idiosyncratic peripheral part of personality in interaction with their lived experience. So long as their behavior is not in motivation or actuality anti-African or anti-personal (me-myself-I) self and does no damage to African civilization or personal self, African culture can accommodate them as not mentally disordered.

Hair Misorientation

I strongly disagree with the premise that when Black women straighten their hair they are not making a [psycho-] political statement.... How we wear our hair is not an insignificant matter of choice.... Our hair should be a constant reminder of our unwavering racial pride, silently but definitely

Milele Archibald, Esq. (2003, 197-198)

Definition. Imarogbe (2003, 213) defined hair misorientation “as the conscious and/or unconscious fear, anxiety, shame and/or insecurity about embracing one’s African ancestry expressed by reactions to hair [where] hair is valued according to its degree of Africanity; the more African (tightly curled/‘nappy’), the more inferior and less desirable.”

Diagnosing. Where the definition obtains in the client, the following are symptomatic behaviors according to Imarogbe:

1. altering or hiding the natural texture of one’s hair as in straightening it, coloring it, adding weaves and extensions to it, and wearing wigs—I would add shaving it off as well;
2. risky/dangerous behavior in the process of altering the natural texture of the hair that could potentially result in hair loss, scalp burns, and so on;
3. discriminating against and/or devaluing others based on their hair texture or length;
4. chasing a Eurasian aesthetic regarding hair; and
5. the projection of one’s own fear, anxiety, shame, insecurity, or hatred over African hair onto other ADP.

If any single symptom is chronic, the diagnosis should be automatic. Otherwise, one or more symptoms operating for at least 30 days would seem sufficient.

Discussion. Hair misorientation, like mammy-ism, is not a gynecopathy either. The section epigraph remains valid replacing women with men and straightens with shave. Men also wave, curl, and straighten their hair. The points Archibald (2003) makes for women apply equally to men in this author’s assessment. Specifically,

Is Black hair political? Of course it is. You can't de-politicize something by declaring it non-political self-expression.... we could be creating new, exciting progressive ways of dealing with our hair without giving up its [African-centered] significance.... we do not have the luxury of de-emphasizing any of our symbols of self-respect By straightening their hair [shaving their head for reasons other than a response to balding], Black women [men] are projecting a passive image of themselves which says: *I'm trying to like you, to assimilate, please accept me....* When we relax our hair [shave our head], we relax our vigilance, our dignity, and our principles [that pertain to own-race maintenance].... [Our hair] should state our progress *away* from oppression.... let our hair '*Do Us Proud*'. (Archibald, 2003, 197-200, original emphases)

The maternal role in transmitting an African aesthetic regarding hair to daughters is emphasized by Laws and Stricklen (1980) and Welsing (1991). There ought to be equal emphasis on African-centered hair aesthetics provided father to son, adult male to adolescent male.

Defense mechanism usage is likely to be part of resistance to eradicating (pun intended) a client's hair misorientation. Negromachy, WEUSI anxiety, personal identity conflict, alien- and anti-self-disorders, and alienating mentacide may be involved in some cases of hair misorientation. Imarogbe points out that hair misorientation qualifies as self-mutilating behavior as the pain and physical discomfort associated with risky hair practices is willingly submitted to in time. The practitioner might juxtapose these other conditions case by case. As "cutting," for example, usually takes place in private, self-mutilation via hair behavior is frequently public or social rendering it more dangerous. Can you imagine that? Just how foul is the lifestyle choice of en masse self-mutilation through hair behavior? Excellent discussions can be found in Bengu (1975, 42-44), Clark (1971), Cornwell (1997), and Roberson (1995, 147-153).

Finally, a treatment strategy might be to schedule periods of wearing one's hair African/natural style interspersed with client's usual hair misorientation behavior or even a different hair misorientation style gradually weaning off the latter two. Significant others may have to be involved.

Sexual Misorientation

Every time we [ADP] move to embrace everybody, and *everybody's way*, in a family hug, the Afrikan [in us] loses.

Mwalimu Bomani Baruti (2003, 281, emphases added)

Definition. Sexual misorientation is defined as the practice of or inclining toward male or female homosexuality, bisexuality, bestiality, or other sexual acts or sexual thinking qualifying from an African-centered perspective as perverse.

Diagnosing. Self-evident is the lifestyle practicing of these behaviors. A single incident also qualifies even if, in essence, it was experimental or happenchance as the hard-and-fastness of the culture-based proscription of these behaviors should also be self-evident. There is no room for hedging where sexual misorientation behaviors are concerned. At that point where the behaviors are eschewed by the client the diagnosis can be revoked. It is pointed out that inclining toward sexual misorientation implies more than contemplation.

Discussion. The sexual misorientation diagnosis brings home the unswaying nature of an absolute model of mental illness: nowhere, at no time, no how can these behaviors enter as normalcy or appropriate under African-centered cultural orientation. The creation mythos cannot accommodate any family formation or sexual practice in which the procreant function is precluded, obviated, or its sacrosanctity is compromised.

Del Jones (1996) makes it plain: “We come from a communal approach to life with the [hetero] family at the base” (53). Under this frame of reference barred are lifestyle choice of an exclusively masturbatory or oral sex life and life-long celibacy (though temporary celibacy can be quite serviceable) and dysfunctional relationship formats like serial monogamy, singlehood, non-African-centered polygyny, illegany, sharing, et cetera (Madhubuti, 1980; Semaj, 1980), sex obsession (Welsing, 1991) and sexual addiction in response to Eurasian oppression, and the flesh, force, cash and dependency connections (Karenga, 1978). These formats result in studding and breeding (see Welsing, 1991), behavior which is qualitatively less than/different from the humanity connoted in the creation mythos.

As a concept, sexual misorientation diagnosis reflects ancestral ADP’s prehensibility. Encoded as far back as Nilotic civilization from the African mythology into social theory as the 27th of 47 Declarations of Innocence or Virtue (from which the 10 Commandments were directly taken), the bestiality, bisexual, and homosexual aspects of sexual misorientation are such affronts to African human nature that a person is barred from heaven in the afterlife if s/he could not in truth declare upon the judgment of his or her immortal soul that I have not committed acts of impurity or sodomy (ben-Jochannan, 1973, 69, 1978; see also Baruti’s, 2010, re-hash, 68-121). These forms of sexual misorientation have always been proscribed in centered African culture which regards them no less than “taboo to earth” or “nso-ana” to borrow a term from Achebe (2009, 108). This regard is right as these are lifestyle choice behaviors that result in (a) actual killing off of the ancestors by precluding the passing on to progeny of their spiritual essences and (b) potential killing off of the species itself through barrenness and/or the presumed inevitable societal deterioration that the promulgation of aberrant, de-spiritualized human relations seems to bring. (Historical witness is found in contrasting Eurasian civilization itself with centered African civilization.)

Though there may be as many explanations for homosexuality, bisexuality, and bestiality as there are people practicing the behaviors, none can excuse it under the irrefragable African-centered view of human nature.

Regarding the great disaccord between the present position and that advocating normalcy status for sexual misorientation, it is important to disabuse the latter perspectives in addition to pointing out the centered African one. First is the idea that homosexuality and bisexuality have been around forever occurring in all cultures, ergo it should enter as normalcy. This is *illogic* as the conclusion does not follow from the premises. It is culture that is the linchpin of mental health definition and therefore the determinant of what enters as normalcy and what does not. It is logical that unless and until any aspect of sexual misorientation can be seen as jibing with the African-centered creation mythos, it cannot enter as normalcy as the 27th Declaration of Innocence reflects.

It is in Eurasian culture as far back as ancient Greco-Roman civilization that male and female homosexuality and bisexuality were practiced as lifestyle choices, never in African cultures (Baruti, 2003, 2009b). The Eurasian “must be stopped, at least in us [ADP]” (Baruti, 2003, 399) for if ADP do not push their cultural way, the Eurasians will push theirs on ADP (Madhubuti, 1978). Actually, this is what has happened. For example, Bengu (1975, 72) concluded that “all sexual perversities ... are a negative contribution of the Europeans to African culture ... [and ADP’s] conform[ity] to a European way of life.” Olade (1979, 19-20) informs “the few cases where such homosexuality did occur in any African society developed as the result of ... [ADP’s] bowing under the influence of other outside, non-African [i.e., Eurasian] cultures.” Arguments that traditional African brotherhoods, sisterhoods, woman- and man-hood rites of passage, woman-to-woman marriages, et cetera were breeding grounds for homosexuality and bisexuality are poor speculations bordering on intellectual dishonesty as “*there is no reason to assume that such social contact was a sexual contact*” (Agbasegbe, 1981, original emphases). Perhaps until proof to the contrary is brought forth, ADP, especially psychological workers, will cease assuming that bisexuality and homosexuality lifestyle choice living have been around since the beginning of civilization and amend that thought to the more factual “beginning of Eurasian civilization.” It is at sexual misorientation that the cultural line is and evidently always has been irrevocably drawn.

Second is the mistaken thought that the first point can be disregarded because bestiality, bisexuality, and homosexuality among consenting adults are private matters of individual choice and as such they should be respected. This position is dismissible as it champions individualism over collective responsibility in the context of the procreant function. There is strong likelihood of a reciprocal relationship such that individualism ↔ sexual misorientation. This fact, however, is an obfuscator of a more fundamental fact pointed out by Baruti (2009b, 37-39) that for individual choice of sexual misorientation to take root and flower, a homorganic base, that is, a society that actually produces the behavior socially and culturally is required.

That Eurasian societies are such (Baruti, 2003, 2009b) implicates Eurasian civilization/culture itself as the ultimate locus for causation of sexual misorientation and not the individual's psyche, genetics or biology. Therefore, the illogic of the thinking that sexually misoriented ADP are doing their own individual thing, so to speak, as if they live in a vacuum sans Eurasian cultural imposition is exposed and its force as an argument for normalcy status of bestiality, bisexuality, and homosexuality is diminished. Strengthened is the position that "the homosexualization of Afrikan people ... is a political movement not an involuntary awakening of individuals into their erstwhile suppressed sexuality" (Baruti, 2009b, 58).

Third, the involuntary awakening thesis, though bogus, relies on the argument that bestiality, bisexuality, and homosexuality are innate. In common parlance it is the idea that "they are born that way." Evidence, as opposed to folklore, from twin studies, gene studies, and prenatal influences of sex hormones and chemicals on the hypothalamus (e.g., Levay & Hamer, 1994) is summarized in many textbooks as possibly influencing sexual orientation, but expression is profoundly based on socio-cultural learning. Poof goes the "they are born that way" argument. Yet, for the sake of the argument suppose science verifies a large, direct genetic causation for bestiality, bisexuality, and homosexuality. So what? These dysfunctional behaviors would perhaps be explained is all. But, that is not enough as they could not be excused since each behavior diminishes the integrity of the nature of human nature reflected in the creation mythos and Declaration 27 by blocking or fogging the aspiring morality motivation (Williams, 1993, 86), inherited via consubstantiation in Divine essence (Azibo, 1996c, 2011d), which is the crux of being human (Baruti, 2010, 148-153). Chancellor Williams's identification of this aspiring morality bears explicit stating at this juncture:

The spiritual is not only an impulse toward morality, it is itself a moral feeling, an urge and desire for that which is excellent, good and right in oneself, first of all, and then in human relations and there should not be the slightest vagueness about what is meant by a spiritual-moral force. It subsumes all that tends to widen the gap between man and beast It is that which makes for ethical character It is that which progressively develops one's concern beyond self to others; It is the desire for order, for the beautiful; It is the emotional sense of a divine agency and relationship in human affairs accordingly, [human] life may be an organized system of cooperation and peace It is the gravitational pull away from mere animal existence toward something cleaner, nobler, higher, better and more excellent [in humans]. (Williams, 1993, 86-87).

Therefore, neither bestiality, bisexuality, nor homosexuality could enter as normalcy even if genetically caused as these behaviors exist outside of the aspiring morality inherent in human nature and contradict same. The motivation for these appears not to be the spiritual-moral force underlying ADP's humanity but a polar opposite teleological force.

Just because a behavior has biogenetic causal factors does not make it “normal,” tolerable, or appropriate ipso facto. However, transcendence of inappropriate behavior including the sexual misorientation ones, irrespective of genetic causality, appears a built-in human capacity and a spiritual-moral African human imperative in light of the creation mythos.

Fourth, the Africentric creation mythos fashions a role for biogenetic factors in the nature of human nature. Specifically, biogenetic mechanisms are required for presumed Divine spirit to be transposed for human animation and unfolding. At conception or thereabout, then, Divine spirit is transmitted to the zygote (thence comes out of Africa the original Africentric Immaculate Conception idea). It follows that every offspring will have both male and female essential aspects if indeed African woman and man emerged simultaneously from Divine primeval stuff, said stuff containing the essence for everything. In actuality, “[b]efore the universal dawn, the demiurge himself [sic] was already both male and female, symbolizing thus the fundamental principles: ‘The fathers and mothers who were with him when he was in the Nun’” (Obenga, 1992, 148). That is why African deep thought always portrayed creator deities as a “twinned” combination of male and female embodiment that was androgynous meaning Africentrically the “reunion of the strongest and most striking opposites” (Erny, 1973, 75; James, 1976). For example, the Nilotic culture had Bess, the Dahomey had Mawu—both simultaneously male and female—and for the Fali the genders are not completely differentiated in the primordial stuff. The basic conclusion is that each person descends from male and female genes and carries within his or her own body two appearances (Erny). This is a specific manifestation of the general centered African deep thinking principle of two relative truths—anokwalei enyo (Wobogo, 1977)—underlying reality.

The androgynous symbolism reflects the following simplicity of essentialism: the perfection to be found in the Divine’s oneness or completeness was differentiated cosmologically in the Sep Tepy (big bang) and ontogenetically thereabout conception (Azibo, 2011d; Erny, 73-76). From this basic Africentric idea of male and female essences constituting ontological make-up, a cosmological basis and acceptability for “Africana lesbian, gay, bisexual, transgender, queer, and intersexed identities” (Maat, 2012, 12) has been argued. In brief, Dr. Maat (not Maat per se) argues that a male body could receive a female spirit/a spirit predominated by female essence and be attracted to other males and a female body a male spirit/a spirit predominated by male essence and be attracted to other females as a result. Thence would come cosmologically-based attraction for the same sex in the phenomenal realm that does not necessarily rule out heterosexual attraction. The possibilities become doubly intricate for an intersexed body, according to Dr. Maat’s analysis.

In addition to dismissing her argument with the same rationale adduced for the genetic causation argument, especially regarding intersexed persons, it would seem that though African-centered deep thinking compels the drive for androgyny—as just Africentrically interpreted—meaning a drive for African male and female oneness or minimally being in tune with our female and male aspects—it neither compels nor provides legitimacy for same sex sexual attraction (especially if the body is intersexed).

Nilotic African worldview apparently maintained a “consciousness of reality which signified an impulsion towards a principle of becoming” (Obenga, 1992, 150) which effectively precludes a cosmological basis for same sex attraction. Rather, a special spiritual attraction between two same-sex persons could follow from Maat’s analysis, but not a desire or inclining to exchange bodily fluids where the procreant format is not implied. Innate spiritual essence in an individual seeks or motivates reproduction ontogenetically because that is its nature being a piece of cosmological spirit. The Sep Tepy (big bang) reveals this as spiritual energy begets and begets and begets some more and the cosmos expands continuously. Release of spiritual essence via an orgasm outside of reproductive format is *not* cosmologically compelled or motivated. That would be tantamount to a Sep Tepy (big bang) leaving the cosmos in the state of undifferentiation that preceded it and alas serving no purpose. To the contrary, the teleology that underlies the onset of the cosmos (e.g., Benjafield, 1996, 1-4; James, 1976) purposively compels the procreant format only. In the phenomenal realm, it is neither an invitation to nor motivation for same sex sex and other learned non-reproductive behaviors. Ancestral African deep thought embodied in the creation mythos seems to be telling us this. Though sankofa (go back and fetch it) will always be helpful to understanding, and Maat should be commended on that score, scholars can still get matters wrong as it appears she has.

The fifth and last argument for debunking pertains to the popular notion that because non-human primates and other animals display bisexual and homosexual behavior, it should be accepted in humans. A caution is in order before addressing the argument. Like the Piltdown fossil debacle (see Diop, 1991) and the fraudulent assertions of “Hamito-Semitic or “Afro-Asiatic” languages (Obenga, 1992) that preceded it, the sexual orientation topic is so politicized that some who favor acceptance of homosexuality might falsify their data. Were the primates taught homosexual and bisexual behavior in the labs and then put in the bush (no pun intended) for “discovery?” Why did no one in the first half of the last century and throughout the 19th report observing these behaviors? Should one assume that the animals waited for the issue to become pivotal in Eurasian civilization to weigh in? What are the genetic and social histories of these primates? How was the homosexual behavior operationalized?

Nevertheless, many websites assert homosexual behavior in thousands of animal species. Much ado is made over animals like the bonobo monkeys of the Congo and birds Juliet and Juliet of the Boston zoo. The bonobos, for instance, have homosexual sex, intense tongue kissing, face to face heterosexual copulation, and oral sex says de Waal (see Bonobo sex, 2013). Imputing sexual orientation in dumb animals, even primates, is at best dubious. Animals are probably best regarded as neither heterosexual nor homosexual. These social behavior categories require a conscious choosing that appears non-existent in animals. Moreover, whether bona fide homosexual behavior occurs with the bonobo in the bush, animals at the zoo, or people’s domesticated pets, has zero relevance for interpreting sexual misorientation behavior in humans. Culture is still the interpretive linchpin. If the human cue were taken from animal life without cogitation, then there would be no need for cultural dictates.

Whensoever pets or lab animals display so-called homosexual behavior that has not been shaped, it might be noted that penetration and climax are rare and, moreover, that they do not live in what for them is a natural environment for the most part. That is, locking beasts down in cages, yards, or houses does not afford them a “natural” experience for their category of beast. Unnatural environment and experiences taking place therein likely produce unnatural behavior. On that note, the “naturalness” of life for ADP under Eurasian domination should be pondered. It is a completely unnatural state living under Eurasian domination and that is the best candidate for the cause of homosexual and bisexual orientations in ADP and most other sexual misorientations they have come to display.

In closing the sexual misorientation discussion, the reader is encouraged to also ponder what it portends for an essentially heterosexual ADP—historically heterosexually oriented since history has been codified in myth and continuing into recorded history—to incorporate into their sex life bestiality and bisexuality concomitantly coming to view homosexuality as acceptable. Also, the political landscape resulting in marital, insurance, inheritance and other civil rights for sexually misoriented persons should be pondered. At this point, the reader should please revisit the section epigraph. Poof does every instance of sexually misoriented behavior serve to eradicate the African-centered tradition. If the reader of African descent does not share the author’s adamant position that ADP exist on planet earth in perpetuity as Africans genetically black and culturally-psychologically, then s/he should openly declare it so and thereby self-sort. As being culturally-psychologically African rules out sexual misorientation living as appropriate behavior due to its incongruity with the nature of African human nature per African deep thought, perforce it also rules out “the homosexual family” as a concept. It is as much a false concept as assimilation, acculturation, et cetera discussed earlier. As it does not jibe with the creation mythos, it is *unethical* for the mental health worker to support “the homosexual family” per se in work with African descent clients and client systems. However, it is imperative to support ADP’s families in every way that due to exigencies are headed by sexually misoriented persons. This would especially include treating the sexual misorientation. To reiterate, the purpose of diagnosing in the first place is for medicamentous sorting. “What we must do is offer the homosexual brother or sister a proper compassion and acceptance [of his or her humanity] without advocacy [i.e., without accepting the behavior]” (Hare & Hare, 1984, 65).

Organic Disorders

Definition. These are decrements in psychological functioning and debilitation usually thought of as having biochemical or biological antecedents, but actually originating in psychosocial practices where ADP have moved away from the traditional Africentric toward Eurasian psychosocial practices.

Diagnosing. The decrements and debilitation are first verified. Then the practitioner must discern the presence of movement toward Eurasian psychosocial practices that antedate the behavioral drop-off and whether they are playing a role in the problem.

Discussion. For example, senility is typically felt to be produced by biological changes related to aging. But, as ADP ape the Western practices of disregard for extended family and placing their elderly outside the home and community there seems to be a concomitant rise in senility (Akbar, 1981). Is the culprit biological aging or the psychosocial movement away from extended family, “village,” and ADP’s traditional centered psychosocial practices? Perhaps dietary practices might be included here also.

Reactionary Disorders

Definition. Called “reactionary psychoses” by Fanon (1963, 249-311), reactionary disorders are defined as direct, maladaptive responses to oppression deriving from racist bases which indicate that the person’s coping mechanisms have broken down resulting in diminished capacity.

Diagnosing. The call is a clinical one. Various coping scales may abut. Importantly, the role of oppression may not be self-evident or Eurasian societal forces may attempt to hide, deny, or discount it.

Discussion. This diagnosis should be more prominent. It has been largely ignored by African- and Eurasian-centered practitioners since Fanon advanced it. The reactionary disorders diagnosis potentially can lead to revamping of how socialized and unsocialized conduct behavior problems are conceptualized. Four reactionary disorders that merit special consideration are psychological brainwashing, psychological burnout, oppression violence reaction, and Black rage disorder.

Psychological Brainwashing

Propaganda has done more to defeat [ADP] ... than even open warfare....we of the Afrikan race are suffering more than any other race in the world from propaganda [that].... destroy[s] our hopes, our ambitions and our confidence in self.

Honorable Marcus Garvey, *Philosophy and Opinions*
(cited in Jones, 2001, 19-20)

Definition. As Fanon (1963, 285-289) discussed it, psychological brainwashing is a process used to purge a given thought or ideology from the cognitive belief system and replacing it with another. It minimally entails confronting the brainwashee with actual or apparent contradictions between her or his ideology or thought and that promulgated by the brainwasher. In short, it is training or influencing a person to think solely according to the interest of the brainwasher (ben-Jochannon, 1992). It is a viciously insidious mass mind control tool—frequently employing propaganda—based in behaviorism learning principles that has been put this way:

[I]n view of the tremendous advance ... in the field of mental technologies, begun with the glorious work of Pavlov and ... totally devoted to the aligning of loyalties and extracting the obedience of individuals and multitudes. (Brainwashing, n.d., 5)

Diagnosing. The call, again, is the practitioner's. There are two necessary criteria. First, the brainwashee's material survival must be controlled by or dependent upon the brainwasher or whosoever the brainwasher is working for—at least the brainwashee must perceive this is the case. Second, as affecting correct orientation, the process may utilize direct or indirect confrontation between African-centered or pro-Africana espousals and the prevailing Eurasian ideas. Insidiously, the process frequently uses genetically black persons to push the Eurasian ideas and propaganda as there seems to be a limitless number of ADP willing to practice masochistic voluntary cultural servitude to choose from (see Baker, 2008; Chinweizu, 2013b; Council on Black, 2002). This fact should not becloud the diagnostician who is reminded of the proverb “When the axe came into the forest, the trees said, the handle is one of us.”

Discussion. Psychological brainwashing occurs throughout the social structure of the society. It is an elementary process with a pervasiveness and effectiveness that are far from elementary. Since people proceed as they perceive, so to speak, psychological brainwashing attempts to control the concepts used in the perception process. Jones (1990, 26-29) reminded that the mass media of communications is more aptly named the “consciousness industry” by Dallas Smythe as its purpose is to set a daily agenda of issues, problems, values, and policies for guiding populations and society's institutions. Mind control by the West's consciousness industry is priority big business with an investment of \$25,000,000 in experiments on psychological brainwashing between 1949 and 1972 alone (Fresia, 1988, 92). There is little wonder then that the United States government and the Eurocentric media industry are unsurpassed in effecting mind control (Chomsky, 1989, 1991).

A perfect, poignant example of thought control of ADP that vivifies the brainwashing process and underscores the importance of this disorder that is not to be missed is the analysis of 9-1-1 (September 11, 2001) which “If you are wondering how opinion is formed ... [is] a great lesson as we see the mass media orchestrated by The Council on Foreign Relations/Trilateral Commission/New World Order Connection” (Jones, 2001, 45).

Though 9-1-1 is too large for summarization here, a step-by-step example of psychological brainwashing against African people is illustrated in the mission of the armed forces of the American empire in overthrowing the revolution in Grenada. After the sovereign nation of Grenada (a country of ADP in the Caribbean) had been militarily secured (i.e., once the Grenadian citizenry were dependent on the American empire, criterion 1), the psychological brainwashing was initiated. According to Burns (1983) a Colonel Ashworth out of Fort Bragg, N.C. with a staff of 400 had attacked the Grenadian citizenry with a “major psychological warfare campaign ... for the minds of the people.” Ashworth using the consciousness industry above ground directed a textbook defaming of revolutionary leader and Prime Minister Maurice Bishop, the New Jewel Movement, the 1979-1983 Grenada revolution itself, the self-determined government of the nation, and so on, and favorably positioned the image of the American empire, Ronald Reagan, and the externally imposed rulers of Grenada (Bandeled, 1979; Lynch, 1981; Marable, 1987; New Jewel, 1983; Shabaka, 1981). (The impact of underground terrorist activities like assassinations, illegal jailing, torture, and so on are not to be forgotten.) Eugenia Charles and Tom Adams, respectively genetically black Prime Ministers of St. Lucia and Barbados, were in this scheme orchestrated by the U.S. National Security Council (Perkins, 1985) the official decriers of the Grenadian Africans taking of their own freedom and self-determination as anti-progress and anti-Western. They requested a United States led invasion to save the Grenadian citizenry from themselves (criterion 2). The rest is history as Grenada has been returned to the fold of the United States’ “backyard” with heavy doses of propaganda figuring prominently. The handling of the truly big revolution that occurred on little Grenada by the United States is gut-wrenching, splanchnic reality that should have been a wake-up call for anyone who needed it that testifies to the spectacular effectiveness of psychological warfare conducted with psychological brainwashing against ADP and reveals the readiness with which the Americans will use it. The Grenada example illustrates the imperative that the mental health worker grasp the following:

If the victims [ADP] can be made to see the world through Amerikkkan [or Eurasian] eyes the battle is won and the victims are destroyed as a person, a community, a nation, a race. (Jones, 2001, 20)

A few questions linger regarding the mind control perpetrated on the genetically black military personnel who attacked Grenada, doing the murderous bidding of the Caucasian Americans. Were they not victims of psychological brainwashing? Do the odds favor them or the 2014 versions of them becoming a fifth column or opposing a fifth column?

Does the mental health worker of African descent who has to choose between supporting any past, present or future troop in his or her carrying out America's anti-African missions versus not supporting and opposing the same perceive or feel a dilemma, disquietude, or fear? If yes, I have two entreaties. First, s/he should refer to the Africentric definition of mental health discussion above and in Azibo (1996c, 2011c) which emphasizes own-race maintenance dictates. This requires that s/he face down the fear of Eurasian dominance remembering two things after all, namely, Malcolm X's statement that "you're not supposed to be so blind with patriotism that you can't face reality" and Gil Scott-Heron's (1984) lyric "Ain't no such thing as Superman" meaning the Eurasian as enemy can be bested.

Second, as a professional, please resolve at this instant to self-sort by openly joining authentic African-centered African (Black) psychology in its openly and consciously political stance which recognizes that the Eurocentric political-socioeconomic structure of America is a primary basis for mental problems among African-U.S. or by rejecting the same openly admitting being a part of the repressive mechanism of America (Wilson, 1993, 65, 88). As the point is a sobering one that generalizes to African-Eurasian geopolitical relationships worldwide, Paulo Freire has perhaps put it best:

One of the gravest obstacles to the achievement of liberation is that oppressive reality absorbs those within it and thereby acts to submerge ... [African-centered] consciousness. Functionally, oppression is domesticating. To no longer be prey to its force, [ADP] must emerge from it and turn upon it. (cited in Fresia, 1988, 135)

Otherwise, the talk of healing, liberation, and self-determination that characterizes the stated positions of certain African descent mental health organizations is revealed at best as remarkably, perhaps even cowardly, short-sighted. At worst, it would seem to be fake, mere mouthing, feel-good rhetoric or, in ebonics, plain old fronting as appears the Association of Black Psychologists (n.d.) and the Black Psychiatrists of America.

The African descent mental health worker who mouths "healing" and so forth in her or his theory, research, and practice but does not confront the system of Eurasian domination of ADP implicitly endorses the system of domination and actually ends up policing it (see Fresia, 135-139). This could hardly be more "bass ackards" especially in the United States context where more African-U.S. ancestors sided with George III than George Washington (Schama, 2006). It appears the American nation-state continues its practice of White nationalism (Walters, 2003) and—in contrast to the typical African-U.S. mental health worker's disquietude or fear over not supporting African-U.S. troops carrying out American military actions—the Americans display no qualms or trepidation in crushing all African-U.S. movement toward sovereignty (e.g., Obadele, 1984, 1998, 2003).

Indeed, history reveals “the United States government has consistently tried to forcibly subjugate the African-American oppressed nation” (Forman, 1981, 78), an American practice that imperils the African-U.S. This is likely true for all Eurasian oppressor-African victim relationships. The point to be taken being that in modern times the psycho-politics of psychological brainwashing explicitly plays a major role and is without lenity:

For the sake of obedience on the part of the population and [controlling] their general reaction, *a level of brutality must, at all costs, be maintained.* (Psychological brainwashing, 32, italics added)

The mental health worker must understand and confront the tremendous challenge that the psycho-politics of psychological brainwashing poses. Jones (1996, 170) stated the bottom line that “[u]ntil we establish ‘Afrikan Nationalism’ as a [worldwide mental health] norm our people will function with divided loyalties.” This undermines and contradicts own-race maintenance/correct orientation/normalcy in ADP and must be eliminated.

Psychological Burnout

Definition. A deep-seated fatigue in which the person feels drained of all energy accompanied with disgust, disappointment, and even doubt and disillusionment in struggling for own-race maintenance or the status of said struggle defines psychological burnout.

Diagnosing. The emotional accompaniments are crucial and clinical judgment is required. Drawing on Baruti (2009a, 108-110), the practitioner might look for an overall incapacitating nadir, heightened despair, feelings of isolation and being overwhelmed, a resignation that struggling against Eurasians is a Sisyphean task, uncharacteristic or increased disharmony with colleagues who are in the struggle, a recently arising doubt in personal abilities relative to struggling, uncharacteristic movement toward inaction, questioning the rightness of the struggle, concerns about lack of financial security for self and/or family that can result from struggling, and missing friends and family due to separation resulting from struggling.

Discussion. The diagnosis only applies to persons actually engaged self-consciously in own-race maintenance thinking and behaving. It is not to be conflated with other types of burnout though it might correlate. A person’s struggling may be in organized group efforts or carried out alone. At some point the daily and protracted struggles for liberation perhaps or perhaps not in combination with routine surviving can become overwhelming. It is presently not clear whether psychological burnout is more transitory than long-term, more of a physical, mental, or spiritual nature, or how it correlates with peripheral personality disorders.

Though proper exercise, nutrition, viable spirituality (Madhubuti, 1978, 1981), and regular rest and recreation (Baruti, 2010, 292-304) may counter it, nota bene that as long as Eurasian supremacy exists ADP must get comfortable with “being at peace with being at war” (Baruti, 2010, 297) for as Paul Robeson stated “there is no sheltered rear” and, is it not clear by now, that Eurasian civilization only leaves ‘smoke n’ ashes’ in its wake?

Oppression Violence Reactions

What we carry within is a *righteous rage* [which] moves warriors beyond an oversimplified anger into the ‘focused rage’ stage of being Afrikan. Here we respond productively.

Mwalimu Bomani Baruti (2010, 7)

Definition. Emanating from the ‘smoke n’ ashes’ attendant to post-plantation life (Johnson, 1934), oppression violence reactions are spontaneous unpremeditated violent acts, directed at in-group or out-group members and their property, which have as their root cause forces of racism and oppression in Eurasian-centered civilizations.

Diagnosing. The psychological worker discerns whether the definition maps onto the case and its exigencies. As yet, no particular signs or symptoms have been identified.

Discussion. ADP worldwide likely are burdened with significant pent up anger. In the United States, the social ecosystem generates anger by enforcing “living while Black” (Gabbidon & Peterson, 2006) and Eurasian socio-cultural-economic oppression (Schiele, 2005; U.S. Senate, 1976; Worgs, 2006) in the context of Caucasian nationalism (Walters, 2003). Roberson (1995, 133-138) points out that having received no treatment at all for its population-wise or individually, many more ADP than is known may burst out with violent, insane-appearing behavior. Triggers can be anything from national events like political assassinations, beatings, and unjust acquittals to more local issues like neighborhood gun violence or hospital closings to the intensely personal to the silly like an incidental brushing, hard stare, or road rage, but at the root the coping meltdown is a reaction to Eurasian hegemony. Oppression violence reactions are likely to be gripping and splanchnic. For example,

At age eight, Mr. X, a 60-year-old African-American man, witnessed a horrible KKK lynching of a Black man and abduction of his wife. Nightmares of this have haunted him throughout his life. As a result of the recent revival of overground Klan activity, on October 8, 1983 Mr. X was subjected to a “Klan roadblock,” hate literature was forced upon him, and he was told ‘Nigger, get your damn black ass away from here.’

As he went about his business, the childhood tragedy continuously flashed back in his mind. Without thinking, Mr. X, an expert marksman, returned to the Klansmen and fired once into the air and once into the open space between two Klansmen. Mr. X then snapped out of this mental state and was arrested and indicted for attempted murder. (Dees, 1985, 2-3)

In addition to being illustrative of the process of an oppression violence reaction, Mr. X's case demonstrates the need for mental health workers to intervene in the legal process on behalf of persons like Mr. X who need therapy for a psychological condition, not jail sentences. Where jailing is appropriate or inevitable, a psychological defense could be mounted to mitigate sentencing (see Harris, 1997). It seems apparent that diminished capacity occurs with oppression violence reactions.

The hoopla likely to surround oppression violence reactions could cloud matters and lead to misdiagnosis. All violent behaviors do not automatically qualify to receive the diagnosis—even if rooted in oppression—unless the incident itself was essentially automatic and knee-jerk like in genesis. A good contrast is so-called “urban psychosis” or “urban survival syndrome” where life in violence-laden city environments is said to contribute to an individual's committing violent acts (Lawyer argues, 1993; Wikipedia, 2009; Woo, 1993). The urban psychosis involves learning and socialization to violence. Automaticity and non-premeditation are not its hallmarks.

As indicated in the section epigraph, the energy which oppression violence reactions operate on could be focally redirected in service of own-race maintenance. Again, this is why we sort. According to Jennings (1998) many men who joined the original Black Panther Party for Self-defense were searching for organized outlets to release personal and collective rage. The psychological worker is entreated to develop relationships with and counsel clients toward such outlets as they may engender the necessary cultural alignment (Schiele, 1998). Directed anger/rage/violence when righteous has a naturally healing function and is a commendable virtue as Baruti (2010) and Curry (2007) point out. Caution that oppression violence reactions do not roll into habitual, perpetual violence and assaultive behavior (e.g., Black Psychiatrists, 1994; King, 1997) may be in order.

Black Rage Disorder

[Ponder] the connections between [Eurasian] state violence and interpersonal violence. It is through [the former] that violence in our communities was introduced.

A. Smith (2004)

Definition. Physical or verbal violent behavior that (a) is rooted in and responds to Eurasian racial oppression and hegemony, (b) is pondered and premeditated, (c) is non-nihilistic, and (d) is precipitated more over personal-life circumstances that an individual finds himself or herself in than personal involvement in self-conscious racial struggle per se defines Black rage disorder.

Diagnosing. The tendency to lump all violent behavior by ADP must be resisted though in some cases elements of Black rage disorder, “urban psychosis,” and oppression violence reactions may overlap. Clinical acumen, again, is called upon.

Discussion. It is progress that in the original and present Azibo Nosology Eurocentric psychology and psychiatry enjoy no hegemonic influences. That was not the case in 1968 when Grier and Cobbs published *Black Rage* and, being incarcerated in Western conceptualizing, insisted that Black rage was not a disorder.

Harris (1997) presents several cases of the Black rage criminal defense legal strategy in which Black rage disorder is operating. Across the cases, an etiological pattern emerges, to wit continuous racism directed at the victims → rational (from the victim’s perspective) preparation by the victims to defend themselves and otherwise overcome → unabated, sometimes exacerbated racial oppression → victim’s mental state degenerates with time → peripheral mentacide (and maybe seedbeds or elements of oppression violence reaction, “urban psychosis,” or psychological burnout) → criminal or criminalized violence = Black rage disorder.

This etiology is similar to that laid out by Welsing (1991) for her inferiorization of African-U.S. concept. It also makes plain Eurasian society’s culpability. This culpability is clearly seen in the immediate post-plantation life of African-U.S. (Johnson, 1934). Specifically, “racism is a major factor in the equation that causes a person to strike out” (Harris, 1997, 49). Also, there seems to be a lot of peripheral mentacide in the cases Harris presents. A societal good the Black rage disorder diagnosis provides is exposing the tie between racism and mental illness in ADP. The benefit for the diagnosed is a sound psychological basis for the Black rage legal defense.

Two concerns remain. First, some violent behavior may cut across the Black rage and oppression violence reaction categories making diagnosis difficult. Plus, it would be an egregious oversight not to consider Malcolm X’s (paraphrased) utterance “I’m neither violent, nor nonviolent ... but if the enemy is violent with me in-kind violence will be returned.” For example, behavior in the mold of Harriet Tubman (Bradford, 1886/2004) or more recently Assata Shakur (Shakur, 1969, 1987) should not receive the violence stigmatism though perhaps tinged with violence on occasion. It is likely that many African-U.S. women have responded to Eurasian oppression with violent behavior admixed with Tubman-Shakur like impetus as well as elements of Black rage and oppression violence reaction (e.g., King, 2007). Second, that Black rage disorder and oppression violence reactions may be turned inward and on ADP’s community and morph into the realm of self-destructive behavior is possible.

Self-Destructive Disorders

Definition. Defined as various negative lifestyles and behaviors that generally grow out of efforts to survive under oppressive conditions that Eurasian civilization visits on ADP and that weaken the fabric of the traditional African-centered ethos or set of guiding principles such as survival and enhancement of the group/collective, collective responsibility or ujima, and so forth, the self-destructive disorders pose a real danger to a community of ADP and the disordered individual. Narrowly focused by Akbar (1981), I have elaborated this category of disorders into two types. As Eurasian civilizations systematically undermine, deny or frustrate ADP's efforts to participate in the legitimate world of socio-economics, Type I self-destructive disorders can result. The common thread shared by Type I self-destructive disorders is that they all respond to oppression by attempting to destroy or depress their involvement with reality. Eight have been identified. In contrast, Type II self-destructive disorders reflect an acceleration of involvement with reality, albeit misguided tragically, by trying to become Caucasian, Arab, or other than African descent in literal and/or mental ways. There are six Type II disorders identified thus far. Each type will be presented separately. Whether Type I or Type II, it would seem inhumane, criminal, reprehensible, and unethical for Eurasian civilizations to deliberately orient ADP in a manner that alienates them from their indigenous African identity and group heritage and disorganizes their personalities. As Forman (1981) and Obadele (2003) point out, this practice is outlawed by the 1948 Convention on the Prevention and Punishment of the Crime of Genocide (ratified by the United States, though not until 1988). For all practical matters, that the self-destructive disorders terminate the peoplehood of the African-U.S. and probably other diasporan and continental populations of ADP is a hellish infamy.

Type I Self-Destructive Disorders

*the oracles, I will not cause pain, I will not cause the
shedding of tears and I will not cause terror bring
our attention to how we should act toward others*

Mwalimu Bomani Baruti (2010, 73)

Defined above, the Type I self-destructive disorders are nihilated African (Black) identities disorder, marijuana: mentacidal psychological dependence disorder, refusal to procreate disorder, abortion as a lifestyle choice disorder, lying disorder, vulgar speech disorder, sexist personality disorder, and African high-tech lynching (misnomered suicide) disorder. Each disorder is dolorous causing pain, tears, and terror.

Nihilated African Identities Disorder

Definition. King (2011) articulated this condition among the African-U.S. It is expanded and defined here to be applicable to all ADP as the perspective internalized and/or accepted by the client that the lives of ADP represent life unworthy of life, especially in comparison with Eurasians, based on the outlook that Africana peoples' humanity is bestial and abject as espoused in anti-African appraisals from Eurasian civilizations.

Diagnosing. Always a function of mentacidal etiology, symptoms of nihilated African identities disorder include, naturally, a palpable and non-political nihilism (disdain for and rejection of social and moral values, a drive to demonstrate same in behavior, a sense of nothingness regarding community), depraved social behavior and thinking, irresponsibility, and self-identification that excludes affirming positive race-based identity (see King, 2011). Also the acceptance of injurious societal racial appraisals like former Secretary of Education William Bennett's "Black babies should be aborted," Shelby Steele's "shedding my race," Howard Stern's "Malcolm X? You mean Malcolm excrement," Ken Hamblin's "Dark Town" term for the African-U.S. community, ad nauseam is a critical symptom.

For many persons with nihilated African identities disorder, it might be predisposed by or co-mingled with the social work construct idiomatic purposelessness. Defined "as a state in which persons have a vacuous sense of self; whose sense of significance and importance is extremely marginal and whose development is devoid of, or at best insufficiently grounded in constant positive affirmation" (Beverly, 1998, 185), idiomatic purposelessness would seem a major peripheral personality disorder that affects ADP despite not being found in the DSMs or ICDs. It is incompatible with a correct orientation/own-race maintenance orientation which is the normalcy personality orientation for ADP.

Discussion. The life unworthy of life idea appears a common one for ADP reeling under Eurasian oppression (Azibo, 2011c, 2012b; *Once Were Warriors*, 1995). This idea, coupled with depravity, is a recipe for the killings, massacres, mayhem, and corruption plaguing ADP globally. It is likely that the proportion of convicted criminals of African descent in the United States with this disorder is statistically significant. That America is regarded as a crimogenic society (the social structure inevitably produces criminality, see King, 2007; Wilson, 1990, 1992) is a position sustained by the existence of nihilated African identities disorder (as articulated here) and idiomatic purposelessness.

The Azibo Nosology II rejects the lineage of nihilated African identities disorder that is claimable in Western mental health thought, namely that dysasthesia Aethiopica (rascality) (Thomas & Sillen, 1972) was updated and morphed in the DSM-III-R into unsocialized conduct disorder (innate devilment) which could easily morph into the concept of nihilated African identities disorder. It is probable that anti-self disorder and peripheral mentacide co-occurs in many with this condition. Reclaiming and (re)focusing people with nihilated African identities disorder as correctly oriented should be a top mental health priority.

Marijuana: Mentacidal Psychological Dependence Disorder

[Why] do we inhale? Because we're in hell already.
From the radio, song and artist unknown, August 2013

And

It's a terrible thing inside, When your natural high has died
But, I'm so glad I've got my own, So glad that I can see
My life's a natural high, The [Eurasian] man can't put no thing on me ...
More and more you plead, Until you grow another need [for more weed]
Playing fantasy, you have left [African-centered] reality ...
I know your mind you want it funky,
But you don't have to be no [marijuana] junkie
Sho' is funky, Sho' is funky, I ain't no [marijuana] junkie (repeat)

Curtis Mayfield (Superfly soundtrack, "I got my own"), 1972

Definition. In the coupling of marijuana and mental disorder for ADP, the song lyrics in the two section epigraphs provide exceptional insight. Called marijuana disorder for short, this disorder is defined as psychological dependence on marijuana wheresoever fallout from Eurasian supremacy is negatively influencing the daily life of the client. Psychological dependence refers to the rewarding emotional effect of the drug that motivates repeating it in contrast to physical dependence.

Diagnosing. DSM and ICD guidelines for determining psychological dependence may be used absent a sustainable objection and an alternative. A typical or overall drug abuse cycle must be in play, generally: substance abuse (persistent drug usage in the face of deplorable and/or declining social and economic circumstances) → drug tolerance (need more and more of the substance to achieve a high formerly obtained with a smaller dose) → physical and/or psychological dependence → avoiding painful physical and/or wrenching mental withdrawal → more substance abuse and the cycle continues indefinitely. Paths 1, 2, or 3b are implicated.

Discussion. Though smoking marijuana may be linked to major problems in living (Grant, Martinez, & White, 1998; Green & Ensminger, 2006), personal observation suggests the drug holds sway in everyday African-U.S. life to the point of being a hazardous phenomenon ushering in increases in long-term usage and acceptance. That drugs are used to street treat or self-medicate frustration and depression may be well-known. Still as this is taking place under Eurasian domination, the influence of mentacide cannot be discounted. ADP's marijuana consumption (non-medical) would seem best viewed as successful chemical warfare. Nation-building (Akoto, 1992; Obadele, 2003) and power accumulation and consolidation (Anderson, 2001; Wilson, 1998) are own-race maintenance activities that stand no chance if the populace is partaking of THC regularly as a matter of course. If the law stipulated that ADP had to take marijuana on a given schedule, doubtlessly that would be viewed as movement toward racial extirpation or at least inferiorization. The end does not change if the drug is self-consciously consumed even if to street treat/self-medicate "because we're in hell already." To participate in marijuana consumption as described here is mentacide-induced Type I self-destructive behavior par excellence. Nevertheless, with its apparent permeation of and actual threat to African-U.S. living, it warrants its own free-standing diagnostic category in the Azibo Nosology II. To treat it as if it were a peripheral personality disorder only would be inadequate tantamount to mistaking the tail for the dog.

Some might tut-tut this diagnosis reasoning the naturalness of marijuana makes it acceptable in moderation. That THC is one of numerous natural substances that harm and that the ancestral dictate "I will not pollute myself" (Baruti, 2010, 89-90) are two reminders that warn about what is ingested. There are four points to be taken. First, moderate usage or not, if psychological dependence is indicated the diagnosis should be made even if tentatively. Second, the marijuana: mentacidal psychological dependence disorder diagnosis does not rule out physical dependence which may or may not be present. Third is the bottom line of substance abuse, to wit

Drugs incapacitate the users, create unproductive members of the community, deliver an awesome criminal motive in individuals, foster dependency, invert actions as [Eurasian] society continues exploitation [of ADP] unchallenged, remove creativity cause confusion in the individual and amongst the people.
(Jones, 1992, 78)

Last but not least is the need to heed an especially insightful analysis advocating specialized treatment for African-U.S. juveniles with substance issues (doubtlessly generalizable to other African descent youth), to wit

Simply possessing drugs [or having mental psychological dependence on marijuana] is not necessarily a crime requiring involvement in the juvenile justice system At most, it represents that an individual may have a problem coping or a problem engaging in unhealthy recreational activities. These are problems that could be addressed from a mental health approach includ[ing] teaching self-love, teaching success in one's environment, teaching the success of Africans, providing African American role models, and providing employment and academic counseling [all] based on Afrocentricity and rites of passage [incorporating African] centeredness, moral standards, rituals, and ceremonies [Bear in mind] that adolescents' belief that friends, neighbors, and family are involved in drug trafficking are associated with juvenile drug trafficking. Therefore ... alter[ing] adolescents' belief that drugs are the norm ... and prosocial future rewards need to [be] promoted. (Alexander, 1996, 382-383)

It seems Curtis Mayfield's insight from just a few generations ago expressed in the second section epigraph was wasted, but warrants reemergence as a practical theme for promulgation by mental health workers in tackling this disorder.

Refusal to Procreate Disorder

There is a difference between *birth control* per se ... and the exploitation of the idea of birth control for genocidal and racist limitation and decimation of an entire group by another—i.e. *population control*

Nathan and Julia Hare (1984, 35, italics original)

Definition. The self-conscious, non-medical decision by a heterosexual person or couple not to biologically reproduce or have offspring at all as a lifestyle choice using any means including permanent celibacy, abortion, and the removal or disabling of reproductive systems defines refusal to procreate disorder.

Diagnosing. Importantly, if the decision to not procreate is a self-conscious one, then the diagnosis is made irrespective of client's non-medical rationale. His or her rationale is important only for understanding where the client is at or is coming from. Documentation from the appropriate professional should be required if client presents with a medical or health rationale including mental health. Client should be re-evaluated as medical/health status changes.

Discussion. Genocide of ADP could be a distinct possibility (Vargas, 2005; Yahshua, 2012). In the United States, the genocide charge has been made (Clegg, 1981; Marable, 1982; Olomenji, 1996; Patterson, 1971). Malcolm X, for one, upon establishing the Organization of Afro American Unity, in a petition to the United Nations charged the United States with economic genocide, complicity to commit genocide, and mental harm (Williams, 1982). Psychiatric science has been implicated in worldwide assisting of genocide (Citizen's Commission, 1995). As Eurasian civilizations continue on pursuing their White-over-African cultural dictate, evidence of their appalling utamaroho (cultural energy thrust) pertaining to genocidal inclination toward ADP is left in the open. Examples abound: regarding the Tasmanian ADP, "no not one;" in the transition to neocolonialism, Lloyd George's statement "Okay, but we absolutely reserve the right to shoot niggers;" the American refrains "[who cares about] the other bodies in the river" (Delany, 2000) and "they was just niggers;" and in reference to the Sudan, Muhammad Ali Pasha's "we are in this to procure Negros," ad nauseam. Former President of South Africa P. W. Botha summarized Caucasian civilization in relationship to ADP like this: "The racism they talk about didn't begin with the White Afrikaner. *It has always been a fact of this life....* It is our strong conviction, therefore that the Black is the raw material for the White man" (cited in Jones, 1992, 70-73, emphases added). To influence ADP to voluntarily not reproduce seemingly at their own behest at just that point in history where anti-African Western civilization poses the question *Who needs the Negro?* (Wilhelm, 1971) appears an absolutely astonishing feat of social engineering. Huzza Eurasian supremacy in your masterful employment of miseducation and the psychology of oppression.

In the Academy, the recently deceased Dr. Aaronette White's work has been all the rage among those promoting Eurocentric feminism applied to ADP by an African descent person (e.g., Caplan, 2012). To my knowledge, she is the number 1 scholar whose work espouses Africana women self-consciously electing to refuse to procreate as a lifestyle choice. She held Western feminist theory higher than the creation mythos as a reference point for understanding the nature of human nature and the foundation for male/female relationships (personal conversation, Oakland, CA August 2008). Though persons with refusal to procreate disorder can be very pro-Black/pro-African otherwise, like Dr. White was, this disorder nevertheless shows how distorting and warping of ADP's humanity proceeding apace with Eurasian definitions about social behavior—that is, psychological misorientation—can be. Refusal to procreate disorder violently flies in the face of Africana people's endemic behavior systems that "reflect a kind of intuitive mode of cooperation with the natural order" (Mayers, 1976, 190). It certainly cracks the skull of this writer.

Although Dr. White and I were on a first-name basis, received our psychology Ph.D degrees at the same university with the same major advisor and two of the same professors on our committees, and I would accept her collect calls from Surinam and the Netherlands when she worked there, and she shared with me many of the unpleasant personal experiences at the hands of men that influenced her development and were thrust upon her again in graduate training by (publicly) unnamed professors, I would be remiss not to remind the reader of the proverb given earlier: “When the axe came into the forest, the trees said, the handle is one of us.” A related reproductive behavior disorder that also is blatantly incongruous with the creation mythos is wanton pregnancy termination.

Abortion as a Lifestyle Choice Disorder

Moyo Webe (singular), Moyo Wenu (plural)
(Life to you or I/We wish you life, a salutation from central Africa)

Definition. The thought and/or practice of a man or woman that assigns legitimacy and acceptability to pregnancy termination at any point post conception for non-medical reasons by any means defines abortion as a lifestyle choice disorder.

Diagnosing. While an aborted pregnancy speaks for itself, it speaks volumes when repeated. When repeated, indeed it is a voicing of unsurpassed degeneracy. Furthermore, in exploring client’s position that abortion as a lifestyle choice is a legitimate option the practitioner might look for faulty thinking such as:

1. non-African-centered social theory and utamawazo significantly underlying the position like I do what I want to with my body, it is legal so it must be okay, crumb snatchers or similar derogatory referencing, ad nauseam;
2. inconsequential appreciation or no knowledge whatsoever of the centered African view of self-extension connoted by the creation mythos;
3. no or inconsequential awareness that pregnancy termination is tantamount to murdering the ancestors, poof, by virtue of preventing their spiritual essence or Ka from continued life via birth in progeny;
4. overall yielding to the perceived practical benefits that abortion affords like freedom to pursue hedonistic and self-centered living and money-making, eliminating or lowering expenses, enhancement of one’s attractiveness for mate- or date-catching, et cetera.

Discussion. It is the stark anti-procreative nature of non-medically-based pregnancy termination that cements abortion as a lifestyle choice as a psychological misorientation. It is usually driven by mentacide in the current ordering of the world. It is polar opposite the centered African life-giving orientation reflected in the creation mythos and the moyo webe/moyo wenu greeting. Lorraine Hansberry attested to the life-giving orientation of African-U.S. people in *A Raisin in the Sun*. Doubtlessly a cultural holdover from Africa (see J. King, 1976 regarding cultural holdovers), the family matriarch reminded her daughter-in-law who was contemplating having an abortion “we come from a people who give life, we don’t take it” (paraphrased). The basis of the life-giving cultural orientation in African deep thinking is the presumed primordial ensoul of Africans:

unapologetically *essentialist* via the procreant function the Soto-Tswana of southern Africa [say] the Creator gave to each [human] ... a *seriti* [which is] a portion of ... the [Creator’s spirit/soul] This thinking ... is continent wide also pre- and post-colonial Nile Valley Africans of ancient times called the spiritual essence *Ka* ... Akan called it *Okra Sunsum* ... Dogon called it *Nyama* ... Bambara called it *Faro* ... ad infinitum the African worldview compels us to conceive of [individual] life as a spiritual [phenomenon beginning in] an unbroken chain between Creator and mankind through procreation God did not merely create humanity, God procreated human beings. (Azibo, 2011d, 78, italics original)

The creation mythos codifies this deep philosophical thinking. Nowhere can lifestyle choice abortion enter as normalcy. Always does lifestyle choice abortion enter as an abject aberrancy for ADP. Rank individualism may be operating in many cases, sometimes of a selfish sort. As with refusal to procreate disorder, claimed medical bases for terminating should be verified.

Two words on “choice” are warranted. First, it seems that the traditional African-centered deep thinking limits the woman’s choice to choosing to have intercourse or not. If intercourse is chosen, then all that results from that requires responsibility for both parties. Abortion, again, is not an acceptable out when mental health is considered Africentrically. Abortion is irreversible and shockingly different from adoption and rearing by others, kin and non-kin, or even turning over to social services. Incest and rape complicate the social reality, but neither moot nor trump the life-giving principles imbued in self-extension which remain preeminent. Perhaps “the Village” needs to kick in seriously with human and material resources under these circumstances especially. Colonialism, enslavement, and the aftereffects of these have, however, everywhere decimated the village and is eroding the village mentality. Still, for ADP to respond with wanton lifestyle choice abortion is a mentacidal development.

Secondly on choice, a question arises. Is choice choice? Similar to ADP's own-life taking behavior (analyzed below), has ADP's choosing of self-conscious pregnancy termination been predetermined by Eurasian civilization? The mentacidal etiology suggests it has. To whatsoever extent this is the case, then resulting lifestyle choice abortion thinking and behavior by ADP is not "choice" at all. Rather, it is pure obedience to the dictates and orders from the still-in-place social theory of the slaver/master/colonizer. Can you imagine that, death-dealing self-destructive obedience by ADP in 2014 with no whip-cracking, pistol-pointing "master" in sight, yet the Kool-Aid is still drank?

Lying Psychological Misorientation Disorder

Cheatin', stealin', and lying.
One thing I can't stand is a liar.
Another thing I can't stand is a cheat.

There's only one thing I desire.
You've gotta be truthful when you come to me.

Billy Paul (The Best of Billy Paul compact disk, 1999)

Definition. This disorder is defined as misrepresenting the truth about any matter, public or private, forethoughtfully or with knee-jerk, matter of course like automaticity on a recurring basis.

Diagnosing. Establishing the recurring basis of client's lying may be as tricky as it is central to the diagnosis. In its absence, the diagnosis cannot be made. It is imperative that practitioners justify or document reasons for the imputation of regular, routine, habitual, standard operating procedure status to client's lying.

Discussion. Racist former policeman Mark Fuhrman remarked that he did not believe anything African-U.S. people say because everything out their mouths was a lie (paraphrased). Alarming, the author's personal knowledge with African-U.S. of all walks of life and demographics these past 30 years yields a similar conclusion. Others (e.g., Ipet Isut, 2013a) have decried what appears to be a pandemic of regular, matter of course lying behavior among African-U.S. Excluded from this diagnosis is lying when interfacing with Eurasian institutions and forces that control ADP in the society. As Baruti (2009a) reminds us a mask of deception is often called for and, frankly, honesty is not to be offered to ADP's enemies except strategically.

ADP's chronic lying, which seems to be intergenerational, qualifies as a Type I self-destructive disorder because "it works to intensify our [ADP's] fragmentation" (Baruti, 2009a, 71). That it seems commonplace to view askance promises, pledges, and statements of all sorts made by ADP bears witness. Pervasive smiling in a person's face while telling them a lie and big-facing and fronting, to use popular culture parlance, within the community erodes members' confidence in each other while simultaneously being passed on as a behavior to be emulated. At this point in ADP's history, at least the African-U.S., truth and the telling of it seems outmoded and strange. With a little cogitation, one can see that this sort of lying is as death-dealing to ADP's extended-self community as is sexual misorientation.

The psychological misorientation basis of ADP's lying behavior can be discerned from the work of Hampate Ba (1981) whom Baruti (2009a, 72) and Sutherland (1997, 128) quote: "the man [sic] who breaks his word breaks the sacred unity, the reflection of cosmic unity, creating discord in and around him." In other words, lying is an active, harmful violation of the self-extension principle depicted in the creation mythos as it cuts the felt, consubstantiating interconnection between ADP which itself is a microcosmic reflection of macrocosmic interconnectedness (as above, so below). Cutting ADP's interconnectedness by lying serves as an open wound that disempowers correct orientation for own-race maintenance. Equally damaging to correct orientation is the wound caused by inaction or "not speaking truth, i.e., being silent and/or letting lies circulate unchecked, [which] is still lying" (Baruti, 2009a, 72).

When looked at seriously, lying psychological misorientation disorder is a first-order debasement of the African personality. It is to be repugned at every opportunity by the practitioner. The difficulty lies in its reinforcement, apparently, throughout society. This disorder, nevertheless, is reparable in the rescue and imparting in therapy and society at large of African moral traditions as they cannot co-exist with reprobate behaviors like lying or vulgar speech.

Vulgar Speech Disorder

Good Speech is not just proper in the sense of grammatically correct
speech ... but even more importantly, Good Speech is morally
correct language.

Jacob Carruthers (1995, 46)

Definition. Regular, routine, matter of course usage of profanities in spoken, written, or non-verbal communication defines vulgar speech disorder.

Diagnosing. As with lying psychological misorientation disorder, the recurring, repetitive character of employing abusive, vulgar, or irreverent language, body language included, is critical. That aside, the obviousness of vulgar speech can be misleading. This diagnosis covers more than cursing, salty, coarse language, and obscene gesturing like presenting the middle finger. Vulgar speech disorder encompasses any profanation of the African perspective on the nature of prototypical African human nature that is communicated through speech behavior. By the Azibo Nosology II definition, then, behaviors ranging from sagging or the deliberate wearing of outer pants in a manner that exposes or leaves the buttocks and underwear uncovered, a behavior that at best can be labeled gross, social penis grabbing or a male's conscious or unconscious holding or otherwise handling his penis and/or genitalia for non-biological, non-sexual reasons in the presence of another(s), spitting in public unrelated to physical need to expectorate especially while in conversation and on non-porous surfaces like sidewalks that people have to traverse, to regularly cursing are examples of vulgar speech disorder.

Discussion. One of the simpler initial goals in treating the present disorder and perhaps all others in this nosology is a client's recognizing that African-centered traditions are the requisite foundation of authentic behavior for ADP (Sutherland, 1997). Such recognition would be a milestone that portends a more positive prognosis. Jacob Carruthers provided a profound treatise on the traditions of ADP's speech behavior which the practitioner might find valuable. In summary, existence in Africa consisted of a hierarchy of speeches. At the apex is the Divine Word, the creative speech of God. Next comes the sayings of the ancestors ... whose wisdom must be consulted periodically.... [Then] comes the sacred speech of the priests ... through whom God and the ancestors speak [therefore] ... priest[']s or divine spokesperson[']s ... words command obedience as do those of God and the ancestors. The utterances of the elders in general are subordinate only to God and the ancestors ... and must be obeyed. Thus, this is the context in which one must understand the oral and written traditions of the African heritage. [African] human life is to a large extent an intergenerational conversation which is defined through Divine Speech [of the Creator] and Good Speech [of African humans] (Carruthers, 1995, 83-84). If this be the African tradition, whence comes the following in settings public and private:

Mother to daughter: b-word, get out that tub or b-word sit still while I do your hair;
Parent to son: don't lie to me, n-word or n-word, I told you no; Angry adult to adult
with or without children present: F-bomb you, n-word or go suck your mother's p-
word; Pleasant adult to adult: your ass lucky, fool/n-word or I can't hit s _ _ _ on that
GD lottery; Child to child: I did tag you, you it b-word/n-word/mf; Adolescent to
adolescent: what's up, ho'/whore? or F-bomb that s _ _ _; ad nauseam.

Speech behavior of this sort while displayed regularly enough to be statistically normative is utterly vulgar. What you think, my n-word or dog or MF-word? (OK, enough.) It is not derivable from the African tradition, but has sprung forth during enslavement, colonialism, and the aftermath of these. Usage of the MF-word by ADP is traceable to faulty adjustment to Eurasian supremacy (Welsing, 1991, 119-130). Thus, vulgar speech disorder is not inherent in ADP or their cultures, but an intergenerational psychological misorientation with mentacidal etiology that, consistent with the definition of Type I self-destructive disorder, is shredding as we speak (pun intended) ADP's most central of all traditions, namely intergenerational Good Speech (Carruthers, 1995).

Sankofa (bringing forward traditional African principles) in the realm of speech behavior is imperative if vulgar speech disorder is to be counteracted. Strategically, the practitioner might begin by instilling the legitimacy and urgency of the ancestral oracle "*I will not speak evil*" (Baruti, 2010, 73, italics original). After that, the client should be returned "to the Divine conversation which commands Good Speech" specifically "speak truth and do truth [for] in this is the essence of cause and effect" (Carruthers, 1995, 176). If this can be impressed on the client, it would be a signpost of readiness for further transformation and possibly transcendence. Speaking of transcendence, it is early 2014 as I write and sexism is still strong with many ADP.

Sexist Personality Disorder

[T]he equality between men and women in [African] Egyptian antiquity was an integral part of the *divine* order as opposed to 'economic', 'servile', 'ethnographic' or 'feudal' considerations

Theophile Obenga (1992, 148, emphasis added)

Definition. This disorder applies equally to males and females. Used here, the term sexism always refers to both male and female. Sexist personality disorder is defined as the attitude and corresponding behavior—including violence—that limits or controls the participation in interpersonal relationships and society at large and/or devalues the contributions to society by a man or a woman or otherwise responds to said contributions in a reactionary or fearful manner based solely on an actor's gender or client's prejudicial conceptualization about the capacities of a given gender.

Diagnosing. Sexist attitudes that have been held for at least three months would seem to warrant the diagnosis. Where sexist behaviors are being executed, especially violence directed at a spouse or partner, a more stringent standard would seem in order, to wit: a single instance of sexist violence, discrimination, or behavior accompanied with sexist attitudes would seem to constitute sexist personality disorder. Clinical acumen may be assisted by instruments measuring misogyny, misandry and sexist attitudes.

Discussion. The incongruity between male or female sexism and the African-centered creation mythos could not be more pronounced. The former is impossible to derive from the latter. Therefore, modern day sexist thought and behavior by ADP is psychological misorientation manifest. The film *Once were Warriors* can be a useful tool as it provides graphic examples of sexist personality disorder (and several others in this nosology). Guarding against individual and societal sexism may always be a chief concern. In this task, centered ancestral wisdom is recommended. Obenga's chapter (143-151) from which the section epigraph is taken seems especially helpful in appreciating gender complementarity and equality as is the following:

[O]ur ancestors prior to any foreign influence had given woman a choice place [in governing]. They saw her not as sex object but as mother sitting separately but having the same prerogatives as the male assembly [A]bicameralism, determined by sex [was not] ... pitting men against women [rather] it guaranteed the free flowering of both. It is to the honor of our ancestors that they were able to develop such a type of democracy reestablishing it in modern form [is imperative]. (Diop, 1978a, 33)

One ramification of applying centered African ancestral wisdom is that gender concerns—either gender—could never supersede the collective race or peoplehood concerns (Azibo, 1994b, 2012a), but are always to be approached as intertwined. A second is that “women’s rights” were first pursued by ADP among all earthly peoples from their own cultural center or framework, therefore, it is only logical that Africana people begin there in overcoming sexist thought and practice. Doing so will probably render unnecessary and reveal the aberrant and alien nature of Asian, Eurasian and Caucasian women’s liberation thought and practice (e.g., Gordon, 1985; Obenga, 1992).

Still, as ADP reel from Eurasian cultural hegemony, ingrained in them are the seedbeds of sexism, misanthropy and misandry. From this two special issues have arisen. One is the idea that Cheatwood (1992) rightly criticized, namely that Africana women be dominated and suppressed as a prerequisite for effectively taking on Eurasian opposition. Another is “the negating drive of Black feminist identity politics against Black men/boys” (Curry, 2013). It seems holding either perspective is classifiable as sexist mental illness manifest.

According to the African-centered way as reflected in the creation mythos, women are not to be positioned over men and vice versa men not over women. However, resulting from the *Two Thousand Seasons* of Eurasian devastation, ADP direly need reminding of “the [African-centered] way you have forgotten” (Armah, 1979, 26) regarding female-male relating. Armah instructs

Know this again. The way is not the rule of men. The way is never women ruling men. The way is reciprocity. The way is not barrenness. Nor is the way this heedless fecundity. The way is not blind productivity. The way is [ADP as] creation knowing its purpose, wise in the withholding of itself from [Eurasian cultural] snares. (Armah, 1979, 27)

It follows that for mental health as conceptualized Africentrically herein to prevail in ADP’s male-female relationships in general and family of creation relationships in particular, the platform for these relationships has to prioritize a perpetual coming together for the primary purpose of achieving and maintaining a state of global African liberation in love and struggle (e.g., Karenga, 1978). The creation mythos is screaming this, but does the mental health worker heed the call?

Yet, in reality sexism confronts Africana women worldwide and misogynists of African descent do exist. These can be combated in a practical manner by building on Africentric theoretical grounding like that presented here and elsewhere (Azibo, 1994b; Gordon, 1985; Moore & Coppock, 1987). With the misreckoning of Africana women as superwomen these last 150 years or so now discredited, Nathan and Julia Hare provide the practical starting point for this combat:

If we are going to incorporate black feminism, we must first know what black feminism is, just as if we are going to get somewhere, we have to have some notion of where we are going. (Hare & Hare, 1984, 141)

Mwalimu Baruti appears to have identified the destination:

A womanist is one who seeks absolute equality with men. She is one who requires that there be mutual respect and equally shared power between men and women engaged in defending and building their community [i.e., own-race maintenance]. (Baruti, 2010, 241)

In this way, each gender serves but neither ever supersedes race or community (Azibo, 1994). This is the only axiological possibility that centered African cultural deep structural framework/asili allows. If gender indeed is intertwined with “race” collective as argued herein, then the most efficacious cultural surface structure strategy is for gender to not supersede race as well. If race and gender were not intertwined, then thinking and behaving as if one string of the twine might supersede the other could logically enter though the idea be destructive and anathema to loving centered African relationships (e.g., Carruthers, 1980; Harper-Bolton, 1982; Karenga, 1978; Madhubuti, 1980; Semaj, 1980).

The position outlined here for combating sexism perforce effects at long last the sought after marriage between Africana scholarship and Africana womanism (see Azibo, 1992, 2012a; Pellerun, 2009). “Historical womanist theory” (Rousseau, 2013) is excluded, however, as it is reactionary, not located in African cultural deep structure/asili, and tinged with Eurocentrism though some proponents may be pro-Black.

African High-Tech Lynching

From my standpoint, as a Black American, [this] is a high-tech lynching
... by a committee of the U.S. Senate, rather than hung from a tree.

Clarence Thomas, October 13, 1991

Definition. The serious thinking about or the undertaking of the taking of one’s own life defines African high-tech lynching, a condition which is misnomered suicide.

Diagnosing. Own-life taking that is altruistic or based in own-race maintenance or contemplation of same are not diagnosed. Otherwise, a single attempt to take one’s own life is diagnosable. As well, seriously thinking about the behavior 4 times or more or 10 or more recurrent, but not serious, thoughts of committing the behavior within the last fortnight warrant the diagnosis. The latter two criteria are the author’s impressionistic, rough guides which may prove out to need adjusting. Conservative clinical acumen, not these guides, should be the final arbiter until an empirical criterion can be advanced.

Discussion. The conceptual underpinnings of the African high-tech lynching nomenclature presumes that the historic lynchings—3,386 between 1882 and 1930 (Fresia, 1988, 86), not to mention 1619-1882—perpetrated on African-U.S. people (e.g., *The Black Arcade*, 1970; Ginzburg, 2006; *Secret relationship*, 1991) continue in the present-day in the different form of African-U.S. own-life taking behavior (Wright, 1981, 1985, 16-22).

The dynamics that drive ADP's own-life taking in other diasporas and the continent are thought to be similar. Azibo and Key (2013) tersely summarize the etiology of most African-U.S. own-life taking thusly:

the anti-Africanism thrust of Caucasian American civilization → a psychology of oppression → faulty, dysfunctional psychological adaptation → → depression influenced own life taking activity, where → means engenders and → → means eventually engenders.

The emphasis on structural factors in this general etiology is not meant to deny or minimize the influence of what are called multi-level theories of etiology which produce more complex considerations at the level of the individual thereby lending themselves to an etiological focus on the person. Instead, the present general etiology subsumes them at the point of "faulty, dysfunctional psychological adaptation". That is, it is at this point that myriad known and suspected influences like religiosity, psychological Africanity (racial identity), socio-economic class, stressful life events, and so forth come into play. For example, the multi-level Integrated Motivational-Volitional model of suicide (O'Connor, 2011) is one such explanatory theory.

Nevertheless, it is right to give prominence to structural factors because the own-life taking dynamic starts there. To elaborate, the form of the dominance enjoyed by Europeans, Arabs, and others in the current world order is certainly unnatural for ADP. The domination takes place through rank oppression and, more insidiously, the squashing of African forms of living through their displacement imposed by Eurasian forms of living. The result for ADP is massive frustration and failure regularly observed. Forced to negotiate this unnaturalness, disorder and problems in living in African populations are generated. On top of this, under the Eurasian world order access by ADP to the societal resources that might be ameliorative is obstructed. When accessible, the provision of mental health resources is usually inadequate often to the point of malpractice (Azibo, 1993). This inadequacy appears to be structurally inherent in Western psychology (e.g., Belgrave & Allison, 2006; Houston, 1990; L. King, 1976). Small wonder many come to engage in own-life taking behavior, a category which should be expanded to include deaths from substance abuse (Washington & McCarley, 1998).

This analysis supports Wright's perspicacious, perspicuous argument that all persons of African descent living under Eurasian domination or socioeconomic hegemony who take their own lives or attempt to are victims of Eurasian supremacy as African-U.S. suicidal behavior is a political dynamic of programmed self-destruction and hence mentacide. If Wright be correct, then the deleterious effect of Eurasian civilization on ADP exceeds the daunting of the African personality with an imposed stupefaction by literally murdering ADP via their own-life taking.

Wright cannot make it any plainer when he states “Lynching by any other name is still lynching” (1981, 1985, 17). At the very least, reparation for the psychological slaughter of ADP is warranted (Azibo, 2011c, 2012b; Special Edition, 2011).

Wright’s thesis is that since Eurasians are guilty of directly or indirectly specifying the environment within which ADP live, Eurasians therefore are responsible distally for ADP’s behavior taking place there. Controlling behavior through controlled specification of the environment is what all the behaviorist-learning theory, if you will, “rat” studies are about. The soundness of the argument makes the conclusion compelling that ADP who attempt or take their own lives are pushed into it by Eurasian civilization and not pulled into it through the exercise of their own agency. In other words, African-U.S. are duped, bamboozled into thinking own-life taking is solely a function of their so-called free will when it actually is much more a pre-determined option imposed by American civilization alongside other prominent options like crime/the underworld and the criminal justice system and its forebodings, accepting the frustrations of living a second class citizenship, and/or hitting the glass ceiling in the legitimate world. It would appear accurate when framed as a function of the bamboozlement induced by the mentacide process that ADP’s own-life taking behavior resembles a lynching. The masterfulness of this as part of the Eurasian-over-African dynamic is acknowledged.

There are two prerequisites for efficacious treating of own-life taking behavior that nowadays is more and more commonplace at least among the African-U.S. (e.g., Jackson, 1990; Jones & Shorter-Gooden, 2003; Mitchell & Herring, 1998; Myers & King, 1980; Rutledge, 1990). First is changing the nomenclature to accurately reflect the phenomenon. The second, again, is a firm grasp on centered African tradition relative to the behavior. Regarding nomenclature, the term suicide is inadequate to describe ADP’s own-life taking behavior. The definition of suicide is Eurocentric-based referring to the self-termination of one’s life in response to problems encountered in living. This fails to connote and diminishes the idea of deliberate social structural intentionality in influencing ADP in the taking of their own lives. To continue using the term suicide unguardedly would be irresponsible and implants the personal impetus perspective as preeminent. Therefore in reference to ADP the term “own-life taking” is recommended to displace the “suicide” term.

Furthermore, in distinguishing ADP’s negative or non-political own-life taking that occurs under Eurasian socio-cultural-political-economic hegemony from altruistic or race-maintenance based own-life taking, the terminology “African high-tech lynching” seems more appropriate for the former. The rationale is that the Western lodestar concept of free will which permeates, nay underlies the Eurasian specification of the environment in which ADP live does not hold for ADP. Rather, the free will idea as pertains to ADP (at least in the United States) is propagandistic trickery that serves to obviate individual or collective calls for redress as it implicates the primacy of personal agency in determining one’s achieved socio-economic status or station and any problems in living one may have.

Should own-life taking thought and behavior result, the person ascribes it to his or her “free will.” Society’s formal and informal image-making apparatuses accomplish instilling this propaganda in ADP. It cracks the skull that the suffering, wretchedness, and debasement of ADP at the hands of Eurasian civilizations (e.g., Azibo 2011c; 2012b; Walker, 1829/1965; Williams, 1976) which most often is inextricably linked to ADP’s own-life taking behavior is successfully discounted by the free will propaganda. What a prodigious, spectacular achievement of Western society’s control of images and thought. (Chomsky (1989, 1991) and Jones (2001) provide cogent analyses of thought control.) The upshot being that whenever a person of African descent takes his or her own life under the influence of the free will idea it is tantamount to an actual lynching carried out by Eurasian’s image-making apparatuses which today are quite high-tech. My thinking on this terminological analogy jelled in 1991 watching then-nominee Clarence Thomas’s televised confirmation hearings for U.S. Supreme Court Justice. He hypocritically played the race card by complaining about the imagery the media was portraying him in and claimed to be the victim of a high-tech lynching (see Council on Black, 293-301). Thence comes the section epigraph.

About the African tradition pertaining to own-life taking that clients suffering from African high-tech lynching need reintroduction to, it might be surprising that it always served own-race maintenance. Specifically, the tradition is correct orientation persons sacrificing their own lives in order for the corporate collective to have greater life chances or extended life. The roots of this tradition are prehistorical, so old as to either antedate or co-appear with the codification of the creation mythos. According to Finch (1991) in the earliest days of homo sapiens ADP would literally eat in the context of ritual behavior the eldest of the group’s mothers/matriarchs—the Great Mother—whom it appears willingly sacrificed herself. Why, on both counts? As the earliest of the species their thinking, being quite literal at the time, was that the Great Mother actually possessed in her physical blood the most essences necessary for life’s continuance or that she was the ultimate physical purveyor for same. Naturally in this literal logic, sometime near the end of her life her blood was literally shared with the group so that the group might live. Thus was born the centered African tradition regarding own-life taking which ADP conceptualized *eo instanti* as own-life giving.

As African civilizations evolved, it stands to reason that relatively little own-life taking behavior has been reported. When it has been found it seemed to be purposefully emitted in the context of resistance to Eurasian incursions. Cleopatra VII appears a case in point. Her own-life taking is much more a last ditch act of warfare or defiance of Roman (Caucasian) takeover of her predominantly African country (African as in “Black” in origin, development, and population, see Bauval & Thomas, 2011; ben-Jochannon, 1991; Diop, 1974; Finch, 1990, 7-20; Hilliard, 1995, 1997; James, 1976; Tarharka, 1979; van Sertima, 1994; Williams, 1976, 59-117) when interpreted as a communication to the citizenry the idea that “I’ll die at my own hands before I surrender and submit to Roman humiliation, *a luta continua*” than a lamentation over a lost lover.

In point of fact, Cleopatra VII deceived Marc Antony, did not take her own life as he thought, pursued a liason with Octavian in order to stay in power, and upon failing that took her own life. African-centered history concurs with this assessment (Clarke, 1999, 50; Diop, 1978b, *vii*, 117-118). (For an unapologetic, trace history of the Arab world's theft of ADP's Nile Valley and turning it into today's Eurasian "Egypt" which Eurasian Arabs rule, see Bauval & Osman, 2012; for the historical backdrop, see Williams, 1976) Another example is found in the Haitian revolution where an entire village of ADP walked off a cliff to imminent death rather than surrender. This act of resistance daunted the French enemy (Carruthers, 1985). Oral histories, folklore, and reports of slavers record many intrepid, brave Africans enslaved by European descent people who took their own lives and their children's in defiant resistance to enslavement. Baruti (2005a, 55) points out that many such "suicides deserve a special look as acts of remarkable bravery.... intelligent acts of warriors" as the author's view of Cleopatra's.

It can be concluded that traditional or African-centered own-life taking behavior can be defined as self-conscious thinking and behaving for the purpose of terminating one's own life in order to realistically promote or result in greater, continued life and life chances for the corporate African collective inclusive of, but not limited to, thwarting racial enemies. This is not a disorder. On the contrary, it is the ultimate expression of correct orientation's or psychological Africanity's (racial identity's) dictate of own-race maintenance. It is a pluperfect or beyond perfect example of the defensive function implied in the creation mythos. Traditional centered African own-life taking, therefore, is 180° different from the African high-tech lynching that occurs over mundane problems in living like financial reverses, personal problems, or the despair that Eurasian civilization inevitably generates in ADP. This fact stands in spite of wrenching and empathic circumstances like that of ancestor Ota Benga (Breggin & Breggin, 1998; Washington, 2006) and the horrific circumstances many ADP face daily and inter-generationally under Eurasian civilization domination.

Forms of African high-tech lynching have been identified as "fatalistic" response to Eurasian hegemony (Houston, 1990, 136-141), "durational" in which instead of one desperate act a lifestyle inextricably linked to a looming death is chosen (Baruti, 2005b, 47-54, 177), and "ablossoming" (Wilson, 1990, 165-171) with one's life ahead of him or her as "Black suicide is a youth phenomenon" (Rutledge, 1990, 339). In a review of personality theories about ADP, it was concluded that the African was best conceptualized as "*a natural person, in natural harmony with the natural workings of the natural order of things*" (Azibo, 1990a, 38, italics original). Therefore, to function in the realm of Africana normalcy—which is the unabashed and unblinking desideratum inherent in the Azibo Nosology II—requires ADP to choose the natural struggle for life as a way of life as this is a natural order dictate. Hence the salutation moyo webe, moyo wenu (wishing you life).

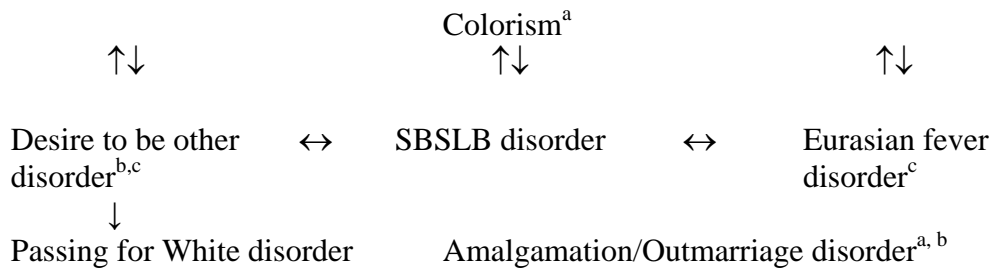
Type II Self-Destructive Disorders

the difference [between enslaved Africans and Caucasians] is fixed in nature that immovable veil of black [color compared to] flowing hair, a more elegant symmetry of form, their own judgement and favor of the whites, declared by their preference of them

Thomas Jefferson (Notes on the State of Virginia, cited in Jennings, 2003)

[the enslaved African] conforms to the taste of his oppressors ... adopts their opinions ... assents to the proposition [of his natural inferiority] ... and is ashamed of his own nature
Alexis de Tocqueville (cited in Blyden, 1862/1966, 113)

Defined above, Type II self-destructive disorders are characterized by trying to become White, Arab, or Eurasian mentally or literally. Six have been identified: bi-racial and multi-racial identity disorder, colorism, skin bleaching and skin lightening behavior (SBSLB) disorder, desire to be other disorder, and its subcategory disorder called passing for White, Eurasian fever disorder, and lastly amalgamation/outmarriage disorder. These distempers are highly toxic to correct orientation and may frequently be intricately intermingled. Generally, the etiological chain finds alienating mentacide → psychological misorientation (perhaps alien- and/or anti-self disorders) ...> psychological brainwashing → any of the six Type II self-destructive disorders (where → stands for leads or leading to and ...> stands for may lead to). From this point, the most logical path would seem to go through colorism in the following manner:



Note that bi-directional/reciprocal causation is indicated by double-headed arrows, upwards and downwards arrows where they occur together, and between disorders with the same superscript. Also, in order that the chart be applicable to all ADP bi-racial and multi-racial identity disorder was deliberately left off.

Bi-Racial and Multi-Racial Identity Disorder

You have been assigned your place in the universe as Africans
Edward Wilmot Blyden

Definition. This most serious condition is defined as an African descent person's constellation of beliefs that by virtue of being racially admixed parent- or grand-parent wise, s/he is raised in the scale of humanity, s/he is not of African descent or that his or her racial identity is not defined by Africanity or African heritage primarily, ergo s/he has no inherent obligation to defend, develop, participate in, or otherwise maintain the life and culture of ADP as a priority, but might rather see himself or herself as obliged to Eurasian interests or to neutrality on racial matters and/or as belonging primarily to a "new People" or "new race" that prioritizes its own maintenance—literally a bi-, mixed-, or multi-racial race maintenance—and which warrants its own category on census and demographic forms. Again, this is all because his or her parents and/or grand-parents are comprised of one genetically black and one genetically non-Black person or any mix of so-called "mixed race" persons.

Diagnosing. Any single belief from this constellation is sufficient to diagnose the disorder in a so-called "mixed-race" person.

Discussion. Some see no problem with bi- or multi-racial identity as just defined (Rockquemore & Brunnsma, 2002; Spencer, 1997; Thomas, 1993; Wardle, 1987; Washington, 1993; Williamson, 1995) which includes "Creole" identity: "we were in between and betwixt ... We are a mixed nationality of people" (Gregory, 2001, 3) with a "heritage ... deserving of attention and preservation" (Creole Heritage, n.d.). The phrase betwixt and between means in a midway position, neither one thing nor the other (Websters).

Just what is it that so-called mixed-race people want to preserve? is the number 1 question to clarify in therapy as their "heritage" is one of rape—be it bacchantic in the manner of the infamous practices of Jean LaFitte, the more sneaky and despicable like Thomas Jefferson and Strom Thurmond, or the typical perpetrated violations of the enslaved (e.g., Warren, 2007). Is sex between members of powerful groups and those who are subordinate to them with less or without power ever considered unconditionally consensual? If no, then all present-day Eurasian-African sex is non-consensual. Thinking about that makes it plausible that present-day Eurasian-African sex is a continuation of an historical stratagem employed in conquering ADP (Williams, 1976). In Africentric thinking, can sex between an adult and a child ever be consensual? Apparently not as it contradicts the creation mythos. Cogitating on that calls the question Are not Eurasians culturally full grown in their culture and ADP immature and barely adolescent in African-centered culture and thereby not yet up from slavery and colonialism mentally?

As the child is not deemed competent in making and entering into decisions about having sex, by statute many governments outlaw any adult-child sex as rape. It follows that any Eurasian-African sex is likewise tantamount to statutory rape irrespective of the African descent person's age and consent. Thus, so-called mixed-race persons who are diagnosable with bi-racial and multi-racial identity disorder have to be *delusional* or *defensive* about their heritage. Otherwise, that "the colored man [sic] is the only being who boasts of his bastardy" (Council on Black, 2002, 69) is an inexplicable skull cracker.

Etiologically, bi- and multi-racial identity disorder flows as follows: alienating mentacide → psychological misorientation → psychological brainwashing → Type II self-destructive disorder → bi- and multi-racial identity disorder. For some cases psychological brainwashing will probably be part of the etiological chain. A quintessential example of psychological misorientation masquerading as functional normalcy using Eurasian standards of adjustment, bi- and multi-racial identity disorder is grossly pathological in its violation of own-race maintenance dictates of mental health. It is the result of a classically implemented divide and conquer stratagem depicted in the Willie Lynch social theory story (The Black Arcade, 1970; Morrow, 2003) which itself is a continuation of historical stratagem for conquering ADP (Williams, 1976).

This disorder likely reinforces a drive for amalgamating and outmarrying. When it does, it cannot be separated from Eugenics defined as purging biogenetic blackness from the human gene pool. It becomes part and parcel of the worldwide onslaught on genetic blackness or "African blood quantum" (Azibo, 2011a, 2011c; Baran, 2007; Glenn, 2008; Hall, 1995; Jones, 1997; Jordon, 2004; Spencer, 2004; Vargas, 2004; Wade, 1993; Whitten & Torres, 1992; Wright, 1990). Directly implicated is the Eurasian mental health field in solidifying White- or Eurasian-over-African (Azibo, 1993) as it promotes this toxicity, this unhealthy anti-African identification that bi-racial and multi-racial identity disorder is. For example, research on bi-racials "suggests the incorporation of both component races ... as part of the [biracial person's] identity" (Lusk, et al. 2010, 109). Similarly, there is the conclusion that "a validated biracial identity may serve as a protective factor" (Coleman & Carter, 2007, 103).

Here laid bare is the clash of races in the sense of enemies (Madhubuti, 1978), the clash of Eurasian versus African-centered cultures (Blaut, 1993; Fagan, 1998) playing out on the battlefield of ADP's racial identity and mental health. That is, the positioning of bi-racial and multi-racial identity (as defined) as a disorder a priori or straight out the gate on the authority of the Azibo Nosology II in its African-centered stance renders a fortiori invalid Eurasian-centered identity theory's contradictory assumption that bi-racial and multi-racial identity as defined above is in the realm of normalcy and appropriateness. As well, a political science point of emphasis in this clash of races is that the United Nations genocide treaty explicitly outlaws taking the children/offspring of the vanquished by the victors in any way that alienates said offspring from historic psycho-cultural roots and orientation (Forman, 1981; Obadele, 1998, 2003; Patterson, 1971).

Bi-racial and multi-racial identity disorder might correlate with desire to be and actual passing as White/Eurasian, colorism, and skin bleaching and lightening. Carried to the extreme, bi- and multi-racial identity disorder might possibly lead to dissociation. One danger this disorder is correlated with is historically clear and to be underscored, namely “the willingness to act on behalf of white-skinned superiority [even against ADP]” (Council on Black, 71; Williams, 1976, 76-81). It would be unethical for the psychological worker to allow this psychological misorientation to stand in clients and constituency.

Perhaps the identity crisis of so-called mixed-race ADP (e.g., Njeri, n.d.) can be resolved with appreciation of basic molecular genetics. Gregor Mendel’s work establishing that genetic inheritance operates on the two principles of inheriting from each parent in all or none units or blocks and dominance and recessiveness of genes is still a mainstay in all genetics 101 introductory textbooks. The reader might recall these principles being taught with blue and brown eye color genes (or another simple trait) possessed by each parent and distributed across four offspring. Only when the two recessive genes for blue eyes—each one transmitted wholly from each parent—comprise the genotype of an offspring will the recessive trait be expressed. *Any* other combination at the level of the genotype of parental genetic contributions yields brown eyes because the brown eye color gene is dominant to blue. If this is fundamental for molecular genetics 101, then how come the ignorance and confusion around the question of the biogenetic race of an offspring of genetically black-not genetically black, especially genetically white, parents? By replacing brown with black and blue with white and switching the topic from eye color to the inheritance of race or racially biogenetic characteristics, particularly simple biogenetic blackness versus biogenetic whiteness, knowing that genes conveying biogenetic black traits are dominant to genes conveying biogenetic white traits, and applying the Mendellian principles yields the inescapable answer, to wit: At the level of the genotype, so-called mixed-, bi-, or multi-racial offspring are *genetically black* with the proviso that genetic blackness is detectable phenotypically because, genetics 101 tells us, if it is in the phenotype, then it has to be in the genotype, and if in the genotype the inherited trait(s) of genetic blackness is dominant to a corresponding inherited trait of genetic non-blackness. There is no meshing, blending, fusing, or mixing up betwixt and between as the traits are inherited in entire blocks or units from each parent.

With the genetics 101 knowledge understood, clients should be directed to reflect on the section epigraph as should the mental health worker at this juncture. Whatever remaining identity issues clients might have will easily be seen as socially constructed. Once this understanding is arrived at it is a simple matter of constructing and viewing social reality from the African-centered perspective. This should be exciting for the client or at least therapeutically significant as freedom, i.e., the ability to conceptualize the world in ways contiguous with one’s African ancestors, perhaps for the first time in the client’s life, is being approached. The client’s literacy or ability to apply his or her freedom to here and now real-life circumstances should improve from session to session.

That so-called mixed-race persons have the same identity obligations and issues as ADP whose parental heritage includes only genetically black persons predominantly is important to explain. The dictates of the African personality construct including own-race maintenance (Azibo, 1990a, 1991, 1996c) applies to them as they are, it bears repeating, genetically black. I submit there is no such thing as a bi-racial or multi-racial or mixed-racial person based on genetics 101. These are non-entities every bit a false concept as assimilation, acculturation, and diversity, discussed earlier. Clients must come to appreciate this factual perspective. It is true that the client carries both traits for genetic blackness and genetic otherness at the genotype level, but they are not admixed and follow dominance-recessive law.

One implication of four is the client must exercise extreme caution in the procreant function as to preclude the possibility of making an offspring with a partner who also carries the recessive trait. Adherence to own-race maintenance and self-extension dictates of ADP living on earth as Africans in perpetuity *requires genetically black offspring* reared to be correctly oriented. The reproductive caution espoused here is identical in principle to that involving the potential inheritance of any life threatening or quality of life threatening condition like sickle cell anemia.

Using the sickle cell analogy, the second implication is that persons carrying the oval and sickle cell traits have never been considered a “new people” or “new race” dubbed “bi- or multi- or mixed-blood cell” people. This contrasts with the promotion of new people status for mixed-race parentage persons which occurred as the topic reemerged in contemporary Western scholarship in the 1980s. Emerging *eo instanti* reveals the new people notions as mentacidal hype, albeit very effective. Huzza Eurasian domination, again. But, it is the Azibo Nosology II that penetrates this illusion.

Third is an important implication for racial identity/psychological Africanity scholars. Models of bi- and multi-racial identity for ADP can only be valid as descriptors of their lived experience. It is invaluable knowing what offspring of mixed-race parentage are going through and how psychologically they handle it (e.g., Brandell, 1988). But, mixed-race parentage for ADP is just one more variable affecting psychological Africanity/correct orientation as articulated in the African personality construct. The African personality construct is the metatheory to which empirical descriptions and theoretical models developed for mixed-parentage persons is subordinate to and must be interpreted from (Azibo, 1998). So-called nigrescence Black racial identity literature must catch-up. Azibo’s works (Azibo, 2006a; Azibo, Robinson, & Scott-Jones, 2011; Azibo, Robinson-Kyles, & Johnson, 2013) and the present nosology are recommended.

Fourth, also recommended is that the term “persons of mixed-race parentage/grand parentage” displace the terms bi-racial, multi-racial, and mixed-racial as the latter are false concepts injurious to ADP’s reality. When applied to anyone of mixed-race parentage/grand parentage, the bi-, multi-, and mixed-racial terms should be restricted to usage for disorder only as is done here and never again used to refer to or connote any type of normalcy.

Colorism

[Precolonial ADP] were ‘Children of the Sun’ blessed with blackness by the Sun God himself and thus protected from his fiery rays. They were his children. Their very blackness, therefore, was religious, a blessing and an honor.

Chancellor Williams (1976, 130)

Definition. Colorism is valuing as more favorable and preferable and innately better phenotype attributes in ADP such as skin tone or complexion, hair texture and length, lip thickness, broadness of the nose, absence of frontal teeth gap, et cetera that approximate the typical Eurasian form, as well as behaving in accordance by ADP.

Diagnosing. As colorism may manifest in myriad ways, in forms subtle or brash, matter-of-factly with or without self-hatred, its symptomatology is too vast to list. A few examples would be sun phobia, sun avoidance, not dating anyone darker than oneself or a brown paper bag, hair misorientation, hoping the baby will not be too dark or have tightly curled and nappy grade of hair at birth, wearing blue or green contact lenses, slimming of the buttocks via alteration, and the like. Rationales provided for these behaviors are also symptoms. It is important to point out that haste or preconceptions can lead to misdiagnosis as colorism subsumes but goes beyond mere low evaluation of the physical self to a comparative phenomenon that champions physical otherness. The former can exist without the latter.

Discussion. Once colorism lodges in individual African consciousness, the affected person is literally psychologically misoriented as s/he negotiates reality with a cognitive structure or belief system composed of or dominated by concepts deriving from Eurasian cultural precepts and prerogative that are anti-ADP. From these precepts implanted in the mentacide process arise ADP psychologically oriented as anti-ADP proceeding apace with an imposed Eurasian mentality, such as a psychological Arabism or Europeanism. It is from this imposed social reality that colorism gains a way in to ADP’s individual and collective consciousness. Therefore, colorism necessarily is a manifestation at the surface structure of ADP’s culture of Eurasian culturally structured thought or utamawazo. Ergo, colorism is not to be construed as African culture for diasporan and continental ADP. ADP manifest it, but do not own it.

Colorism's consequences are all deleterious being historically based in an ignoble mentality. In the United States, for example, "Negroes strove to be White in physical attributes, culture, and intellect in order to escape the prefigures of the 'dark' continent and the dumb negro" (Jennings, 2003, 254). Even smart "Negroes" like W. E. B. Dubois, the Ebony and Jet magazine editors, and countless others were guilty of this as they built an internal color colony founded on light-skinned favoritism (Council on Black, 72-75). "Distinguished Psychologist" Dr. Ed Nichols observed in 2008 "[i]n my more than 45 years as a psychotherapist and psychoanalyst primarily dealing with Black patients, the deepest scars are not sexual abuse, but issues of complexion and hair this evil still exists" (571).

Apparently, the colorism experience of U.S. Africans is duplicated in populations of ADP the world over: "from the Caribbean, Latin America, North America, Europe or Australia [ADP] ... were facing a similar dilemma of 'identity crisis' based on 'color coding' or 'shades of pigmentation'" (Spencer-Strachan, 1992, 8). This striving to be or to be like Eurasian descent men and women though black in skin is a problem in living suffered by ADP across generations. As colorism etiologically is predisposed by mentacide unleashed in the societal promotion of the mulatto hypothesis—which states the more white genetic substance in an African descent person, the more fit s/he is in the social Darwinism sense—it is concluded that addressing head on mulatto hypothesis folklore (summarized in Azibo, 1993; Teo, 2004) by teaching it in its historic context in schools, religious outlets, therapy, and community psychology activities is warranted. Knowing the mulatto hypothesis basis of colorism might lessen its grip on ADP.

Skin Bleaching and Skin Lightening Behavior (SBSLB) Disorder

That Ausar ... the model upon which the present-day concept of the Christ was built ... was presented by the [Nile Valley] Ancients as 'the Lord of the Perfect Black' implicates the criticality of melanin/biogenetic blackness to human nature, especially the higher parts thereof [ergo] 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

Daudi Ajani ya Azibo (2011a, 227)

Definition. SBSLB disorder is defined as the serious contemplation about deliberately altering one's phenotypic skin pigmentation to a hue that is less black or less dark, or actually having undertaken it, by any means (chemical, biological, nutritional, et cetera) that may be dangerous or not for any reason other than a verified, non-psychiatric medical one. At present, serious contemplation is operationally defined as entertaining the idea three or more times within the last six months (Azibo, 2011a).

Diagnosing. Criteria are explicit within the definition.

Discussion. Physical blackness is an important component of ADP's racial identity/psychological Africanity (Thompson, 2006). As the section epigraph reflects, it has been so since the earliest times of African civilization "where black or dark-blue skin was a divine attribute" (Baruti, 2005b, 168). SBSLB among ADP is a late phenomenon never having occurred in pre-colonial or pre-enslaved ADP. Neither did it occur as a social practice in maroon societies. Interestingly enough, all African civilizations pre-Eurasian hegemony were characterized by manipulation and alteration of outward physical appearance within the bounds of African-centered aesthetics (Imarogbe, 2003; Welsh-Asante, 1993). Extrapolating from Richards (1993) the African aesthetic synthesizes and unifies in ADP the creative process, sensibility, cultural life force (*utamaro*), consciousness and behavioral response that rearranges the phenomenal projection of self into the social world with permutations and combinations of color, shape, sound and form. The upshot of this is collective conscious will that gravitates toward *beloved* own-race maintenance. SBSLB at once does not qualify for inclusion in the African aesthetic. Similar to colorism, ADP may commit SBSLB, but culturally it is not African behavior. It is worthy of condemnation. Marcus Garvey weighed in on this bleaching/lightening issue stating "it is not for us to inspire ... the vices of our people" (Blaisdell, 2004, 103).

SBSLB appears to be a mentacidal incorporation of Eurasian aesthetics and anti-Africanism which includes the Eurasian's defensive response to their whiteness/albinism about which Diop (1987) stated was present at the origin of Caucasian/white evolution and apparently has resulted in a classic reaction formation response of black skin denigration that prevails today (Welsing, 1991, 1-16). Thus, SBSLB enters ADP's life space as defeatism. It is a faulty response to Eurasian conquering and not in the least a function of personal agency or idiosyncrasy despite the claims to the contrary of persons who practice it. It is not akin to innocently following a fad like getting a tattoo. It is, of course, a spectacular phenomenon that generates hoopla. The hoopla should be spun as examples of (1) Eurasian civilization's worldwide attacks on genetic blackness (Baran, 2007; Glenn, 2008; Hall, 1995; Jones, 1997; Jordan, 2004; Masimba, 1994; Spencer, 2004; Vargas, 2004; Wade, 1993; Whitten & Torres, 1992; Wright, 1990), which qualifies as psychological warfare waged against ADP, and (2) self-mutilation akin to "cutters," some hair misorientation sufferers, and the like. When the mental health worker teaches the client how science has confirmed the monogenetic thesis of human origins (Diop, 1991; Hilliard, 1988) which means that as "mankind originated in Africa, it was necessarily negroid before becoming white through mutation ... at the end of the last glaciation in Europe" (Diop, 1982, 28), then queries "Why would you (or Who would) want to become or follow a *mutation* especially since you/ADP embody the original human being?" the work will begin. (Mutation as used here refers to a biological concept that means a different form of an original and does not connote the socio-culturally loaded inferior or superior notions.)

Desire to be Other Disorder

I'm somebody else. I'm White. White!
Sarah Jane character (Imitation of Life, 1959

Lana Turner/Juanita Moore version)

Am I not White?
Peola Johnson character (Imitation of Life, 1934

Claudette Colbert/Louise Beavers version)

Definition. Desire to be other disorder is a palpable, deep-seated motivation to change one's phenotype attributes to Eurasian or to be perceived by others as possessing enough Eurasian phenotype attributes under the incentive of qualifying for the designation of ethnically or racially other (inclusive of Caucasian, Arab, American Indian, mixed or a variant of these, or raceless).

Diagnosing. Eldrick "Tiger" Woods's public behavior (see Council on Black, 401-410) appears consistent with personal identity conflict and/or multi-racial identity disorder diagnoses. But, Woods's public behavior disqualifies for the present diagnosis. The linchpin for desire to be other disorder diagnosis is not merely the faulty misidentification, but the discontent surrounding phenotype. Phenotype discontent is not apparent in Woods's public misidentifications. Neither is it apparent or necessary in every African-U.S. person who relishes Indian heritage (e.g., Williams, 2011).

Discussion. As just alluded to, for many with desire to be other disorder there may be little conflict over the desire per se in contrast to significant conflict over being unable to actually be or be perceived as other. This is reflected in the *Imitation of Life* characters in the section epigraphs who have resolved to misidentify. That persons with this disorder have misidentified and are motivated to go further in negating their black phenotype indicates desire to be other is not a harmless fantasy. It may be comingled with all of the other Type II self-destructive disorders. Desire to be other disorder can directly lead to passing for White disorder which is considered a subcategory.

Passing for White Disorder

Definition. A lifestyle practice of deliberate deception involving lying, pretending, posturing, and presenting oneself to be Caucasian by a person who is knowledgeable or suspicious of being of African descent defines passing for White disorder.

Diagnosing. Symptoms include

1. outright lying about racial heritage, especially to persons who have become significant others;
2. desire to find a “safe retreat” for self and offspring where there is less likelihood of exposure and potential confrontation;
3. being socially perceived as part of the “Black elite” personally or in terms of family background;
4. no hesitation in discussing White cousins;
5. attending churches with practically all White members;
6. living in predominantly White-inhabited areas or enclaves;
7. completing upper division undergraduate work and/or postgraduate studies at predominantly White institutions and/or downplaying attendance at HBCUs as a freshman or sophomore;
8. shaving the head sometimes accompanied with wearing a thin straight hairpiece;
9. using cosmetics designed to have crossover appeal;
10. cosmetic surgery resulting in greater approximation to white racial phenotypes;
11. skin bleaching and lightening;
12. claiming a Mediterranean background;
13. avoiding relatives of African descent when possible, never having them at one’s home and seeing them away from their homes in areas like shopping center parking lots;
14. domiciling in states with small populations of ADP; and
15. disavowing one’s genetically black forebears including mother or father (for brilliant and splanchnic depictions see the Sarah Jane and Peola characters in the *Imitation of Life* films).

Discussion. The symptoms were culled from Snell (2008) who was referring to the United States context where it is reported that annually almost 10,000 African-U.S. disappear through passing for White (Porter, 1991). Presumably passing for White disorder is international probably occurring among ADP of Oceania given its anti-Black history (Horne, 2007) including the Maori (see *Once Were Warriors*, 1995), aboriginal Hawaiians (Azibo, 2012b) and Australians (Yahshua, 2012), throughout the Western Hemisphere, Europe, Eurasia, Africa, and the Dalit of India (see Maloney, 1986; Nikam, 1998; Rajshekar, 1987).

It is reasonable that many, maybe most, ADP worldwide will not be intrepid and succumb to an Azibo Nosology II disorder while living under Eurasian domination. Passing for White disorder could be more prevalent than typically thought and may correlate with other Type II self-destructive disorders. (Perhaps this disorder should be renamed to passing for other disorder where other includes American and Asian Indian, Arab, and White.)

Eurasian Fever Disorder

Ever since I was old enough to feel a desire for women
I've been drawn to those of darker hue.

Louis Armstrong, 1954

Definition. Eurasian fever disorder is a distasteful and disconcerting obsessive-compulsive disorder where the man or woman is continuously (a) motivated to pursue and (b) in prurient thought over physical, sexual, amorous behavior with a Eurasian for the base reason of having attached to Eurasians an inordinate eroticism and/or “a certain tang of proud revenge” (Fanon quoted in Council on Black, 219), the latter likely being a rationalization or reaction formation.

Diagnosing. Symptoms may pertain to devaluing ADP as potential lovers because of their genetic blackness and/or Africanity, arousal at the thought and proximity of Eurasians deemed to be eligible, persistent prurience regarding and directed toward Eurasians, relegating business or personal matters of primary concern to secondary or back burner status upon entry or presence of an eligible Eurasian in the life space where eo instanti the prurient concerns are prioritized, defensive rationalizations including revenge for enslavement and so forth, a neutering or muting on racial matters, pronounced bent toward integration and amalgamation, and abjuration of previously held pro-Black and Africentric positions.

Discussion. Commonly, Eurasian fever disorder appears to originate in childhood or adolescent experiences. With its manifold manifestations, the obviousness of this disorder can be fooling. Council on Black (213-214, 325-330) and Crawford (2000, 2002) provide valuable insight. Alien-self and/or anti-self disorder may be predisposing disorders, but not necessarily. This disorder does not represent a lark. Rather, its obsessive-compulsive characteristics alone can seriously discombobulate an individual.

Furthermore, self-extension, as the creation mythos depicts it, and correct orientation are directly undermined by Eurasian fever disorder as the latter precludes, obviates, and displaces correct orientation and self-extension cognitions that may have been in place. This is frightening, doubly so when involving amalgamation and outmarriage. The truth of the assertion that “[t]here is no place in Afrikan culture for European [or Arab] lovers” (Jones, 1993, 130) must be confronted. The social engineering of more ADP with Louis Armstrong’s orientation regarding interpersonal attraction appears warranted (see guides for setting afoot aright ADP by Azibo, Robinson-Kyles, & Johnson, 2013).

Amalgamation/Outmarriage Disorder

Secretly she wanted a mulatto baby, fair with long hair. She pursued [a Eurasian man because] ... the species must be improved. They have stayed black for too long, and black is not beautiful

Kofi Awoonor (cited in Bengu, 1975, 39)

any group seeking to build upon its unity and cohesion ...
will discourage outmarriage

Nathan and Julia Hare (1984, 105)

Definition. The first section epigraph speaks to amalgamation which is defined as the permanent removal of visible racial differences by sexually producing a less and less distinct black racial population (Crawford, 2000, 119). The second epigraph is a conservatively stated, obvious observation about outmarriage. A significant number of ADP may use marriage with Eurasians or other non-ADP (i.e., outmarriage) to achieve amalgamation.

Diagnosing. Outmarriage and attempting to procreate with Eurasians seem straightforward. This disorder may share many of the symptoms of other Type II self-destructive disorders, including a peacocky attitude toward the offspring or Eurasian partner. Additionally, the client may fiercely and with violence defend his or her outmarriage professing the strongest love for the spouse/other person.

Discussion. Marcus Garvey (1986) taught plainly that outmarriage was for ADP “a crime or sin for which he [or she] should never be pardoned by his [or her] race” (cited in Jones, 1996, 135). It shall be shown that this is such a devastating behavior that Mr. Garvey’s strong position is warranted. In 2008, 10.7% of African-U.S. marrying in the past year married Caucasians. The figure was 3% in 1980 (Nasser, 2011). The rate of outmarriage would probably be higher but for the downtick in marriages.

Apparently, many are living together and amalgamating without marrying. When added to these numbers are persons who amalgamate outside of a “family” context, on their own if you will, and added to that are male and female homosexuals, and people who refuse to procreate, ADP’s ability to physically/biologically reproduce the race is red-flagged. This smacks of genocidal eugenics and therefore is trumping of individual choice in marriage and procreation behavior with non-ADP.

Perhaps the mental health worker need not query the client Why would you want to make offspring with human mutations? (It was pointed out earlier that Eurasians qualify as mutations in the biogenetic sense as the monogenetic thesis of human origins has triumphed over the polygenetic, Diop, 1978, 1991; Wobogo, 1976.) Part of the answer seems to be that “successfully oppressed people desperately seek the love of their oppressors” (Crawford, 2000, 119) a fact that follows from Paulo Freire’s observation that oppressive reality absorbs those within it and is domesticating (Fresia, 1988, 135). Thus, amalgamation/outmarriage is improperly motivated, one reason it qualifies as psychologically inappropriate abnormal behavior in otherwise normal persons. Azibo (2002) and Crawford (2002) argue the near impossibility of legitimacy of the “we met and [just] happened to fall in love” notion under conditions of Eurasian supremacy.

Yet, amalgamation/outmarriage is on the rise (Nasser, 2011), pushed hard by mass media and has lodged in the popular culture: “it’s so the 2000s” (a relative apprised the author at a 2013 family reunion). Some find it a positive indicator of race relations as Eurocentric social theory now starts to articulate that mixed marriage is the ultimate indicator of vaunted integration (e.g., Nasser, 2011). This push by European-centered societies, however, is bogus as its timing has been perfect to interdict own-race centering by ADP brought on by the popularizing of Africentric orientation as social theory that occurred over the 1980s and 1990s. It appears a social programming designed to contain ADP’s orientation in spheres the European descended population can manage. There is neither mystery nor great revelation here as this is what societies do via social engineering of constituent populations. According to Obadele (1998) the United States, for instance, has majorly morphed its society on the basis of controlling/containing its African-U.S. population a minimum of three times in its history each time on the side of Caucasian national interests alone. The great political scientist Ronald Walters (2003) has informed that White nationalism still runs the country.

Additionally, as it literally kills the African extended-self and opposes own-race maintenance/correct orientation or normalcy in ADP, amalgamation/outmarriage and all attendant behaving is not only inappropriately motivated, but also so thwarted as to be the *sine qua non* of mental disorder. It is an integration that literally disintegrates ADP by (a) blurring the lines of racial awareness, racial identity, and racial preference, which are the components of African consciousness (Azibo, 2010), (b) by depleting “African blood quantum” from the human gene pool (Azibo, 2011c), (c) by providing a dysfunctional defensive escape from anxiety arousing fear of Eurasians that Welsing (1991, 153-162) identified, White violence (Williams-Myers, 1995) and “living while Black” (Gabbidon & Peterson, 2006), (d) by apparently contributing to early expiration in African-U.S. men (Azibo, 2002), and (e) by popularizing the ethos straight out of enslavement and colonialism that amalgamated offspring are biogenetic improvements over genetic blackness as the first section epigraph clearly communicates. This erroneous ethos is still alive among ADP. For example, Atwell and Azibo (1991) reported a case study of a client all befuddled because her relatives did not share her view that her amalgamated child was a gift of elevation to the family.

Chancellor Williams (1976) suggested ADP should integrate with themselves first. That is why the mental health worker is needed to participate in the sorting so that the wounded and wayward can be fixed to rejoin the intrepid and normal. It cannot be overstated that integration achieved via amalgamation/outmarriage cancels the bedrock self-extension tradition reflected in the creation mythos that has served ADP so well all these millennia. Poof goes the self-extension tradition of own-race maintenance with every instance of amalgamation/outmarriage with Eurasians under conditions of Eurasian domination. The lesson from history is to re-institutionalize the sentiment of the “great majority of ancient Blacks [who] took great pride in their color; and their resistance to amalgamation may be so interpreted” (Williams, 1976, 76).

Just as it is unethical to support the institutionalization of the homosexual family (male or female) as such, yet families with sexually misoriented members must be helped, the same applies to outmarriages and non-marital amalgamation. Specifically, client’s outmarriage and amalgamation behaving cannot receive one iota of support as such from the practitioner who at the same time is obligated to render all other professional support the client may need. This contrasts 180° with Davidson’s (1992, 150) position: “Clinicians need to expose negative biases in theories about interracial relationships and direct the attention of couples and their families toward relationship strengths.” Her position appears misguided and, moreover, it is abhorrent to the absolute psychological model underpinning the Azibo Nosology II which permits no middle ground on, is non-vacillatory toward, and completely adamant about outmarriage and amalgamation by ADP subject to Eurasian supremacy domination as mental illness.

The recommendation is that clinical workers re-orient outmarried and amalgamating African-Eurasian couples and their families to two reality-based positions. The first is that at this point in history and until Eurasian supremacy domination is actually ended (not merely said to be over or legislated away) ADP's amalgamation and outmarriage thinking and behaving is part of the continuing destruction of their civilizations carried out deliberately by Eurasian cultures. In other words, what on the surface is seemingly individual behavior is a big part of a time-tested stratagem of Eurasian supremacy domination and ADP who are amalgamators and outmarriage participants are being used or "played" to that end. It is in this light that Garvey's position on miscegenation endures today, to wit

slavery brought upon us by the curse of many colors within the Negro race but that is no reason why we should ourselves perpetuate the evil hence instead of encouraging a wholesale bastardy of the race, we feel that we should now set out to create a race type and standard of our own which could not, in the future, be stigmatized by bastardy, but could be recognized and respected as the true race type anteceding our own time. (cited in Wilson, 1982, 33)

Second, it follows that Eurasians of good will will find it more appropriate and better for ADP if they construct anti-racist family life in unions with other-than-ADP after the manner of the venerable Captain John Brown for instance. It is by prioritizing romantic dating, cohabiting and procreating with other-than-ADP—to keep from harming ADP further as by and large they are psycho-culturally necrossed (Azibo, 2011c, 2012b)—that Eurasians prove themselves anti-racist, ironically, at this point in history. A Eurasian's individual desires for the target of African descent and for producing an offspring of African descent with color must be sacrificed to overcome prevailing racism and oppression in these times. That these desires are of suspect motivation from get go (Welsing, 1991) should be front and center in the practitioner's gestalt of the amalgamating/outmarrying Eurasian as well.

The acceptable exception. Though ADP were the original people to inhabit the Americas (Bradley, 1992b; Imhotep, 2012), the suppression of this knowledge allows so-called Indians to be regarded as the indigenes. Though not all ADP escaping enslavement in the Americas amalgamated and outmarried with Indians (e.g., Counter & Evans, 1981), many did for motivations other than the anti-ADP ones just discussed. As a rule, historic marriage and amalgamation with non-enemy, non-anti-African peoples by ADP striving for correct orientation in the context of fighting and resisting Eurasian domination, especially when both peoples are jointly attempting to effectuate a sovereign nation as, for example, with the African-U.S. alliance with the Seminole nation (Katz, 1986, 1987), does not violate the self-extension dictate of the creation mythos; rather it is an extension of it and thereby does not qualify as amalgamation/outmarriage disorder.

But, should a descendent of these unions who possesses visible genetic blackness pursue marrying, procreation and living with the non-ADP side of these historic unions for motivations that are anti-African-based, then disrespect, maybe even abjuration, for the African pedigree is in play and perforce the self-extension dictate of the creation mythos is violated and the diagnosis of amalgamation/outmarriage disorder is appropriate. Most likely bi-racial and multi-racial identity disorder will be present as well. Descendents of unions between ADP and non-ADP are not to be stigmatized, but do represent a major force in the mental effort for permanence of these disorders. They and the mental health worker must become cognizant of this in the context of prioritizing own-race maintenance.

In closing this discussion, a reemphasis on the rape concept is warranted. It was pointed out in the bi- and multi-racial identity disorder presentation above that any/all Eurasian-African sex that takes place today is tantamount to statutory rape irrespective of the African descent person's age and consent. Therefore, if that be correct, exercising individual choice to marry and procreate with Eurasians by ADP is best viewed as "victory rape" by Eurasians. It appears even more evil than that occurring as a battlefield tactic or spoil as it is a destroyer of own-race maintenance ipso facto and frequently an eschewal of correct psychological orientation.

Stage 5? Regression Disorder

[ADP] must forsake the white man's [culture] ... and return,
as far as possible, to genuine African values and identity

Michael Bradley (1992a, 243-244)

Definition. Based on Azibo's theorization and research regarding psychological Africanity/racial identity/the African personality construct (Azibo, 1990a, 2006a; Azibo, Johnson, & Robinson, 2007; Azibo & Robinson, 2004; Azibo, Robinson-Kyles, & Johnson, 2013; Robinson & Azibo, 2003), this disorder is defined as a despoiled, spoliated correct orientation consciousness resulting from denouement in racial identity or cultural transformation metamorphosis (variously referred to as Negro-to-Black conversion, nigrescence, or more accurately according to Azibo and Robinson [2004] as the process of identity diffusion) in which the paramountcy of amalgamationist, integrationist, beyond race/beyond Black and White sentimentality is established concomitant with enervation of own-race maintenance posture after having traversed the earlier developmental stages or statuses in the metamorphosis.

Diagnosing. Extant scales measuring this conversion process or psychological Africanity in general (e.g., Azibo, 1996b; Azibo, Robinson, & Scott-Jones, 2011; Burlew, Bellow, & Lovett, 2000; Jones, 1996) can be used to abut clinical judgment of the client's denouement of the psychological metamorphosis.

However, for younger generations—roughly those born 1990 and later—rather than racial identity/psychological Africanity metamorphosis *denouement* as described, their racial identity/psychological Africanity may instead *begin* with an established paramountcy of amalgamationist, integrationist, beyond race/beyond Black and White sentimentality along with lip service, unsubstantial, low own-race maintenance posture. With the younger generations, therefore, the practitioner looks for this despoiled correct orientation consciousness as either a *denouement* or a beginning noting which for the record.

Discussion. Most racial identity transformation/nigrescence/psychological Africanity development theories formulate an end-stage or end-status as just described, although they vary in the number of total stages or statuses articulated from 3-13. Collapsing across seven of these theories generated between 1963 and 1981 upon which this literature was founded yielded a 5-stage metamorphosis (Azibo, 1990a; Azibo & Robinson, 2004). Moreover, most of these classic theories and later ones stimulated by them (e.g., Parham, 1993; Sellers, et al. 1998; Worrell, Cross, & Vandiver, 2001) make perhaps the most egregious, skull-cracking mistake in the history of African (Black) psychology by presenting this *denouement* in despoiled racial consciousness as apical rather than as sophisticated regression to the earliest stage, state, or status. As used here “sophisticated” implies that much of the rank anti-Blackism/anti-Africanism typically associated with the beginning and early stages or statuses is significantly lessened as a function of the metamorphosis itself while highlighted in the psyche concomitantly is an inclining and paean to Eurasians and their culture. Azibo’s regression formulation refers to textbook, abnormal regression and is not to be confused or conflated with the cute notion of recycling through the metamorphosis again (Parham, 1989). Thence comes the question mark (?) in the nomenclature signaling the puzzler Is this a fifth stage or a sophisticated regression to the first? Azibo’s stated position is the latter one (see early empirical and conceptual analyses: Azibo, 1990a; Azibo & Robinson, 2004; Robinson & Azibo, 2003).

Juxtaposing the popular view in the so-called nigrescence literature that this end-state *denouement* represents the acme of psychological Africanity development to Azibo’s empirically supported view that it is regression (see later analyses: Azibo, Johnson, & Robinson, 2007; Azibo, Robinson-Kyles, & Johnson, 2013) reveals “the contradiction in construct conceptualization issue [which means] the spectacular misinterpretation of African-U.S. regression and dysfunction [disorder] in racial identity/psychological Africanity as progression” (Azibo, Robinson, & Scott-Jones, 2011, 252). Most so-called multi-dimensional theories of racial identity/psychological Africanity like Cross’s (Psychological nigrescence, 2001) and Sellers’s (Sellers, et al. 1998) make this mistake as well by simply not using the developmental stages framework, but still positing as apical this despoiled consciousness (see Azibo, Robinson, & Scott-Jones, 2011). This just cracks the skull because the minimum expected of psychological workers is knowing, spotting and correctly distinguishing normalcy versus abnormal psychological functioning.

Stage 5? regression disorder is an en masse abnormality phenomenon that occurs in otherwise normal persons. Though developed in the context of the African-U.S., Stage 5? regression disorder should apply to continental and other diasporan ADP as racial identity/psychological Africanity metamorphosis has been documented in ADP internationally. As the treatment goal for this disorder and all others in the nosology is (re)establishing correct orientation/own-race maintenance, most likely crucial for treatment would be a strong dose of racial realism (Curry, 2008). Still, the question arises Will psychological misorientation and mentacide disorders arising subsequent to this regression be more resistant to treatment than those that arise without Stage 5? regression disorder? The personal identity conflicts come to mind here. Speaking of resistance to treatment, perhaps theological misorientation more than any other Azibo Nosology II disorder will be worst.

Theological Misorientation

We need to look at Judaism, Christianity, Islam and all of the remade religions deriving from substantive elements in Africa.
The creators of these religions turned on the African people.

John Henrik Clarke (1991, 351)
[as a result]

Black people as a whole remain immersed in alien religions and continue to pay heavily in psychological disorientation and servility.

Opaku Agyeman (2006, 28)

Definition. Initially discussed in the original nosology (Azibo, 1989), theological misorientation is defined as the belief in, allegiance to, or practice of a theology, religion-related ideology or any aspects thereof that are incongruous with (a) Africentricity meaning African-centeredness as social theory, (b) African history, and (c) traditional, centered African asili or deep structure of culture.

Diagnosing. The practitioner is to straightforwardly apply the tri-part definition in every aspect to the client. If any part fits, the diagnosis is made. The degree or depth of theological misorientation can range from very little to exceedingly great and the practitioner should take note.

Discussion. By this definition, theological misorientation is an extremely pervasive disorder afflicting ADP worldwide. The definition, it is to be noted, applies to all religions including those generated in the African worldview or asili/cultural deep structure too. If one particular disorder were to be singled out as the most debilitating and pervasive, it would be theological misorientation and its five subcategories. This disorder is unsurpassed in its psychological misorienting and mentacidal efficacy, perhaps boosted by the religious-spiritual-moral tradition of ADP, its usage in oppression of ADP, and in its resistibility to amelioration at individual and institutional levels. Emphasis will be on Christendom and Dar-al-Islam as each is rampant in ADP's lives.

To better appreciate the definition, the three parameters of theological misorientation—incongruity with Africentric social theory, incongruity with ADP's history, and incongruity with traditional African-centered culture—will be addressed in detail separately (although they overlap). Then, the five subcategories or special instances of theological misorientation will be presented. This will be followed by recommendations for what to do about theological misorientation.

On the incongruousness of a theology and Africentric social theory. Social theory is defined as the principles and concepts that are used in negotiating reality or the social world thereby determining how ADP relate to one another, to non-ADP, and to nature (Azibo, 1999). That theology originated and flowered in African civilizations (ben-Jochannan, 1970; Johnson, 1968) but today ADP the world over seek direction and take leadership in theological matters from Arabs, European descent persons, Aryan Indians and other non-Africans is painfully paradoxical. Under the prevailing conditions of Arab- and White-supremacy over ADP (and increasing power of Asian nations), taking theological lead from Mecca, Jerusalem, Rome, Canterbury, and American evangelists is a quintessential instance of psychological misorientation compounded with mentacidal etiology for ADP. Because "all religions are but the ... worship [of] God coupled with the worship of someone's ancestors" (Johnson, 1968, 48) and because as Honorable Bishop Henry McNeal Turner argued in the 19th century if a people are to have a god, that God should at least look like them, have a history with them and be to their advantage, and because Dr. Ben's observation that "everytime I had the good fortune to research into someone's religion I found 'God' to be the image of the people to whom the religion belongs" (Alexander, 1980, 108; also ben-Jochannan, 1970, VI) are universal truisms, then the center of ADP's theology must entail their African selves, history, culture, and mythology. Though God or the Divine be universal, it is axiomatic that all theologies subject to articulation by humans will have an inherent, particular cultural centricity which includes own-race/group imagery. As psychological misorientation is realized whenever and to whatever degree ADP do not center on themselves, being off-center through religion with mentacidal etiology is highly probable.

It is open to all that all non-Africentric religions serve to orient their African descent adherents against Africentric social theory and its attendant own-race maintenance behavior and towards the sustenance of the non-African group that brought them the religion, most often on pain of death and dismemberment historically. Surely this is deliberate and not happenchance. For example, in the United States the slavers decided on “the Christianization of Africans as a means of social control” (Drake, 1970, 19). Indeed,

between 1780 and 1830 when Christianity was spreading rapidly among American Negroes ... a theological rationale for acceptance of low status [including] the idea of patient suffering without overt rebellion until deliverance for the individual came through death, and for the group when God was ready to show his hand, was given a more sophisticated expression. (Drake, 27).

The stratagem worked! The African-U.S. were pacified by Eurasian religion and used same to police their social behavior. For examples, Jupiter Hammond, “the first American Negro poet” entreated ADP after the American revolution “to think very little of your bondage in this life ... If God designs to set us free, he will do it” and the once-enslaved Phyllis Wheatley expressed a similar sentiment that ADP should “rejoice ... in bringing us from [Africa devoid of] divine light [to here where] ... the knowledge of the true God and eternal life are made manifest [even though] there was nothing in us [ADP] to recommend us to God” and Richard Allen, founder of the African Methodist Episcopal Church, taught the African-U.S. “as your hearts are inclined to serve God, you will feel an affectionate regard towards your masters and mistresses This will ... promote your liberty ... [if not] you will have the favor and love of God dwelling in your hearts [and upon your death] you will be admitted to the freedom which God hath prepared [where] all sorrows and tears are wiped away” [nevermind making] “dreadful insurrections” (cited in Drake, 27-28, 32, 34). These positions are not African-centered social theory, but products of profound theological misorientation disorder.

A palpable illustration coming out of 20th century history suggests the strategem of Christianizing is still in play today. Imagine Roman Catholic ADP when special collections were taken up during mass to support Mussolini’s invasion of Ethiopia shortly after the sitting Pontiff himself went to an airfield and blessed the Italian air force planes for success in this operation. To be good Catholics ADP had to support the Italians with contributions and services in adhering to religious instruction thereby contradicting the Africentric social theory dictate of race first or own-race maintenance.

This historic example of Eurasian-centered religion requiring ADP to engage in anti-ADP behavior underscores why in the Haitian revolution Bookman instructed the enslaved Africans to “throw away your White God” (Carruthers, 1985; Drake, 1970; Hidden Colors, 2012), why the Honorable Reverend David Walker (1829/1965, 35-43) identified Christianity under Caucasian husbandry as a major source of African-U.S. wretchedness (Hinks, 1997), why the brilliant Caucasian Canadian scholar Michael Bradley, who knows something of ADP’s history (e.g., Bradley, 1992b), entreated African-U.S. to forsake Caucasian culture including religion (Bradley, 1992a, 243-244), why in Marcus Garvey’s African Orthodox Church “the God we worship and adore is a God of war as well as a God of peace” (Garvey, 1977, 43), and why in addition to Garvey, Cleage’s (1972) Shrine of the Black Madonna and apparently Damuah’s Afrikania (Africa News, 1983; Talking Drum, 1983) exemplify *starting a religion/church to serve ADP on the right pathway by founding on historical and cultural African precepts*. (Note that Robson, 2006, cautions that Afrikania is a fraud. My sources on Afrikania are news reports. Even if Afrikania is fraudulently practiced today—mind you that Robson’s work could be propagandistic diatribe—the point to be taken is that the late Reverend Damuah apparently did start out on the right pathway back in 1983. That is, the return to centered African precepts in structuring a religion is an honorable and requisite practice for implementation).

According to Azibo (1994a) the African-U.S. Christian church has never been on the right pathway meaning it has never righted itself by using Africentric precepts, not even the “Black Nationalist Christianity” camp of the Liberation Theology movement of the 1960s era (this camp is contrasted with the “Black Christian Nationalism” camp in Azibo, 1994a). Actually, the Christian African-U.S. church’s master motivation originally was to be fused or joined together with the Caucasian church/Christendom that spawned it (Lincoln, 1974). Evidently, this remains the case overall today as all ADP who have undergone Christianizing experience a crisis of conscience (Okanlawon, 1972) related to the accompanying de-Africanization. This is hardly evident, however, as it is usually dealt with with nepenthe defense mechanism disorder.

Regarding Eurasian Judaism, my hypothesis is that the situation is similar to Christianity overall where social theory is concerned. What is documented is that Jewry of European extraction—who in fact have no relationship to Biblical Jews (Barashango, 1982; Clarke, 1991, 351-358)—operate as if its self-designated “chosen people” title licenses them to dictate social theory to ADP (ben-Jochannan, 1992; Clarke, 1991; Martin, 1993; Secret Relationship, 1991).

The situation with Dar-al-Islam is similar. Multitudes of ADP have become modern-day Arab caricatures in guise of being an Islamite. In truth, being an Islamite may be an impossibility for ADP considering the overweening, Pecksniffian unctiousness characterizing Arab social theory about ADP over the last millenia. Authoritative utterances from Prophet Muhammad himself, Ibn Khaldun, Muhammad Ali Pasha, Gamel Abdul Nasser, Gadhafi, and others are relevant and representative:

[The] melanophobia and Negrophobia in Arab culture ... [consists of] contempt towards ... the dark skinned expressed in ... documents, literature and art ... [since] the Islamic Middle Ages ... [and] depicts [ADP] as a demon ... a savage ... a lazy stupid, evilsmelling and lecherous slave everywhere described as stupid blacks may be numbered among the savage beasts. Their complexion and hair are burnt and they are physically and morally abnormal [their children are born] black, murky, malodorous, stinking, and crinkly-haired with ... deficient minds, and depraved passions Arabs incurably believe in enslaving blacks [justified by] the Genesis story so popularly called the ‘curse of Ham’ [which] ... in the Arab-Muslim version, blacks are cursed to be slaves and menials a saying attributed to [Prophet] Mohammed ... [that] the White race ... would enter Paradise and ... [the black] Perdition [a] ‘people who are by their very nature slaves’ We can see now why ... [the Arab feels] licensed and obligated by his religion to capture and enslave [ADP] whenever they encounter them] Gadhafi ... observed that 2/3 of the world’s Arabs now live in Africa, and he invited the rest to move into Africa and join them Pan-Arabism ... perceives Africa as a ‘cultural vacuum’ waiting to be filled by Arab culture ... [using] Islamisation the end [Pan-Arabism seeks] ... is to procure Negroes [So] please show zeal in carrying out ... this capital matter [spreading] enlightenment and civilization to the remotest depths of the jungle. (Chinweizu, 2006, 1-5)

And the blood of ADP continues to run at the hands of the Eurasian Arab who continues to enter and dominate using Islam (e.g., Bok & Tivnan, 2003; Chinweizu, 1987, 129-135; Diallo, 1993, 2007; Flintoff, 2008; Hentoff, 2000; Lesch, 1985; Meo, 2008; Sliwa, 2002; Worth, 2008) while the likes of Farrakhan and other genetically black orthodox Muslims everywhere continue ignisfatuus proselytizing, err procuring, frequently in exchange for Arab money, err “loans.” The venality is race treasonous. “Dar-al-Islam is the euphemistic PR name for the enduring Arab empire [It] is simply the Arab empire in religious camouflage” (Chinweizu, 2006, 7). In light of all this, “it is remarkable how much blindness and irrationality on the part of Africans [continental and diasporan] it has taken to facilitate the Islamisation campaign of the Arabs” (Agyeman, 2006, 31).

There are tons more material on this point of social theory vis-a-vis Islam. For example, “Prophet Muhammad himself ... referred to Africans as ‘the distorted of God’s creatures’” and taught “[if a good Muslim, an African] will be rewarded by turning white at the moment of death” (Agyemon, 2006, 32). Arab social theory’s anti-Africanism flowing through Islam goes on and on without lenity. Yet, ADP who are Islamic will “Bismilla” (in Allah’s name) war against own-race maintenance. For example, Louis Farrakhan, his Nation of Islam ministers, and their members “have been strong in denying the proven slave trade now rampant in Mauritania and the Sudan [They] show an ignorance of the religion they profess to follow” (Clarke, 1995, 4).

The same holds for many so-called orthodox African descent Islamites, continental and diasporan. In Ayan Hirsi Ali (2006, 2007, 2010) there are wrenching examples of how Arab social theory through Islamization wreaks havoc, including mental illness, in the daily lives of ADP (though utilized propagandistically by the West, Ali's works are nonetheless telling). It would seem clear that the warp and woof of Islamizing of ADP the world over is Arabicization with the African continent itself the first prize. It is a revolting truism the colloquialism that ADP exchange land for non-ADP's Old and New Testaments and Qurans. To the shame of ADP, especially those in political and religious leadership positions, Cheikh Anta Diop has been ignored in calling for a continental federated state *populated by ADP*. He bears quoting on this:

Our continent, with its demographic emptiness, has an imperative duty to apply a systematic policy of intensive repopulation in optimum time It must avoid ... becoming the receptacle for the rest of the world's human overflow until it has regained a strong national personality capable of assimilating the outlander instead of vice versa. (Diop, 1978a, 19)

Religion must serve this social theory to be appropriate for a person of African descent despite the social theory of Dar-al-Islam in general and Gadhafi's Arab invitation in particular. If it does not, then it is a source of psychological misorientation.

It can be concluded that Judaism, Christianity and Islam as practiced in Eurasian civilizations is incongruous with Africentric social theory in general and its dictate of own-race maintenance in particular. It therefore follows regarding religion that "all traces of exocentrism—whether Arabocentric or Eurocentric [or Asian-centered]—must be expunged" (Chinweizu, 1987, 135).

On the incongruousness of a theology and African history. Any religious doctrine, dogma, or practice that negates, disparages, denies and overlooks or incorrectly interprets its African historicity, origins, influences, and major personages produces psychological misorientation in its African adherents. History is a living component of collective historical memory and an individual's extended self-concept. History is thus linked to a people's identity inextricably. Whatever a group's historical contributions are are significant aspects of both personal and extended self-definition. Therefore, when religion is incongruous with African history it harms ADP's historical memory and extended self-concept. As a result, correct orientation which formulaically is genetic blackness + psychological Africanity is robbed. Mistakes pertaining to history that are simple and inadvertent rob the same as deliberate and elaborate ones.

In European-dominated Christianity and Judaism and Arab-dominated Islam efforts to disparage aspects of African historicity abound. For one, Eurasian Judaism accepts only its versions and interpretations of the Torah and biblical history as the authoritative source on ADP's Hebrew heritage (e.g., ben-Yahonatan, 1983). Arrogantly Eurasian Judaism flaunts this fact by deliberately brainwashing (see psychological brainwashing disorder above) the African Hebrews that Israel permits to immigrate (ben-Jochannan, 1983, 1985). The irony that it is "doubt[ful] if there is anybody on the face of the earth who is a direct descendant of the biblical Jew except African people" (Clarke, 1991, 356) painfully cracks the skull.

For its part, Christendom has simply relegated to paganism all things African in religion (Ani, 1994; Bengu, 1975). This cracks the skull too as resurrection, immaculate conception, virgin birth, trinity, lamb of God, baptism, judgment of the soul, exodus, crown of thorns, the concept of "Christ" itself, feeding the multitudes with five loaves and two fishes, ad infinitum—indeed every significant Judeo-Christian religious concept extant—is in origin the contribution of ADP (Barashango, 1982; ben-Jochannan, 1970, 1978; Finch, 1990, 169-194, 1991, 179-207; James, 1976; Johnson, 1968; Massey, 1998, 2000; Olade, 2006). When religious officials of African descent working inside of Christendom inject into it African history, they are disciplined and reminded that servility is required of them if they wish to remain. Priest George Stallings of the United States (Randolph, 1989), Ghana's Reverend Damuah (Africa News, 1983; Talking Drum, 1983), and Zambia's Archbishop Emmanuel Milingo (Agyemon, 2006, 28-29) are cases in point.

Dar-al-Islam, being little more than disguised Arabism, is "the most unoriginal, unimaginative religion of them all. It has no great poetry, very little great literature, and *no recognition of the role of Africans in its making*" (Clarke, 1991, 357, italics added). According to Diop (1978b, 98) all the religious elements necessary for Mohammed's Islam were in practice by Africans more than 1000 years before him. Yosef ben-Jochannan, in point of fact, reminds that it was the African from Ethiopia named Bilal ibn-Rhabad who taught Mohammed "the fundamentals of Ethiopian (Coptic) Christianity that was extended by Mohamet to form Islam in ca. 622 C.E." (Alexander, 1980, 18; ben-Jochannan, 1980, 133). Islam thus arose as Mohammed's superimposition of Eurasian Arab social theory on established African religious practices thereby purging them of their Africanity as Diop (1978b) informed. Therefore, Islam out of necessity to be internally consistent precludes its meaningful African historicity. The effect of this preclusion is a spectacular enfeebling separatism among ADP. Witness that African Muslim slavers presently continue to view themselves as Arabs first and concomitantly view African non-Muslims as inferior infidels for slaughtering, enslaving, literal bleeding, raping, and exploiting (Agyemon, 2006; Chinweizu, 2006; Martin, 1973; Williams, 1976). So too do today's genetically black African Muslim jihadists (e.g., Boko Haram, 2014; Chinweizu, 2013a). Even the vaunted African constitution that birthed democracy (it was not the Greeks) and reveals the continent-wide cultural unity between diverse ethnic groups (Williams, 1976, 171-186) was wrecked by Islam-instigated divisiveness.

Consider, for examples, the relentless Arab takeovers of glorified West African empires as history reveals success “only in the cases where the royal branch [of ADP] became Islamized ... [as] was the case of Ghana, Mali, and Songhai” (Diop, 1987, 47). This has eventuated in a now widespread “‘Sherifism’ the irresistible impulse ... of most Muslim chiefs of Black Africa to link themselves, by whatever source of acrobatics, to the family tree of Mahomet” (Diop, 1987, 172). These last two quotes of Diop show as a fact of history Islam’s powerfulness in political dismantling and destroying psychological identity where African civilizations are concerned. An apt summary of the history of Dar-al-Islam as it pertains to ADP is in order:

a bloody, expansionist saga of invasion, conquest, occupation, expropriation, slaving, racist contempt and discrimination last[ing] eight centuries longer than that of the Europeans [which] began in the 15th century, that of the Arabs began in the 7th century. Before that, not one inch of African territory belonged to the Arabs [who] with the sword in one hand, the Koran in the other culturally assimilated [ADP] through relentless Arabisation. (Chinweizu, 1987, 143)

Historically, whenever African civilizations lost their African-centeredness due to external forces or internal straying they have degenerated (Azibo, 1999) and Dar-al-Islam has been front and center for too much of it for too long. It bears repeating that the vaunted greatness of Ghana, Mali, and Songhai were eviscerated by Pan-Arabism in the guise and name of Islam. Can you imagine that? Can the reader fathom all that that entails and implies? Islam today visibly continues cancerating modern nation-states across Africa like Nigeria, Chad, and Sudan. OK, all ADP on the count of three in unison, reverence, and thanks say it loud: “Allah akbar!” Dar-al-Islam requires it, yes? Doing so in the name of religion, of course, is mental illness for ADP. Actually, outlawing Arab-centered Dar-al-Islam in each nation of ADP throughout the world would seem more appropriate and warranted as it is such a great *religious weapon* in the success of Eurasians-over-Africans. At the individual level, African descent persons would do well to anathematize Dar-al-Islam. Though outlawing and anathematizing sound extreme, frankly, the mental health of ADP requires it and history seems to compel it. As an individual who has lived Islam’s ravages, it seems Ali’s (2006, 2007, 2010) observations support the position. One need look no farther than Boko Harem (2014) for evidence that the bloody, expansionist saga continues today.

Before leaving the history aspect of theological misorientation, Gerald Massey (2000) is invoked: “A judgment of facts is now asked for, not belief.” That ADP en masse worldwide believe in all the religious falsehoods covered throughout this subsection is the most important of all facts pertaining to theological misorientation and history. Although knowledge can be corrective for the typical errors regarding historicity, when held with conviction false religious beliefs become equal to superstition (see Covert Messiah, 2013; Ipet Isut, 2013b). Of all the ways of knowing or epistemologies superstition is one of the lowest and primitive as it employs scant cogitation.

The judgment of facts Massey called for in the 19th century, likely to correct religion's everyday errors if carried out, cannot be undertaken by ADP operating on superstition in the 21st century. Required is the marriage of rationalism and empiricism which begets scientific thinking. Ben-Jochannan (1978) and Ipet Isut (2013b, attachment 7) give striking examples of ordained Pastors hounded and fired by their congregations and eschewed by their professional peers for attempting to correct historical mistakes about ADP in their Christian religion. In a bold statement in 1976 directed at White Christian theologians, Black Liberation theologians reasserted and defended "Black Theology," which in actuality boiled down to a "[B]lack frame of reference" (Cone, 1982, 353, original emphasis) on Western-based theology (Azibo, 1994a), claiming it "open to critical examination and dialogue with all who come to it in sincerity" (Wilmore & Cone, 1982, 341). The learned and rank and file religious African is called upon to practice this preaching of Black Theology as doing so will facilitate movement to a judgment of facts.

The mental health worker's role in this will be to explain and depress the superstitious nature of ADP's believing in religions historically made available by Eurasians, sincere usage of them by ADP (e.g., Wilmore & Cone, 1982) notwithstanding. Clients must understand before being discharged from therapy why these religions provided by Eurasians must be taken cum grano salis, if at all. Concerning learning about centered African religion(s), on the other hand, proselytizing by the psychological worker is not needed when Shorter's (1931) reasoning—"though we may not ourselves accept the[se] beliefs ... we are bound to estimate and judge them rightly to the best of our ability"—is applied.

On the incongruousness of a theology and traditional African cultural deep structure or asili. If a religion's root concepts are not found in or are contradictory to the natural, universal order of things, then it is psychologically misorienting for adherents of African descent. As the creation mythos implies, ADP's culture is nature-centered (Azibo, 1992) or reflects a "natural genesis" as Massey's (1998, 2000) 19th century writings show. Therefore, for religious precepts to be congruous with African culture they must be derivable within a natural order framework. Perhaps the more fundamental incongruities concern the views that:

1. the basic nature of humans is evil (original sin and so on) rather than divine;
2. African/genetically black phenotypic characteristics (darker pigmentations, woolly hair, thick lips, et cetera) and related sexual myths ("shamefully elongated" penis, hot to trot females, et cetera) are resultant of curses (e.g., curse placed on Canaan in Genesis 9: 25);
3. divinity and heaven come after physical death and cannot be achieved on earth;
4. it is sufficient to attain the prophesized beneficence (rest, eternal life, milk and honey, et cetera) from the Divine after death and, consequently, accepting earthly degradation is holy, redemptive behavior rather than undertaking the natural, inherently dutiful work necessary to attain these divine gifts (all aspects of "sky piloting" are included here);

5. invoking the Divine to simply cope with earthly degradation is sufficient and/or the only appropriate, Divine-ordained response rather than to cope, overcome, and crush earthly degradation;
6. personal salvation takes preeminence over the race's salvation; and
7. forfeiting or reneging on the Divinely-given duty, inherent in the natural order and discernable in the creation mythos, to sustain and advance one's own personal and extended self and in so doing accepting dependence on another racial group is acceptable in the name of some universal brotherhood/religion/church/et cetera.

Hopefully, these instances of incongruity between a theology and the deep structure of centered African culture are sufficiently broad enough to capture the essence of this aspect of theological misorientation. Although plainly psychologically misorienting, the acceptance by ADP of cultural incongruencies such as these carries a deeper problem, the problem of susceptibility to the influence of alien cultural ideas and non-African persons. If an African will fall for these kinds of cultural grotesqueries relative to centered African culture, then s/he will more likely fall for anything that the Eurasian world offers as reality. It would not be surprising if the theological misorientation discussed here was masking or engendering disorientation in some ADP.

In all, psychological misorientation, with all of its dire consequences, compounds in ADP riding the pale horse of Eurasian-centered religions. In concluding this disquisition on theological misorientation and its three parameters, there are two points to be taken. First, what about African descent persons who shamelessly sham ADP in religious practices preying on their vulnerabilities—induced via superstition as discussed above—by selling special water, candles, blessings and dispensations? They may or may not be theologically misoriented and may or may not be victimized by mentacide. The psycho-political situation seems to warrant maximum retribution for the shammer deliberately exploiting ADP's theological misorientation which is a heinous perpetration. The mentacidal shammer, however, might deserve a psychological defense.

Second, all that has been written is given context by Chancellor Williams: “what happened in the process of converting the blacks to Islam and Christianity was the supreme triumph of the white world over the black. Millions of Africans became non-Africans” (Williams, 1976, 59).

With that a fait accompli, it explains why ADP “don't practice Race First but Religion First” (Chinweizu, 2013b, 2). Huzza, Eurasian Supremacy. So the practitioner must diagnose theological misorientation not for proselytization but, again, for medicamentous sorting, subsequent healing, and ultimately race-defense. However, does the elephant in this room of theological misorientation discourse need to be pointed out that most psychological workers of African descent today are themselves probably theologically misoriented and in dire need of being fixed before they can do any fixing?

Theological misorientation has five distinct subdisorders that arise from it. They are Jonestown syndrome, theological alienation, centering on “Christ” misorientation, self-serving spirituality, and syncretism misorientation.

Jonestown Syndrome

Definition. According to Welsing (1981, 1991, chap. 13) the cognitive representation of the concept and color of God as a White male (European, Arab, or Semite) defines Jonestown Syndrome.

Diagnosing. Numerous methods could be employed. Most simply, the client may be directly asked. Pictures might be used. Rating scales and checklists could be used. If indirectly assessed, projective techniques like storytelling and sentence completion seem promising.

Discussion. The term Jonestown syndrome comes from the ADP who followed Caucasian Jim Jones, who misrepresented himself as a religious leader, to the South American jungle where they were murdered. The logic of the disorder is that in ideating the Divine or the concept thereof as White, ADP perceive relate to the Divine with a non-African medium internally via cognition. Externally or in social interaction, the human medium through which many ADP relate to the Divine is also a Caucasian or non-African. Caucasian or non-African mediums are likely to be more influential than African descent ones because it is primed cognitively whenever the concept and color of God is White. Internally, the cognitive equation states: God (which generalizes to divine, holy, righteousness, et cetera) = White male (generalized to White people, White cultures, White values, et cetera). In a sense, a halo effect is set up for Caucasians and their cultures in the minds of ADP. As well, for the African who is non-Christian—but not yet African-centered—Arabism (in the guise of Islam) is easily adopted. The cognitive equation works the same way with Arab-centered elements. This intrapsychic behavior reinforces the European’s (or Arab’s) role as an external mediator (e.g., high muckamucks like the European Popes, Arab Imams, and other officials) with the Divine. Consequently, Africans will “follow a white person [or Arab] anywhere he suggests (in the name of religion)” (Welsing, 1981, 29). Following in this sense refers to yielding to the survival choices (i.e., definitions of reality and resultant behavior) of the White person which usually are anti-African and pro-Eurasian.

The entire Jonestown happening and what it portends for ADP’s life (Clegg, 1981) is a splanchnic demonstration of how devastating the Jonestown syndrome aspect of theological misorientation can be.

Even more alarming is the less graphic, subtle, everyday manifestations of Jonestown syndrome that predisposes ADP for holocausts like Jonestown and incredible travesties like the media reports of trampling of Africans by Africans in order to see and hear, of all people, Roman Catholic Pope John Paul in one of his missions to Africa. The thinking that the color or race of the image of the Divine is an irrelevant, trite and perhaps secondary consideration is debunked by the Jonestown Syndrome disorder which reveals it to be crucial for mental illness via religion among ADP.

Theological Alienation

Definition. Theological alienation refers to (a) the rejection of social and theological doctrines, exegeses, and practices of one's religion (b) coupled with an alienation from organized religion (c) that is caused by the psychological misorienting and mentacidal characteristics of one's religion.

Diagnosing. Theological alienation can be seen in an utter lack of deference, disillusionment, and sometimes revulsion toward the "Black Church" (any denomination), "Black religion" (any or all faiths) and its principals wherever the client lives (Africa, United Kingdom, United States, Europe, et cetera). Also, at the minimum it would be important to look for the client's resentment of and/or adverse reaction to (a) the portrayal of God and goodness iconography as White in the face of contemporary and historical Eurasian evil-doing, (b) taking a posture of deference to White domination, (c) the advocacy of a quality spirit life after death in lieu of securing an equally quality earthly life, and (d) teaching theological concepts that contradict the natural order (usually in a literal fashion like feeding a stadium full of people with 5 loaves of bread and 2 fishes).

Discussion. It can thus be seen that theological alienation derives from theological misorientation and may do so with or without the predisposing presence of Jonestown syndrome. One basic effect of theological alienation is to impede or preclude the manifestation of spirituality through religion in the African descent person, a most un-African phenomenon. A further possible consequence of theological alienation is that the African descent person may be more susceptible to another religion or offshoot religious group that will also psychologically misorient him or her (the many who followed Jim Jones may represent a grim example). A vicious cycle is possible: theological misorientation leads to theological alienation, which results in exacerbated vulnerability facilitating joining another religion or cult which misorients and the iteration may repeat indefinitely until there is a total giving up on organized religion.

Attaining correct orientation is hampered when a client's spirituality is voided intrapsychically by theological alienation. The client would be in a posture operating counter to the presumed spiritual motive inherent in the human's Divine essence (Azibo, 2011d). Thus, theological alienation can serve as an impediment to Ka-initiated development, personality growth and ordered psychological functioning as this nosology and original African-centered psychology out of ancient Nilotic Africa (Azibo, 1996a) depict it. This observation is not lightweight as the *ultimate* in human developmental psychology was conceptualized by ancestral Nile Valley scholars as Ka-initiated movement (where Ka refers to ensoul with the Divine's essence). Thus study of the Ka was the essence of original African-centered psychology (see Azibo, 1996a; Budge, 1960; James, 1976; Massey, 1974; Schwaller de Lubicz, 1981).

Centering on "Christ" Misorientation

The facts presented by Eunomius explained the manner in which the Roman State Church was founded in the 4th century, and how its God Jesus Christ was invented

Hilton Hotema (1965, 2)

Definition. This disorder is defined as a steadfast, defensive rationalization usually invoked for outright dismissal of any entreaty to think about or discuss African-centered implications for religion by proclaiming "I am Christ-centered" or an equivalent statement in which the concept of "Christ" is Eurasian.

Diagnosing. It is mandatory that the client's statement be adjudged as both psychologically defensive and serving as a dodge. Additionally, it is suggested that at least half of the client's knowledge base about "Christ" be Eurasian-based.

Discussion. This condition is a theological misorientation because the Eurasian-based conceptualization of "Christ" as (a) a concept of cultural deep structure, (b) a historical person, and (c) in terms of his social message (social theory) is directly traceable to Roman Emperor Constantine's Nicene Creed circa 325 C.E. (Dudley, 1925) down through the Roman Catholic Council of Chalcedon in 451 C.E. about which "the Council's decision [about the nature and history of "Christ"] was not accepted by the African Christians, and the Emperor had to send troops to [north] Africa to maintain law and order" (deGraft-Johnson, 1986, 47). Serious displeasure and discord over Eurasian- versus African-centered interpretations of "Christ" during the formative centuries of Eurocentric Christendom continued down through Emperor Justinian and father of Protestantism Martin Luther.

The point to be taken is that this heritage in Christendom took the conceptualization of “Christ” in a direction 180° different from the original Africentric one on all three counts (a)-(c) (Barashango, 1982; Gray, 1991; Massey, 2000). Indeed, Martin Luther’s protest—over and above the Roman Church corruption—was profoundly that his forbears in religious reform (Constantine, Council of Chalcedon, Justinian, and others) did not go far enough in obliterating the historical and cultural African roots from which Eurocentric Christendom had sprung “for it is demonstrable that the religious concept of the ‘Christhood’ was worked out first [by nilotic Africans]” (Finch, 1990, 170). Also, many ADP rely on Saint Paul the Apostle’s portrayal of the Nazarene without knowing that Paul was a traitor working in the service of Rome against the African-centered traditions and deliberately provided false representations and teachings to facilitate Caucasianizing of the ancient African concept and history about Jesus the “Christ” (Barashango, 1982, 126-132).

Furthermore, client’s invoking “Christ”-centeredness with utterly false, Eurasian understanding of “Christ” brings to the fore the problem of practicing superstition in the guise of religion again. The mythical Christ when articulated Africentrically is invocable, but the historical Jesus of Nazareth is a figment as the section epigraph and respected scholarship indicate (e.g., Finch, 1982, 1990, 169-194, 1991, 179-210; Jackson, 1982; Massey, 2000). Not dealing with centering on “Christ” theological misorientation would be a dereliction of duty for the psychological worker despite its seeming intractableness—unless, of course, the Eurocentric chiliasm has begun unbeknown to this author.

Self-Serving Spirituality (SSS)

Definition. When a person’s dominant religious-spiritual orientation mainly consists of a personal relationship with the Divine (i.e., “God”) that excludes or deemphasizes the personal responsibility and obligation to the race as a collective through own-race maintenance, s/he is evidencing SSS.

Diagnosing. Religiosity/spirituality scales that tap into this might be employed to corroborate self-disclosure. Symptoms culled from the cogent analyses of Baruti (2005b, 101-110) and Tillotson (2011, 117-130) include the following:

1. individual spiritualism/religiosity orientation;
2. deemphasizing or not caring about church/religion’s role in community social welfare;
3. deemphasizing or not caring about church/religion’s role in racism/Eurasian supremacy abatement;
4. lack of concern or deemphasis pertaining to affairs of the world especially outside of one’s personal circle;

5. strong spiritualism/religiosity emphasis on the afterlife and worldly concerns only as they pertain to the personal self;
6. spiritualism/religiosity orientation that smacks of “opiate of the people,” inclination toward individualism, and/or submission to the current world order;
7. little race consciousness with spiritualism/religiosity rationalizations;
8. feeling or attitude that though one may sojourn through this world, one is not of it; and
9. glorifying in so-called “born again” status (which may overlap with the centering on “Christ” misorientation).

It is likely safe to diagnose in a client manifesting at least six of the 10 symptoms for four months.

Discussion. SSS, oddly enough, is the antithesis of spirituality when esteemed ancestor Del Jones’s Africentric definition is used, to wit: spirituality is when you close your eyes for sleeping at the end of the day, you have done *everything* you could that day to see that *every* African descent person is fed, clothed, and housed (paraphrased from a public lecture in Tallahassee, Florida circa 2000) (see Del Jones, 2013). So chasmal is this antinomy that SSS violates each of the three parameters of theological misorientation which are used for evaluating religious behavior. Specifically, first SSS is irreconcilable with Africentricity as social theory. Second, there exists no African oral or written historicity positioning SSS as legitimate, especially not the “Christ” character. Third, SSS is a violent desecration of the centered African cultural deep structure creation mythos. Despite these grotesqueries, truly large numbers of ADP proceed apace with SSS theological misorientation. This state of affairs reveals the grossly psychopathological quality of psychological misorientation which under Eurasian domination is considered normal (Kambon, 1996). Dr. Martin Luther King, Jr. opposed the private, inward direction of SSS calling such religiosity moribund as it dampens struggle for own-race maintenance and undermines the social responsibility of religion. Osei’s observation appears to corroborate Dr. King’s position and the diagnosis of SSS as theological misorientation disorder. If “[i]n Africa, religion binds man to man, and man to his families and families to the nation” (Osei, 1981, 27), then SSS by definition is a Eurasian cultural snare that strikes down psychological Africanity or African normalcy via religion.

Syncretism Misorientation

Definition. The practice of a religion, spiritual system, or theology in which African precepts and African practices are fused into or overlaid onto a non-African-centered based system such as Western-based Christianity and Judaism and Eurasian Arab-based Islam as to give the appearance or feeling of consonance with historical African religion or tradition defines syncretism misorientation.

Diagnosing. As with theological misorientation, if the definition fits the client's religious situation the diagnosis is made. Obviously presupposed is the psychological worker's knowledge of general African religious precepts. Also, the term African practices used in the definition refers to behavioral traditions like call and response communication, verbal and nonverbal ebionics, so-called "church dancing," using African drums, depicting the major figures as genetically black, and other cultural surface structure religious behaviors that ADP engage in.

Discussion. If it is not obvious to the reader why syncretism qualifies as theological misorientation, s/he is in good company as most scholars treat syncretism as if it were something good. Nevertheless, the alien-to-African history and culture nature of modern day syncretism appears an axiomatic truism despite any relationship that might exist between it and the African past because modern-day syncretism is predicated on the alien cultural platform. When said platform is anti-African in social theory, historically, and asilically (i.e., in cultural deep structure)—as are today's Judaism, Islam, and Christianity—ipso facto it produces psychological misorientation in believers of African descent. The fused or overlaid African precepts exert no meaningful influence on the religion's formal foundation despite any African linkages. That is, at the level of "internal alertness," a concept Azibo (1994a) adapted from C. Eric Lincoln (1974), which means any religion's foundational, catechismal doctrine or dogma, syncretism is a non-factor. The influence of syncretism is limited to the "external alertness" realm where the quality and form of a religion's expression, delivery or contextualization is manifested. Thus syncretism prefigures more of the same theological misorientation, but with a twist that is dangerous for ADP. Beyond the typical theological misorientation victim/sufferer, syncretism can capture ADP who are self-consciously resisting Eurasian religious hegemony as they are deluded into thinking they are practicing or injecting African centeredness into Eurasian-dominated religion so as to Africanize it. In actuality, the most syncretism accomplishes is a surface structural (external alertness) coloring or overlay of a Eurasian religion's deep structural (internal alertness) precepts using African energy and expressive form. This enables the Eurasian-based religion to appear to change or adapt in accordance with ADP's needs, but remain the same without the adoption of any centered African religious precepts and principles formally and, therefore, without any change in power relations. Meaningful change in Eurasian-dominated religion for ADP radiates from internal alertness. It is precisely here where syncretism is impotent.

As syncretism sometimes occurs under the watchful eye of the Eurasian who may oppose it but is unable to stop it, for many ADP a tang of victory or success may result. This is dangerous, however, as a boomerang is inevitable even when the intention of syncretism is admirable. Witness Candomble, Voudon or Voodooism in juxtaposition to Catholicism as cases in point: The Papacy still runs things or wields much influence in those spheres where Candomble and Voudon are practiced and African adherents flock to see the Pope whenever he visits their nations and, moreover, presumably follow or seriously attempt to follow any instructions he provides on social living.

Scholar after scholar like Cheik Anta Diop, Paul Nathaniel Johnson, Josef ben-Jochannan, John Henrik Clarke, Chancellor Williams, Asa G. Hilliard and others point out that ADP were practicing all the elements of Judaism, Islam, and Christianity before the Eurasian and found amusing, albeit irritating, the Eurasian imposing a Eurasianized version of a religion on them that they already had. With all the duress of colonialism and enslavement, syncretistic adjusting to the “master’s” religious impositions was easy. The upshot, however, must be taken into account. Mecca, Jerusalem, Rome, Canterbury and so on are still in charge of ADP’s religious affairs where syncretistic religion is the rule. Syncretism, thus, was/is a double-edged sword. It is the danger for the 21st century where theology and religion are concerned because it can cut down the vanguard on the religion battlefield. Warriors must exercise extreme caution on every front/social activity (Baruti, 2010).

Theological Misorientation: What to do about It

“Dr. Azibo, I am comfortable with my theological misorientation”
A clinical psychologist who shall remain unnamed.

My explanation of the role religion and theology play in damaging ADP’s mental health flagrante delicto has been thoroughgoing. It appears as good a quodlibet on the topic as ever existing. Much has been descanted of necessity as theological misorientation is in evidence in incalculable numbers among ADP the world over (Azibo, 2011c, 2012b). This reality alone is paralyzing and made more chilling by the sentiment reflected in the section epigraph. Religion and theology are truly the picadors for Eurasian domination of ADP.

By sedulously taking six excogitated concrete steps—both the practitioner and the client—the religious negativity including outright mistakes and inappropriateness can be overturned. At this juncture, the reader is asked to take a deep breath and reflect that solving the biggest of problems often leads to monumental relief. In other words, all told the relief from curing theological misorientation could itself ameliorate most disorders in the Azibo Nosology II and ready the individual for (re)vitalizing correct orientation. If accomplished en masse it *would* be a game changing relief with worldwide ramifications. Therefore it is incumbent on me that the Azibo Nosology II go beyond iconoclasm and frisson regarding religion and offer a solution.

Step 1 is, well, let us pray, seriously, as invoking spiritual help is African tradition. Step 2 is to take to heart George G. M. James’s call for “social reformation [of ADP] through the new philosophy of African redemption” (James, 1976, 153-162). This is not proselytizing as what Professor James is calling for is simply personal dedication to exemplifying and passing on to other ADP *African excellence* in light of nilotic ancestral ADP being “the light of the world” (Massey, 2007).

Step 3 is to become knowledgeable of ADP's religious and theological heritage in preparation for undertaking action to make explicit life changes. Knowledge for the sake of knowledge is precluded. This step would minimally entail "a presentation of African religions, Gods and Goddesses [sic] ... and their theosophical theories ... [disparagingly referred to as] 'traditional African religions' and 'fetishes'" (Alexander, 1980, 37; also ben-Jochannan, 1978, 40). Mother Jean Wilkens Dember frequently points out ADP do not need shock therapy as knowledge of our history is shock enough to start overturning ourselves. Step 4 is to use the parameters of theological misorientation—incongruousness with Africentric social theory, African historicity, and deep structure of African culture or asili—to wade all matters of religion and theology. These three parameters are inviolate. They can be used (a) to develop a new Divinely inspired centered African religion or theology, (b) to firm up an existing African-centered one, and (c) to change existing Eurasian-based ones. Option (c) logically derives, but is impractical and, frankly, neither desired nor recommended (see Step 6). Step 5 is to bar and, if one is practicing, to extricate oneself from syncretism between African and Eurasian religions and theologies.

Step 6 is *reversion* to any African-centered religion or spiritual system that is free of theological misorientation or at least explicitly receptive to aligning with the three parameters (that is, congruity with Africentric social theory, African historicity, and African cultural deep structure) and is personally satisfying. Again, this includes developing totally new religions/spiritual systems as well as rehabilitating those that have gotten swept and/or Eurasianized in the Eurasian conquering. In this regard, remembrance that Judaism, Christianity, and Islam are all carbon copies of African religions [and] we need to go back and take the original and deal from the original rather than the carbon (Clarke, 1991, 358) should prevent making trucklers of ADP via religion while rendering Eurasian religious influence more effete. Frankly, these steps appear to be concrete, down-to-earth, commonsense and entirely achievable part and parcel to the attainment and maintenance of correct psychological orientation or mental normalcy as defined in the Azibo Nosology II.

There have been/are inspiring attempts at reversion as just defined that can be learned from like Marcus Garvey's African Orthodox Church (Garvey, 1977), Albert Cleage's (1972) Shrine of the Black Madonna and Paul Nathaniel Johnson's (1968) Fahame Temple. (Johnson proclaimed himself no less than the Prophet of Amen-Ra, the Ra Rasool, the Successor to the Gods of Kem[et] and yet he and the theology he brought forth remain unknown to scholars and the masses, see Onwuachi, 1973, 56-80, 108-112.) The Hatian VouDou religion, apparently, also holds great potential for reversion (see Umoja, 2002). African-centered Scripture (ben-Jochannan, 1974; Johnson, 1968) and exegeses of biblical Scripture (e.g., Barashango, 1982) also help with reversion. The example of Malcolm X/El Hajj Malik El Shabazz should be built upon. Although he apparently was to some degree tricked if not bemused by the Arabs, as Maglangbayan (1979) explained Malcolm X never stopped being an own-race-first Black Nationalist Separatist and in that regard on par with Garvey and Lumumba. Maglangbayan is convincing that in time it seems a safe bet that he would have become a major redressor of the religious perpetrations of Dar-al-Islam carried out by the Arab world.

The Nation of Islam (NOI) under Elijah Muhammed and now Louis Farrakhan fails miserably as a reversion to authentic African religion. It perpetrates theological misorientation in the aspects of history and Africentric social theory. In exchange for Arab money, especially “loans,” Farrakhan’s NOI promotes Arab social theory and Arab conquering of ADP. Each NOI has been silent or ambiguous on the African genesis of Islam, denied historical and contemporary Arab enslavement of ADP, posits an “Asiatic Black Nation” as their primary identity equating “East Asia” with Africa in the process (Muhammed, 1965, 31), refuses to self-label as African, and uses Arab-centered concepts and practices like (a) denouncing Pharaoh which perforce is the denunciation of ADP’s nilotic history, (b) using the name “Mosque Maryum” instead of “Mosque Auset”/Isis after the nilotic people’s Auset from which Islam plagiarized its version of Maryum or instead of Mosque Philae, Philae being the name of the temple dedicated to Auset/Isis along the Nile, and (c) Farrakhan’s contemptible, ignominious proclaiming that African-U.S. people will live under Sharia law emplaced by the NOI, ad nauseam. There is a great deal of syncretism in the NOI’s program also. In all, Arabicization of the rank and file NOI believers seems to be what is taking place in the midst of all this though many of them probably do not even realize it or likely are in denial about it. The American Muslim Mission of W. D. Muhammed is also open to many of these criticisms. Matters would be much easier if NOI believers and muckamucks and Muslims of African descent of every persuasion throughout the world including the Orthodox ones publicly self-sorted with a declaration like genetically black Nigerian Najib Bilal’s confession that

I am a Muslim and I worship Allah and I follow the way of the Prophet Muhammad ... I have no relationship with you, except that your skin is black. The lightest Arab is closer to me than you. If there were to be war between Muslims of any shade of colour and the darkest of black people, I will be on the side of Muslims. (cited in Chinweizu, 2013b)

Instead, many pretend like quislings to be for ADP. Actually, Najib Bilal’s statement can be used to query African descent Muslims suspected of theological misorientation.

Concluding Remarks

Moyo Wenu. This greeting from the Congo roughly translates as I wish life to you all. I, Daudi Ajani ya Azibo, wish all ADP an *African* life; not a bi-racial, bi-cultural, and certainly not an American life and not just ‘A Wonderful Life’ as in the movie starring Donna Reed and James Stewart. Rather, I wish you a *real* life and the Azibo Nosology II is all about getting our people a real life. You can only have a real life if you live in tune or in sync with *your* culture, that is as a centered African; otherwise you are alive, but you are living someone else’s life

Daudi Ajani ya Azibo (Public lecture August 2008, Oakland CA)

Treatment perspective: goal, therapeutic approach, strategy. Theory, research, and practice are things the mental health worker can control. The recommended goal of treatment should be to restore or emplace correct orientation/own-race maintenance posture in the client. This position follows from the three assumptive theoretical advances pointed out long ago (Azibo, 1990a, 1990b). It is from these advances that the absolute-psychological model that the Azibo Nosology II rests on was forged. These advances marked notable progress and improvement in thinking about personality vis-a-vis ADP ushered in by nascent centered African psychology (Azibo, 1996a). First and foremost was the advance of conceptualizing from the African-centered perspective. This led to the second advance which was an emphasizing of essentialism in Divine spirit for the African human. Part and parcel to this second advance or scientifically following from it is the working presumption of a biogenetic basis for the African personality construct as it is impossible to invoke Africentric spiritual ontology without simultaneously and necessarily requiring a biogenetic basis of African personality (Azibo, 2011d). The third advance that the natural order, interpreted Africentrically, is the definer of appropriate human behavior follows. The upshot is the dictate for (re)establishing correct orientation in ADP (Azibo, 2013a; Azibo, Robinson-Kyles, & Johnson, 2013). An even earlier formative statement that practitioners “should give instruction in [B]lack ideology and cultural identity which embraces the social and political realities involved in existing symbiotically with the larger culture” (Jackson, 1980, 294) still stands.

(Re)establishing correct orientation requires the eradication of Azibo Nosology II disorders—all of them—in the client and the community. Therefore, long-term client relationships should be structured into treatment as much as possible. Many clients may present with multiple Azibo Nosology II disorders some of which might persist while others may respond favorably to treatment.

Such a client can be construed as an approximate struggler: one who grows in correct orientation, but still maintains nontrivial psychological misorientation. The practitioner must resist terminating treatment even when the presenting problem appears handled because approximation only counts in horseshoes and hand grenades. In (re)establishing correct orientation, approximation renders the unresolved psychological misorientation(s) as okay to wink at, gives it a pass, and, moreover, provides a rampart for its entree as societal normalcy. Approximation is therefore self-defeating and at best smacks of the statistical model of mental health in which the pathology of the normative is acceptable and straight up dereliction and capitulation to the status quo of Eurasian dominance at best. Acceptance of approximation in the mental health worker's gestalt muddles the distinction in the basic sort between mentally healthy and mentally disordered and is to be avoided whenever possible.

As there is a dearth of therapeutic approaches designed for Azibo Nosology II disorders specifically or for culture-focused conditions broadly conceived, eclecticism is recommended until an empirical record supporting one approach or another is amassed. It is shameful that African-centered psychology as I write these words is no farther along as when 33 years ago Tounsel and Jones (1980, 435) astutely pointed out regarding this dearth that "the therapist has at his [sic] disposal the widest selection of theoretical options." Toldson and Pasteur (1972, 1976) provide helpful strategies. Similarly, there is no empirical basis at this time for recommending this or that treatment strategy. Logically a practitioner could work backward from the deepest diagnosed disorders up to correct orientation. However, one size may not fit all and this strategy might not be efficacious for every client or every condition. I have discerned from Mother Jean Wilkens Dember (personal communication, October 30, 2013) that one prop the practitioner might find efficacious for every client (and community prevention activities) is a ceremonious, well-crafted and adorned, symbolic *Door of Return* (compare to the infamous door of no return). It could be used to formalize, structure, or otherwise ease the psychologically misoriented clients into culturally transformational activity as well as reinvigorating the cultural centeredness of the correctly oriented client.

Place in the world. The task of mentally overturning ADP appears Sisyphean as the elite and comprador classes on the African continent (Keita, 1993; Khoapa, 1980), in the United States (Azibo, 2011b; Baker, 2008; Council on Black, 2002; Marable, 1980) and most likely other diasporas (e.g., Azibo, 2012b; *Once Were Warriors*, 1995; Sutherland, 2011) provide little leadership towards sovereignty or autonomy now (Forman's term, 1981) for the masses who, as a result, suffer what has to be one of the most brutal and severest mental devastations in the history of psychological warfare. This unprecedented psycho-cultural devastation cries out for reparations (Azibo, 2011c) as ADP find themselves in extremis worldwide, circling the drain as it were. A painful reality like this avoided and not being dealt with by the people at large or their professionals does not go away, but worsens hastening genocide (Jones, 1992, 2001). It is into this mess the nonesuch Azibo Nosology II, a paragon of culture-focused diagnosing for ADP, enters and the battle for the minds of ADP the world over is joined—this time with weaponry to go along with good intention.

As alluded to at the beginning of this article, the Azibo Nosology II is the mental health worker's spear, his or her tool of choice for making culture-focused diagnoses that facilitate the work of making the minds and bodies of ADP humanitarian instruments of African power and liberation per the opening epigraph of ancestor Amos Wilson. The importance of a functional, realistically sophisticated and yet relatively uncomplicated nosological pandect of mental disorders should not be underestimated. The Azibo Nosology II is likely just as perdurable as the DSMs and ICDs, a property afforded by its yoking to the African personality construct. What psychological worker of good will could be opposed to this nosology, particularly on the bases of fiat or miseducation once revealed?

The purposes of the Azibo Nosology II are adoption, use, and further development by African-centered mental health workers and its usage with African descent clients worldwide by all psychological workers. This must be preceded by psychological workers' commitment to the necessary exercitation to achieve competence in the nosology. If not the Kebra Nagast, Bible or Quran for conducting psychological diagnosis of ADP, the Azibo Nosology II appears to qualify for *vade mecum* status.

There are two major contributions of the Azibo Nosology II in the realm of practice. Regarding practice, first it provides both a more accurate normalcy reference point and laying out of culture-focused disorders for ADP than heretofore existing in mental health. This allows the psychological worker to get ahead of a client's problems instead of playing catch-up. Second, the Azibo Nosology II resplendently systematizes the disorders from African-centered literature with the Eurasian DSM and ICD nosologies. As the Azibo Nosology II straightforwardly projects its centered African reality as correct for ADP worldwide, it is an exemplar of multi-cultural reality manifest. This is in sharp contrast to lip-service acknowledging a place for multi-cultural reality while in practice and thought the psychological worker proceeds employing the prism of Eurasian-centered psychology. As a practical tool, then, the Azibo Nosology II is launched neither as a competitor nor usurper, inherently, of Eurasian nosologies or psychology. Psychological workers of good will should not resist the Azibo Nosology II construing it as an ungrounded competitor, but should retool and come again with it. For clarity, it would be a practical mistake to construe the Azibo Nosologies I and II as reactionary weapons mischievously set forth for conflict with Eurasian psycho-political culture and establishment for as Jamison (2014) in this issue points out it is the latter in its aggressive oppression of ADP which is bringing the conflict.

A third contribution pertains to epistemology and the sociology of knowledge. As cogently put forth by Tommy Curry (2014) in this issue, it has been overlooked by scholars that the original Azibo Nosology is as much an example of how to construct African-centered theory as it is a mental health tool. Proudly, the Azibo Nosology II would seem to continue this epistemological legacy. In the process, it is not to be overlooked that the subsumption—succinct and perhaps sublime—by the Azibo Nosology II of Eurasian-centered psychology's diagnostic systems has occurred.

In conclusion, if the Azibo Nosology II is not the quintessence of what liberation psychology entails (Azibo, 2001; Martin-Baro, 1994; Thompson & Alfred, 2009), then I do not know what is. As a counterpoise to psychological oppression, has there been a single more empowering seed in African-centered (Black) psychology since Francis Cecil Sumner's feat in 1920 opening the doorway to doctoral level psychology for the African-U.S. (Guthrie, 2004)? The Azibo Nosology II is proof that African-descended psychologists and mental health workers are broad shouldered enough, strong in arm enough, keen in intellect enough, and diligent in duty enough "to carry on in the work started by our ancestors" (Azibo, 1996a, 23). I pass the Azibo Nosology II on to the reader in hope that "in your field, my seed of harvestry will thrive" (The Petrified Forest, 1936). To the mental health worker who passes on my pass, Thayer's words from May 1890 are a propos: what a "pitiable rejection of a great opportunity" (Kimball, 2009).

Afterword

Although as British Negroes we were freed in 1838, and in America as Negroes, we were freed in 1865 from chattel slavery, unfortunately we have still remained slaves; and the efforts of the Universal Negro Improvement Association are to create a second emancipation—an emancipation of the minds...

Honorable Marcus Garvey (cited in Martin, 1983, 128)

In 1994 I provided an analysis warning that the death of African-centered psychology by usurpation of Eurasian-centered psychology in Blackface was in the offing exactly like what had happened to African-U.S. Liberation Theology (Azibo, 1994a). Not long after I warned of the Europeanization or Whitening of so-called Black racial identity theory (Azibo, 1998). I resigned from the Editorial Board of the *Journal of Black Psychology* refusing to lend my name to its blatant participation in this looming death of the African (Black) psychology discipline, a discipline perhaps representing the last line of defense for ADP in these times where mental freedom is concerned. For the same reason I have not renewed membership in the Association of Black Psychologists (ABP) since 2003. Furthermore I have made public my dispraise of ABP panjandrums and others perceived by me to be "walking contradictions, and opportunists [especially] the older generations" (Azibo, 2008a, 579) whom, in my view, should take the weight for African-centered psychology's death which has materialized to a great degree in my view.

In contrast to that gloominess, in the conclusion above I maintained positivity regarding continuing the ancestral path in mental health work by African descent mental health workers. My own work including the present article stands as testimony (see Curry, 2014; Jamison, 2014). Still, the reality is that work like mine is in the minority. By that I mean *Africentrically located* work which refers to using the patterns for interpreting reality that come from the irrefragable African-centered conceptual universe to construct and critique knowledge as against the mere mouthing of pro-African/pro-Black orientation (Azibo, 2012a). Any African descent mental health worker can produce theory, research, and practice that mouths motivation to be in the best interest of ADP. Many have including psychologists from the traditional and reform schools (discussed in Azibo, 1996a; Karenga, 1982). When done genuinely, that only amounts to *Africentric orientation*; not location (Azibo, 1992, 1994a). Orientation alone is not sufficient and also is epistemologically fallible being open to what are called “pseudoetic errors (Triandis, 1972), category mistakes (Ryle, 1949), and transubstantive errors [which means] taking the cultural and psychological norms of one group [say Eurasians] and applying them in establishing the meaning of the cultural and psychological functioning of another group [say ADP]” (Azibo, 1996a, 21, 24). This is why African-centered psychology is currently necrotized in a reform school and reconstructive approach holding pattern as if haunted by the realization of the specter of an entire, visible literature based on Eurasian psycho-cultural thought much as I predicted (Azibo, 1994a, 1996c, 52, 1998, 212).

Whether the gloom or the great potential is emphasized, plenty remains to be done as the sorted ledger no doubt would find ADP overwhelmingly located on the disordered side. This includes especially the mental health workers of African descent also. Mental health establishmentarianism, as well, has been a formidable opponent to affirmative, assertive African psycho-cultural behaving (Jackson, 1979; Sundiata, 1970), particularly correctly orienting ADP. In my recent public lectures just articulating the idea can infuriate Eurasian psychological workers. Despite entrenched opposition, in order not to despair and to avoid weltschmerz I regularly reflect on Dr. Martin Luther King, Jr.’s (1968) entreaty to study psychological changes in African-U.S. people, Chomsky’s (2008) discussion of the social responsibility of intellectuals, and Adam Clayton Powell’s (1966) call for seeking audacious “Black power.” I regularly stand on Asa G. Hilliard’s (1988) instruction to return to the source for starting and I take seriously Del Jones’s urging that “we must open ourselves up to Afrikan culture in a real sense” (1993, 119). Doing these things helps me to keep in focus that despite it all, all is not lost. Indeed, I keep close the genius of Del Jones (1990, 1992, 1993, 1996, 2001) for the Azibo Nosology II enterprise is captured in his analogy:

Like a battery post under the hood of a car, corrosion attacks and strangles the power from serving the vehicle. Even though the car seems dead, once you pull off the cables, clean them and allow contact to be made cable to post, the engine roars to life ready to serve again. (Jones, 1993, 119)

The analogy makes hope somewhat reasonable. Specifically, diagnosis and treatment using the Azibo Nosology II is what will remove the Eurasian psycho-cultural corrosion in the psyche of ADP and reestablish in the process an explicit African-centered own-race maintenance orientation that will power back to life the waylaid African personality which, in turn, will serve by moving ADP again toward freedom (the ability to conceptualize the world in ways contiguous with our ancestors), literacy (the application of our freedom in all areas of people activity), and sovereignty or autonomy now. Chancellor Williams (1976), it should be remembered, emphasized the resilience, the carrying on by ADP in our own ways of life despite being pounded by death-dealing Eurasian power.

Song has helped ADP to mentally cope with the pounding historically. Surprisingly I have found lyrics from George Clinton's Parliament (1993) helpful in staying on point. I offer them with my interpretations as an ode for the African descent mental health worker to use whenever inspiration or invigoration is needed:

Fantasy is reality in the world today. (1)
Recollections of what Grand daddy used to say (2)
keeps me hanging in there. (3)
That's the only way. (4)
My mind is mine and mine my mind will always stay. (5)
No way of life, no man-made laws gonna take it away. (6)

The first line is a reminder that ADP do not live life under Eurasian domination in terms of confronting reality, at least not the African-U.S., but in terms of denial, fear and escape (Azibo, 2013b; Welsing, 1991, 153-161; Wilson, 1993). Lines 2-4 underscore the vital role of ancestral African deep thought for African redemption in the 21st century (e.g., Carruthers, 1995, 173-176; James, 1976, 153-162; Onyewuenyi, 2005). The words of the Honorable Patrice Lumumba, peace be upon him, are invoked: "We are Africans and wish to remain so. We have our philosophy, our customs, our traditions To abandon them ... would be to depersonalize ourselves" (All African, 1983). Line 5 is used as affirmation of commitment to the African utamawazo as it came into existence paraphrasing Diop (1978b, 9) in the beginning before the successive contact of different racial peoples and reciprocal influences. Finally, line 6 conveys affirmation not to be contained by rules and regulations that govern mental health work in Western societies whensoever they hinder ADP's liberation. *A luta continua, lasima tushinde mbilishaka* (The struggle will continue and we will conquer).

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