

Azibo Interview Questions for Dr. Colita Nichols Fairfax on Conceptualizing Own-life Taking Among African Descent Persons



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DAA (Daudi Ajani ya Azibo): Jambo Dr. Fairfax. Asante sana (thank you very much) for answering a few questions. It is very appropriate to solicit thoughts from you about the Azibo Nosology II because when you were a doctoral candidate at Temple University you shared with me what has turned out to be the absolute best, thoroughgoing, constructive critique of my *Liberation Psychology* book manuscript (unpublished) which included a chapter that expanded the original Azibo Nosology. Do you remember that? Well, the Azibo Nosology II has your fingerprints all over it as many of your valuable observations are incorporated throughout.

CNF (Colita Nichols Fairfax): Thank you so much Dr. Azibo, for allowing me to discuss this important aspect of African science. It is a humbling feeling to be engaged in this dialogue about the Nosology, and might this work be embraced by those of us in the social sciences. The African personality has been an intriguing concept and subject matter to me. Given the outstanding personalities I grew up under in my community, and given my research about the pioneers and nation builders of community institutions, I am wedded to research paradigms and community practice modalities that work best with our people who are continually regulated and repressed by local Departments of Social Services, child support enforcement programs and inpatient mental health systems.

In order to be an effective African cultural scientist, one has to be aware of and acknowledge the cultural misorientation that is manifested in one's own life. WE ALL suffer from some form of misorientation, and we make temporal adjustments to survive psychologically and culturally. In all areas of our lives, WE ALL suffer. So if we can openly admit our suffering, we have to submit to re-tooling our intellectualism and praxis within our community.

Not only are our indigent misoriented, so are we. We cannot occupy a space where we are content to engage in paternalism by ‘performing therapy on people’, which is a phrase I bristle at when social work graduate students proclaim this as a career choice.

DAA: Are you surprised that the Nosology has gone from 18 to 55 disorders? How do you feel about this?

CNF: There are many group achievements and advancements that have been made throughout the past several decades. Yet, given some obvious observations, I am not at all surprised that the Nosology is at 55 disorders now. It has been long and well documented that the African-U. S. based community changed drastically after the Urban Renewal policy of the 1960s and ‘70s, changing physical landscapes that had been inhabited cohesively since post-enslavement. Many communities learned how to successfully survive during Segregation. As these historic neighborhoods changed, and resources were destroyed or vacated, the period of Re-Segregation began, as alien systems interfaced more intimately with our people. Alien systems such as housing projects, social services, nutritional programs, school and correctional systems, the co-option of our musical expression, without economics choked any semblance of Africanity that was used to survive during Segregation. For example, the African extended family that Dr. Nobles theorized, and the extension orientation system, as theorized by Dr. Kambon exist, but not always with the same prominence. The influx of drugs exacerbated and undermined our people living in these newly alien regulated environments. The average observer began to witness behaviors that are violent, anti-spiritual, anti-race maintenance, and anti-woman.

Assimilation and socialization through alien systems have either produced a lack of race-based maintenance functioning, with an acknowledgment to organize life within the reality of white supremacy. These alien systems have aggressively regulated and controlled our people, maintained poverty, so as to convince those that this normalcy. Conversely, the willingness of those economically and educationally accomplished African Americans, to witness such human brutality, and to be convinced that those who are living in hell are with little redemption, as normalcy are equally problematic. The Nosology had to be expanded to chronicle these new maladaptive behaviors, to war against Isft (disorder and chaos), as our Kemetite ancestors have taught us. I support the Nosology II.

DAA: As a social work professional you are confronted with “suicide” or own-life taking behavior among the African-U.S. population. Does the Azibo Nosology II provide an adequate treatment of the topic?

CNF: Unfortunately, the rate of suicide has increased in the African-U.S. based community over the past 25 years. There are a plethora of reasons for this phenomena that I cannot adequately respond to in this space. As someone with a practice career in social work, I have worked with families where a loved one has taken their own life.

There are some scholars who posit that suicides have risen in our community because of inherent anti-African ideology and systems and clinical reasons crouched in depression, anxiety and psychotic tendencies. Suicide, as a self-destructive behavior was used to not submit to forms of bestiality, i.e., enslavement, sex-trafficking, infanticide. Yet, there needs to be more investigation as to the reasons suicide persists today. Is suicide a response to the myth of political freedom post 1960s? Is suicide a response to the racial cleansing from race-specific communities and neighborhoods? Is suicide a response to systemic repressive regulated and controlled systems that are viperous and vicious?

I admit that perhaps there are those who commit suicide based upon mental health crisis, as are products of loving environments. Part of the problem that classifications struggle with treating suicides is the lack of research with persons who have not been diagnosed with a mental health condition, but may kill themselves. This is a quandary for those studying suicides, and the Nosology finds itself articulating this very gray area.

DAA: What is your perception of the rationale for the African high-tech lynching terminology displacing the suicide term? Is it legitimate? Is it necessary? Is it applicable to African descent people globally?

CNF: I am conflicted with the displacement of the term suicide, with African high-tech lynching. As I observe these two disorders distinctly. Suicide is a definitive behavior where one cannot handle any facet of life, determining that they do not have the will to live. An African high-tech lynching is a behavior that identifies one's life as symbolic to relationship to race-maintenance of a large group of people. That ending one's life will be impactful and indeed be used as a 'lifeforce' to changing the trajectory of that particular group of people. I believe this is different from how suicide is used today. It is a legitimate term, and even necessary and applicable to African descended people globally.

DAA: Do you think the African high-tech lynching term will ever displace the "suicide" term?

CNF: No. I believe that there are demarcations between African high-tech lynching as a classified behavior and suicide as a disorder. There are also spiritual connotations about life-taking that does not condone such behavior. Lastly, since Supreme Court Justice Clarence Thomas made the term popular during his 1991 confirmation hearing, it compounds how conventionally this term is understood.

DAA: Is there a particular feature or property of the African high-tech lynching discussion that you would like to make special mention of? Any shortcomings or problems here?

CNF: There are many persons who manifest African high-tech lynching in local communities throughout the globe. I believe we have to focus on the impact of local personalities, as they are much more influential than those on the national stage.

Those persons who engage in everyday behavior of risking their lives to attend to the urgent human needs of drug users, wayward children, etc., those who openly confront city councils, police departments, public health clinics, and chastise school boards about damaging policies and educational materials, engage in African high-tech lynching. These are examples that demonstrate the normalcy of race-based maintenance. Such behaviors don't need to be heroic, or on the level of Queen Mother Moore, but are necessary in the group survival and collective interdependence of our people.

DAA: Should African high-tech lynching diagnosis be part of standard operating procedure for mental health practitioners and scholars? If yes, how can that be brought about?

CNF: As an African cultural scientist, I do believe that we are obligated to discuss and teach African high-tech lynching and other positive behaviors in addition to the classification of behaviors that are unhealthy. As Amos Wilson taught us, we can take advantage of segregated situations, by using the Certification Academies of the international associations of Black Social Workers, Black Psychologists, Black Nurses, Black Political Scientists, Black Psychiatrists, and train those para-professionals in our communities. We should offer workshops at conferences devoted to our history and culture, i.e., the Association for the Study of Classical African Civilizations, Carter G. Woodson's Association for the Study of African American Life and History, and other organizations that have been legendary in the vanguard of our struggle.

DAA: How should or might the mental health establishment, especially social work, respond to this diagnosis?

CNF: The mental health establishment will ignore all classifications and the Azibo Nosology II. As an entire discipline Social Work will also ignore it, as it ignores most scholarship that is African-centered. Social Work is a microcosm of wider societal systems. There is so much money and capital invested in the DSM 5 and ICD-9-CM as 'standard' manuals, that other classifications will be avoided. The Social Work Research and Academic community will avoid the Nosology, because If research isn't positivist or quantifiable, it is often rendered second tier and invalid. However, this reality validates the need for the Nosology to be taught by those hungering for other classifications besides the DSM 5 and ICD-9-CM. This is why forming a broad umbrella with other Black organizations are vital in re-tooling social scientists, regardless of the branch of science (social work, sociology, psychology, etc).

DAA: Is the African high-tech lynching diagnosis a relevant topic for Africana Studies?

CNF: African high-tech lynching diagnosis is a relevant topic for Africana Studies, because it provides an application to centered behaviors. We need to explain and discern the necessity of every community to have constant articulators who are symbolic of struggle and selflessness. This is a missing piece in today's struggle, as we are witnessing a social isolation of personalities who have laid their lives down for the greater good. We have to be more aggressive in rescuing ourselves and our people in nation building and community praxis.

DAA: Any other comments or thoughts on the African high-tech lynching diagnosis or the Azibo Nosology II in general?

CNF: The Azibo Nosology II organizes race-based maintenance behavior from cultural misorientation behavior that plagues the sensibilities of who we are. African high-tech lynching needs to be operationalized more, particularly if it culls extraordinary human personalities that may be emulated and modeled. Particularly when there is this dastardly tendency for some Whites in the media to 'inform' Black folk about who their role models should be among entertainers and athletes. The Nosology addresses Isft-chaos and disorder, as we have to continually seek clarity about who we are, and the severe contradictions we are living in. The manual helps us to align theories, such as of African extended family, African self-extension orientation, and Kwame Gyekye's Akan personhood, which are ontological theories that frame ourselves as an ancient people. Therefore the Nosology provides a classified behavioral, race-based maintenance manual that addresses normalcy of behaviors, and maladaptive behaviors that one can fall prey to. But more importantly, it humbles the diviner, the social worker, the healer, the first responder, to see herself/himself as a part of the cultural suffering caused by cultural misorientation, and not conveniently ignore one's own cultural unevenness and distortions.