

# Azibo Interview of Moriba (Richard) Kelsey, Ph.D. on the Template for the Racially Normal Individual



Dr. Moriba (Richard C.) Kelsey has a Ph.D. in Counselor Education and is a renowned Psychologist and Clinical Counselor. He has lectured extensively on civic, social, cultural and education issues. He grew up in the Pittsburgh section of Atlanta going on to graduate with honors from Tuskegee University prior to completing graduate studies at Kent State University and The Ohio State University, where he retired as Professor Emeritus. He is the co-founder of the Africentric Personal Development Shop, Inc. and continues his commitment to community service as the facilitator of Pittsburgh Neighborhood Residents Leadership Team, Atlanta, Georgia.

**DAA:** Jambo Dr. Kelsey. Asante sana (thank you very much) for answering a few questions. You are an esteemed elder in many community and professional organizations catering to the African-U.S. As a psychologist you have contributed to the assessment of “racial identity.” As subject-matter knowledge and the wisdom that comes with bona fide eldership combine in your person, your thoughts on the templet that the Azibo Nosology II presents to represent the mentally and behaviorally re-Africanized or racially normal individual are solicited.

**MK** (Moriba (Richard) Kelsey): [no response]

**DAA** (Daudi Ajani ya Azibo): First, not everyone agrees that African descent people who have descended from enslaved Africans were mentally de-Africanized and by and large continue to be so. If we were de-Africanized, is that significant psychologically or is it psychological minutiae that should be let go and suppressed?

**MK:** It is not psychological minutiae. The continuing enslavement process (then and now) as a consistent and constant force which disrupts and de Africanizes individual Africans as well as African organizations and communities. The non-African standards also promote imbalances and disorders among African people.

**DAA:** The Azibo Nosology II contains 55 mental disorders based on the premise of the de-Africanizing of African descent people. As a development in professional psychology, how do you evaluate or regard this?

**MK:** It is clear to me that standards of sanity for African People must be based outside of Eurasian normalcy. Hence, the Azibo Nosology with its disorders moves a step closer to being able to identify and address mental, spiritual and behavioral variances from our own African standards and norms. The fact is that, I believe that African standards hold the keys to healthy African living and have nothing to do with the rejection of western thinking. It is the acceptance and utilization of our own African core self which leads to good health. As Azibo and others are developing solid and useful nosologies which identify variant African behaviors from African normalcy, it can be expected that the maafa will contravene. But, as African psychologists, we must continue to perfect African prevention intervention and treatment strategies based on African good health standards that have existed for thousands of years.

**DAA:** To overcome de-Africanizing, the Azibo Nosology II advances a templet for normalcy functioning in African descent people's personality. What is your perception of this templet? Does it appear to represent a bona fide recovery or re-Africanization?

**MK:** African "race" maintenance as a life plan is a bone fide re-Africanization recovery process. The baseline personality characteristics demonstrated by healthy African historical figures are vital to the establishment of African norms.

**DAA:** Is it a legitimate and necessary enterprise to socially engineer a re-Africanized identity with this templet? Should psychotherapists and mental health workers be using it? Is it applicable to Africans globally?

**MK:** It is legitimate because healthy personalities are consistent with African cultural rules (physical, mental, spiritual, social and economic) which provide the foundation for healthy African people. African personality conflicts and disorders occur when individual or groups of Africans are out of balance with African culturally based guiding principles governing forces.

**DAA:** Do you perceive any shortcomings or problems with this templet? How might it be improved?

**MK:** (You may already have what I am thinking here.) Perhaps a solidly delineated explanation of an African healthy personality/identity/cultural construct deserves some discussion here. Then pointing out how each of fifty-five disorders or misfits varies from the historically well-established healthy norm. This area should be so plain that it will become increasingly difficult for reactionary comments based on Eurasian paradigm.

**DAA:** Is there a feature or property of this templet that you would like to make special mention of given its presentation in the Azibo Nosology II?

**MK:** The construct of normalcy based on collective historical personality traits which were aimed at the maintenance and restoration of all Africans deserves special highlighting. These factors or forces will provide the road to sound, healthy and liberated Africans. In addition, the emphasis on the nosology (disease classifications being shown as variations from the collective African healthy personality norms) is critical to our present and future.

**DAA:** Should this templet for re-Africanized identity be part of a mental health practitioner's standard diagnostic repertoire? If yes, what do you think the impediments are and how might they be overcome?

**MK:** Yes, because there is a much needed African cultural standard and a diagnostic repertoire based on it. This should become the basis for the determination of positive growth and development or lack of it for all African people. When any other standard or nosology is applied to African people, it will likely set up a barrier to the attainment of good health and may facilitate unhealthy conditions and/or non-African disorders. There will continue to be resistance to establishing and operationalizing African standard diagnostic repertoire. However, a critical mass of African practitioners must adopt and utilize an African established standard repertoire. African practitioner must first become fully informed in African theories, understandings and practices.

**DAA:** Is this templet realistic? Would it really help African descent people to overturn themselves?

**MK:** This template is realistic; it represents what is necessary in order for Africans to grow within themselves. It has the potential to stimulate Africans to take their rightful place on the world stage. Further the template represents a process by which Africans can collectively[ly] eliminate the restraints of the maafa and to become liberated Africans individually and collectively. Finally, the template is a conscious step toward our natural "beingness".

**DAA:** Any thoughts on how a therapist might use this templet?

**MK:** (a) At this point in our maafan historic experience, it is important that African therapists prepare themselves to grow and thrive based on African normalness. (b) African therapists must enable themselves to spiritually, mentally and physically feel and be conscious of nosology based African personality standards. (c) African therapists must allow themselves to recognize that collective personality standards are the only liberating analysis that can be applied to Africans. Any theory, practice, analysis or action not based on collective African personality standards may not facilitate the health, healing and thriving of Africans. Thus, it behooves all Africans to move closer toward merging with the collective African *good health historic normative standards*.

[I offer] Some random thoughts in the form of questions.

Can we establish the fact that:

1. the collective healthy African personality construct is the only legitimate baseline of health which should be utilized to determine the quality of health for any African (black) person?
2. the collective African personality (race) construct is enduring and indestructible?
3. the maafa is an exceedingly destructive force which interrupts, but it cannot destroy the collective African (race) personality?
4. the individual African who varies from the healthy African personality norm can choose to allow her/himself to be stimulated to grow toward becoming one with the healthy African personality norm?