

African Self-Consciousness, Misorientation Behavior, and a Self-Destructive Disorder: African American Male Crack-Cocaine Users

Patricia Dixon

Georgia State University

Daudi Ajani ya Azibo

Florida A&M University

Addiction to substances is among the self-destructive disorders found in the Azibo nosology. It is theorized that underlying these disorders is psychological misorientation that results from a distortion in African Self-Consciousness (ASC). To explore ASC and the relationship between it and misorientation behavior for a population of 101 African American males suffering from crack-cocaine addiction, the ASC scale and a background questionnaire measuring misorientation behavior were administered, and factor and chi-square analyses were conducted. The results of a factor analysis of the ASC scale yielded two factors and indicated that there may be some distortion in ASC for this population. Chi-square analyses revealed no significant difference in misorientation behavior between the first and fourth quartile groups created on the two factors. Chi square analyses conducted on the total sample classified into three ASC orientation groups (incorrect ASC orientation, ASC orientation unclear, ASC orientation correct); however, they did yield significant differences in misorientation behavior. Results are discussed in terms of Kambo's (1992) African personality theory, the Azibo nosology (Azibo, 1989, in press), and psychodynamics perhaps characteristic of this population.

Addiction to and distribution of crack cocaine is one of the most serious problems facing some African American urban communities. With increasing levels of violence, homicide, arrest and incarceration rates (Fagan & Ko-Lin Chin, 1989; Goldstein, Brownstein, Ryan, & Bellucci, 1989), crack-addicted

JOURNAL OF BLACK PSYCHOLOGY, Vol. 24 No. 2, May 1998 226-247
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babies (Bersharov, 1989; Taylor, 1989), enrollment in drug detoxification and rehabilitation programs (Comfort, Shipley, White, Griffith, & Shandler, 1990; Hoerlin, 1989), and homelessness (Garret, 1989), crack is wreaking irreparable havoc on some urban communities. Not only is it destroying the lives of those who use and sell it, but it is also having negative impact on those who live and work near and in these communities.

Studies have found cocaine abuse to be related to psychological disorders found on Axis I of the *Diagnostic and Statistical Manual III-Revised Edition (DSM-III-R)* (American Psychiatric Association, 1987), such as depression, self-esteem disturbance, impulsivity, acute and chronic dysphoria, and cyclothymia (Gawin, Herbert, & Kleber, 1986; Khantzian, 1984; Weiss, Mirin, Michael, & Sollogub, 1986). Other studies have also found personality disorders such as narcissism (Woodham, 1987) and antisocial disorders (Moss, Yao, & Panzak, 1990; Rounsaville et al., 1991) as they are defined on Axis II of the *DSM-III-R* to exist among cocaine abusers. Although these studies contribute greatly to our understanding of psychological problems related to substance abuse, there have been few or no studies conducted to explore the role that psychopathology specific to the African American experience plays in addiction to cocaine.

AFRICAN SELF-CONSCIOUSNESS, PSYCHOLOGICAL MISORIENTATION, AND SELF-DESTRUCTIVE DISORDERS

There is an increasing body of literature that attempts to define psychopathology as it relates to the African American experience, especially under social, economic, and cultural oppression. Azibo (1989) has classified many of these disorders in the Azibo nosology. A fundamental disorder that is theorized to underlie many others found in the Azibo nosology is psychological misorientation. Misorientation is theorized (Kambon, 1992) to occur when there is a contradiction between the unconscious African Self-Extension Orientation (ASEO) and the conscious African Self-Consciousness (ASC) levels of the African personality. ASEO is characterized by Kambon (1992) as

an innate-biogenetically determined, immutable, unconscious, and deeply rooted psychical energy or dispositional potential that exists in all people of

AUTHOR'S NOTE: *The first author would like to express her gratitude for the assistance provided by Dr. Sonja Peterson-Lewis in guiding her dissertation, from which the present study is derived. A special Medasi to Dr. Vetta Sanders-Thompson for her comments on an earlier draft and to Mrs. Marilyn Dickey and Mr. Osceola Whitney for word-processing assistance.*

African descent. It is also substantially operationally defined by the concept of spirituality [which] represents a dynamic synthesizing energy that allows/propels the Self to extend/merge into the totality of communal phenomenal experience. (p. 49)

Because the ASEO, by virtue of its spiritual component, extends from the "personal to the . . . communal phenomenal experience," it incorporates a "consummate sense of 'We-ness' . . . [and] has no 'I-ness' dimension" (pp. 49, 54). According to Kambon (1992), the ASC component of the personality

functions as the conscious level organizing principle of the African personality . . . it represents the conscious level of African survival thrust in African people. . . . Like its host the ASEO, ASC is a relational collective and communal self-consciousness. . . . [It] is partly a genetically determined disposition and partly an environmentally determined disposition because consciousness evolves in part through experience. (pp. 53-54)

In addition, Kambon's theory postulates that ASC is characterized by awareness of one's African identity and African cultural heritage, with the individual seeing value in the pursuit of knowledge of self, recognition of African survival and development as priorities, respect for and active perpetuation of African life and African institutions, and a resolute, uncompromising resistance to all things anti-African (Kambon, 1992, p. 56).

Contradiction between the ASEO and ASC results from a distortion of the ASC. Distortion of or weakening of ASC occurs when "a pseudo-European Eurocentric self-conscious comes to dominate the natural ASC of the African personality" through the socialization and institutionalization process in America (Kambon, 1992, pp. 137-138). Distortion of ASC leads to *psychological/cultural misorientation*, which subsequently leads to "European or alien survival thrusts" behavior (Kambon, 1992, p. 218). These survival thrusts may include individualism or I-ness orientation, disrespect for African life, and an anti-African disposition that may include anti-self (personal and extended) orientation. This may ultimately lead to self-destructive disorders (first discussed by Akbar, 1981) such as using and selling destructive substances like crack cocaine. Kambon explains that self-destructive disorders

refer to African behaviors which represent faulty and destructive attempts to cope with the unnatural condition of White/European supremacy domination. . . . They represent direct victimized states reflecting the vicious condition of 'survival-at-any-cost' . . . those afflicted with this class of disorders, represent the deteriorated condition of . . . 'jungle parasitic' and dog-eat-dog type of orientation. (p. 141)

The theoretical path for the personality disorganization being described is as follows:

ASEO—Congruent ASC (healthy normal/natural African personality state)
 ASC Depletion—Psychological misorientation—Alien (non- or anti-African)
 survival thrust orientation—self-destructive disorder behavior

This path is consistent with the logic of the Azibo nosology (Azibo, 1989, in press). The Azibo nosology framework, therefore, apparently adequately locates sufferers of self-destructive disorder concretely within the context of African personality theory. Azibo (1990) advanced the rationale of African personality theories requiring the restoration of psychological Blackness or (in Kambon's terminology) ASC in the misoriented African. Within this context, the question of the ASC of sufferers of African personality disorders has theoretical and practical importance.

In keeping with the dictum of the *theory-derived steady research approach*, which holds that all personality, clinical, and social psychological research on African people be based in some bonafide *Africentric theory* of African personality (Azibo, 1996), the research questions driving the present study are found to derive solely from the African personality theory of Kambon (Baldwin, 1981, 1984; Kambon, 1992) and the African personality theory-based Azibo nosology (Azibo, 1989, in press). The work of Kambon and Azibo is sufficient in building the case for this study's research questions. Nevertheless, as stressed in one of the reviews, there is a literature indicating that African substance abusers are likely to be characterized by low levels of Africentricity (broadly conceived). Although of relevance, such literature does not inform the research questions of the present study, which as stated above are theoretically derived (completely). The present research neither requires this literature nor is hampered without it. Overall, this literature stands on the position that

There in fact has emerged a "drug culture" [with the following] standards of conduct . . . (1) trust no one and (2) anything is permissible [producing behavior that is] selfish, volatile, manipulative, fearful, hostile, impulsive, and focusing on . . . individuality. (Nobles, Goddard, Cavill, & George, 1987, p. 98)

Certainly, Africans caught up in this way of life should be operating with diminished, impoverished cultural and psychological Africinity. When compared to Africans who did not participate in or who oppose the drug culture,

research shows that racial consciousness (Gary & Berry, 1985, cited in Rowe & Grills, 1993) and Africentric values (Belgrave et al., 1994) correlated with intolerance of drug use. This literature advances the hope that drug behavior will be consistent with drug attitudes. Lawrence Houston's (1990) review of substance abuse literature vis-à-vis Africans is consistent with the foregoing. Regarding this literature, he also alludes to a danger of not having an appropriate theoretical base: "General theories [i.e., Eurostream] of addiction and other troublesome behavior may not be applicable to the Black community" (p. 136).

On this note, we return to our research explorations based in the African personality theory conceptualizations that guide our study, the logic inherent in the Azibo nosology, and the formulations of Kambon (1992, 1996). Regarding the latter, factor analyses conducted on the ASC scale, which measures the ASC construct (Baldwin & Bell, 1985; Kambon, 1992), have supported its construct validity. For example, the ASC scale manual (Kambon, 1991) reports three factors that "encompass the four originally theorized [competency dimensions of ASC]" (Kambon, 1992, p. 161). Using samples drawn from the general population, Stokes, Murray, Peacock, and Kaiser (1994) reported a four-factor solution, confirming the four theorized competency dimensions of ASC. Also using a noncollege sample, the factor analysis performed by Myers and Thompson (1994, p. 182) also confirmed the four competency dimensions proposed by Kambon's theory, plus three additional factors. With a nonclinical African American sample, the finding of a factor structure underlying the ASC scale that is consistent with the ASC construct appears to be a reliable one.

THE PRESENT STUDY

This study first explored what factors could be found using the ASC scale (Baldwin & Bell, 1985) for a population of homeless, primarily crack cocaine-addicted males who by definition suffer from self-destructive disorder. If there is distortion in the ASC of this clinical, personality-disordered (Azibo, 1989; Baldwin, 1984; Kambon, 1992) population, then the factor structure underlying the ASC scale might differ from that underlying non-clinical samples. Second, this study then explored whether differences could be found between people whose factor scores fell in higher versus lower ends of the factors for the commission of a variety of misoriented behaviors (e.g., selling illicit substances and using exploitative means to earn a living).

METHOD

SUBJECTS

Subjects were 101 African American poly-addicted males, participating in a larger study (described below). Their ages ranged from 21 to 50 years with the mean and median age being 32 years. About 69% were single, whereas 24% were either separated or divorced. A majority, 57%, had dropped out of high school, and 17% had some college education. About 74% had unstable employment records, which means they were either unemployed, held irregular part-time employment, or performed odd jobs. The mean length of time with this employment status was just more than a year, the median length of time was 6 months, and minimum and maximum times were 2 weeks and 7 years. Although a few maintained full-time employment, they were living in the shelter because income from employment was not enough to pay for rent and other living expenses. Others resided at the shelter because they used income from employment to support their addiction.

With regard to alcohol and drug addiction, a majority of the subjects had used alcohol, marijuana, and crack/cocaine in that order, although some began cocaine use before crack. The mean number of years using crack/cocaine was 7, the median was 5 years, and the minimum and maximum years were 1 and 25, respectively. All subjects suffered from chronic addiction to at least one of the above substances, and all but two of the subjects were addicted to crack/cocaine. Many had suffered from chronic addiction to alcohol and marijuana, some were addicted to cocaine, and a small minority used heroin. However, ethnographic interviews indicated that, for a majority of the subjects, their encounter with crack ultimately led to homelessness. The mean length of time homeless was about 1½ years, with the median being 4 years and the range from less than 30 days to 17 years. Overall, 68% reported that they engaged in the sale of illicit substances, and 42% reported that they made a living through exploitative means, such as selling drugs, living off of and/or manipulating women, and other illegal activities such as theft and/or robbery and hustling. Hustling may have included legal and/or illegal activities. It is safe to regard these subjects as a population of sufferers of self-destructive disorder, albeit in the absence of a clinical diagnosis.

INSTRUMENTS

African Self-Consciousness (ASC) Scale. Developed by Joseph Baldwin (now known as Kobi Kambon) and Yvonne Bell (1985), the ASC scale was

designed to measure African self-consciousness (defined earlier). The ASC scale has a test-retest reliability coefficient of .90 and internal validity coefficient of .70 (Baldwin & Bell, 1985). Consistently, the ASC scale has (a) explained significant amounts of variance and (b) yielded factor structures in accord with its underlying theory (Kambon, 1992, chap. 7; Myers & Thompson, 1994; Stokes et al., 1994).

Addiction Severity Index (ASI). The ASI was the primary instrument used for the larger study. It is a structured clinical research instrument designed to assess problem severity in seven areas: medical condition, employment, drug use, alcohol use, illegal activity, family relations, and psychiatric condition. Test-retest reliability of the ASI has been found to be .92 or above (McLellan, Luborsky, Cacciola, McGahan, & O'Brien, 1988). Data used from the ASI for the present study include demographic information reported under the subject section above. Other information contained in the ASI was not deemed necessary for the first author's dissertation, from which the present study is taken. For that reason, other ASI data are not included in the data set used for this study.

Background questionnaire. The background questionnaire was developed by the first author to supplement demographic data from the ASI. The purpose for developing the questionnaire was to gather data relevant for this study. Included were questions pertaining to misorientation behavior. Specifically, misorientation behavior of the self-destructive disorder type (for conceptual clarity, see Azibo, 1989; Baldwin, 1984) was operationalized as engagement in activities such as (a) selling illicit substances as well as (b) earning a living by other exploitative means (theft, robbery, selling stolen goods, and hustling people in legal and illegal activities). Item 1 was a closed-ended question that sought to explore whether interviewees had engaged in the selling of illicit substances. Item 2 was an open-ended question. The responses for this item were scored based on whether the means of earning a living were exploitative or nonexploitative. Examples of nonexploitative means included employment, odd jobs, and public assistance. Examples of exploitative means included those items listed under (b) above.

PROCEDURES

Between April 1, 1991, and August 31, 1993, 722 males (91% of whom were African American) seeking emergency shelter at a particular homeless shelter in a large Eastern seaboard city were prescreened to determine if they

had a history of drug and alcohol abuse. Individuals meeting these criteria were asked to participate in a National Institute of Alcohol Abuse and Alcoholism demonstration project. For those who agreed to participate in the study, the ASI and several other instruments were administered by one of nine research assistants. The information was collected in three stages. First, at baseline, or Time 1 (T1), the ASI, the ASC scale, and the background questionnaire were administered. A shortened version of the ASI was administered about 6 months later, at Time 2 (T2), and again 6 months later, at Time 3 (T3). An ethnographic component was also incorporated into this study. Data were collected in three primary categories: childhood and family history, drug and alcohol experiences, and peer relationships and community experiences.

For the present study, one of the nine researchers administered the ASC scale and an additional demographic questionnaire at Times 2 and 3 to the first 101 African American males who agreed to participate.

RESULTS

A principal components factor analysis using a varimax rotation was conducted on the ASC scale to explore whether there was any evidence of an underlying factor structure in the subjects' responses. Stevens's (1996) recommendations on how many factors to retain and interpret were followed. Ten factors with eigenvalues greater than 1 and accounting for 67.3% of the variance were found. The scree test, however, showed four factors that accounted for 48.4% of the variance. Following Stevens, the cutoff point for items loading on a factor was .50. Using this cutoff point yielded two components with a substantial number of items loading above .50. Examination of the remaining components revealed none with more than two items loading above .50; therefore, no other factors were retained.

The two factors that were extracted appear to be Value for African-Centered Institutions and Relationships and Value Against Affirmative Africinity. They accounted for 26% and 10.9% of the variance, respectively. Each factor has good internal consistency with Cronbach's alphas of .88 and .89, respectively. The items that loaded on the two factors are listed in Table 1. The items do not load on more than one factor.

For each factor, total factor scores were computed by summing the scores for these items. They were then used to create two groups: those scoring in the first and fourth quartiles. The reader should note that for the Value for African-Centered Institutions and Relationships factor, the fourth quartile

TABLE 1
African Self-Consciousness Factors for
Crack Cocaine-Addicted African American Males

<i>Item Number</i>	<i>Item Content</i>	<i>Item Loading</i>
Factor I: Value for African-Centered Institutions and Relationships		
2	Black people should have their own independent schools which consider their African heritage and values an important part of the curriculum	.72
6	Regardless of their interests, educational background, and social achievements, I would prefer to associate with Black people than with non-Blacks	.68
10	Black children should be taught that they are African people at an early age	.60
16	Racial consciousness and cultural awareness based on traditional African values are necessary to the development of Black marriages and families that can contribute to the liberation and enhancement of Black people in America	.58
18	Blacks should form loving relationships with and marry only other Blacks	.51
22	It is good for Black husbands and wives to help each other develop racial consciousness and cultural awareness in themselves and their children	.81
26	All Black students in Africa and America should be expected to study African culture and history as it occurs throughout the world	.51
28	Blacks in America who view Africa as their homeland are more intelligent than those who view America as their homeland	.51
30	White people, generally speaking, do not respect Black life	.51
40	It is good for Black people to refer to each other as brother and sister because such a practice is consistent with our African heritage	.64
Factor II: Value Against Affirmative Africinity		
5	Blacks in America should try harder to be American rather than practicing activities that link them up with their African cultural heritage	.51
7	It is not such a good idea for Black students to be required to learn an African language	.60
9	Blacks who place the highest value on Black life (over that of other people) are reverse racists and generally evil people	.56
15	Black people who talk in a relatively loud manner, show a lot of emotions and feelings, and express themselves with a lot of movement and body motion are less intelligent than Blacks who do not behave this way	.53
17	In dealing with other Blacks, I consider myself quite different and unique from most of them	.65
19	I have difficulty identifying with the culture of African people	.55
23	Africa is not the ancestral homeland of all Black people throughout the world	.59

TABLE 1: Continued

<i>Item Number</i>	<i>Item Content</i>	<i>Item Loading</i>
25	I feel little sense of commitment to Black people who are not close friends or relatives	.66
29	If I saw Black children fighting, I would leave them to settle it alone	.76
31	Blacks in America should view Blacks from other countries (e.g., Ghana, Nigeria, and other countries in Africa) as foreigners rather than as their brothers and sisters	.71
33	Religion is dangerous for Black people when it directs and inspires them to become self-determining and independent of the White community	.53
37	Black people's concern for self-knowledge (knowledge of one's history, philosophy, culture, etc.) and self (collective)-determination makes them treat White people badly	.69
41	It is not necessary to require Black/African Studies courses in predominantly Black schools	.55

group represents a more African-centered orientation; whereas for the Value Against Affirmative Africanity factor, the fourth quartile group represents the least African-centered orientation and the first quartile group, the most (the latter factor being a negative factor). The quartile groups were contrasted to determine whether a significant difference in misorientation behavior could be detected. As indicated previously, misorientation behavior was operationalized as selling illicit substances, living off of and/or manipulating women, and other illegal activities such as theft, robbery, and hustling (which may have included legal and/or illegal activities).

As shown in Table 2, chi-square tests of independence were not statistically significant. These results indicate that there was no significant difference between the number of people scoring in the first quartile versus the number of people scoring in the fourth quartile groups on either Factor 1, Value for African-Centered Institutions and Relationships, or Factor 2, Value Against Affirmative Africanity, for either measure of misorientation behavior.

Because the data pattern in Table 2 is intriguing and perhaps informative, more descriptions of the data follow, although a relationship between misorientation behavior and quartile group was not confirmed. The descriptions that follow may have theoretical and clinical import. For the Value Against Affirmative Africanity factor, the fourth quartile group had the highest proportion of selling illicit substances (.39) as well as for earning a living using exploitative means (.45), as would be expected. Yet, for the first quartile group for Value Against Affirmative Africanity, the proportion of people

TABLE 2
Cross-Tabulated Frequencies and Corresponding Proportions of
African Self-Consciousness Scale Factors,
Quartile Groups, and Misorientation Behaviors

	<i>Value for African-Centered Institutions</i>			<i>Value Against Affirmative Africanity and Relationships</i>		
	<i>First</i>	<i>Fourth</i>	χ^2	<i>First</i>	<i>Fourth</i>	χ^2
	<i>Quartile</i>	<i>Quartile</i>		<i>Quartile</i>	<i>Quartile</i>	
Sold illicit substances						
Yes	10 (.23)	20 (.45)	1.36	11 (.27)	16 (.39)	0.00
No	8 (.18)	6 (.14)		5 (.12)	9 (.22)	
Earn a living using exploitative means						
Yes	12 (.28)	16 (.37)	0.00	10 (.25)	8 (.45)	0.00
No	6 (.14)	9 (.21)		5 (.13)	7 (.18)	

NOTE: Earn a living using exploitative means refers to selling drugs, living off of and manipulating women, other illegal activities such as theft, robbery, and/or hustling, which may have included legal and/or illegal activities. The corresponding proportions are in parenthesis.

reporting yes to selling illicit substances (.27) and using exploitative means to earn a living (.25) exceeds those reporting no by virtually twice as much in each case (.12 for substances and .13 for exploitative means). We reiterate that on this factor, the first quartile group has the highest index of African self-consciousness. Equally, if not more interesting is the fact that the proportion of the first quartile group engaging in the misorientation behaviors (.27 for selling illicit substances, .25 for using exploitative means to earn a living) exceeds that of the fourth quartile group *not* engaging in the misorientation behaviors (.22 for substances and .18 for exploitative means). In sum, the group expected to engage in misorientation behavior the least (first quartile group) reports committing misorientation behaviors more than not committing them, and more than the group expected to engage in misorientation behavior the most (the fourth quartile group) reports not committing them.

For the Value for African-Centered Institutions and Relationships factor, contrary to expectations, the fourth quartile group reports committing the misorientation behaviors more than not committing them (proportion of .45 vs. .14 for substances and .37 vs. .21 for exploitative means). Also, surprisingly, the proportion of people in the fourth quartile committing the misorientation behaviors exceeds those in the first quartile group committing

misorientation behaviors in both instances (.45 vs. .23 for substances and .37 vs. .28 for exploitative means). We reiterate that for this factor, the fourth quartile group represents a greater African self-consciousness level.

Given the two factors underlying the ASC scale for this population (Factor 1 = Value for African-Centered Institutions and Relationships; Factor 2 = Value Against Affirmative Africanity), subjects can be classified into the following ASC orientation groups:

1. Both factor scores in the direction of ASC, called the ASC orientation correct group;
2. Both factor scores in the non-ASC direction, called the incorrect ASC orientation group;
- 3a. One factor score in the direction of ASC and the other factor score in the non-ASC direction; and
- 3b. Factor scores on each factor falling between the ASC orientation correct and incorrect ASC orientation groups.

Groups 3a and 3b can be collapsed into the ASC orientation unclear group. Respectively, these three groups were operationalized as follows:

ASC orientation correct = Factor 1 score above the 60th percentile and Factor 2 score below the 40th percentile;

Incorrect ASC orientation = Factor 1 score below the 40th percentile and Factor 2 score above the 60th percentile; and

ASC orientation unclear = all others.

Table 3 contains the chi square test of independence results for the ASC group by misorientation behavior group (uses vs. does not use exploitative means to earn a living) cross-tabulation.

The authors regard the chi square test as statistically significant, χ ($df = 2, n = 101$) = 5.488, $p = .06$, because the increased risk of Type I error is more than offset by the increase in power/decrease in beta that this new, exploratory area warrants. Some clarification of rationale may be in order. Whenever lowering beta or avoiding a Type II error (retaining a false null hypothesis) has greater importance than usual, it is acceptable to raise the alpha level in order to increase power and decrease the probability of beta (Blalock, 1972, pp. 161-162). One category of research in which Type II error is of greater concern is newly arising, virgin areas of theory, such as the present chi square analyses (Table 2 and Table 3). A possible and probable outcome of a Type II error could be the "serious consequences . . . [of] giving up a line of research that could have otherwise provided important findings" (Gravetter

TABLE 3
Cross-Tabulation, Proportions, Chi Square, and Associated Statistics
for the African Self-Consciousness (ASC) Orientation Groups
by Misorientation Behavior Groups Analysis

ASC Orientation Group	Misorientation Behavior Group	
	Uses Exploitative ^a Means to Earn a Living	Does Not Use Exploitative Means to Earn a Living
Correct	5 (6.06) [.05] <i>d</i> = -.58	13 (11.94) [.13] <i>d</i> = .58
Unclear	20 (22.9) [.20] <i>d</i> = -1.3	48 (45.12) [.48] <i>d</i> = 1.29
Incorrect	9 (5.05) [.09] <i>d</i> = 2.34*	6 (9.95) [.06] <i>d</i> = -2.34*
$\chi^2 = 5.488^{**}$, $CC^b = .32$, $.32^2 = .1024$		

NOTE: Expected frequencies are in parentheses and proportions are in brackets. The *d* statistic (Runyon et al., 1996, p. 594) is used for post hoc analysis to determine which cell frequency contributes to the significant chi square statistic. It is interpreted as a unit normal deviate (Z score).

a. Includes selling drugs, living off of and manipulating women, theft, robbery, and legal or illegal hustling.

b. Pearson's contingency coefficient (modified after Runyon et al., 1996, p. 592) is a measure of the strength of association between the variables. Squaring the contingency coefficient indicates how much more accurately we can predict one variable from the other (Heiman, 1996, p. 467).

p* < .05. *p* = .06.

& Wallnau, 1992, p. 211). Such an outcome of a Type II error would be devastating to the movement to investigate areas of virgin theory using the quantitative paradigm.

The logic of hypothesis testing is integral here as well. The arbitrariness of significance level is mentioned in many texts: "set alpha = .05. There is nothing special about this number other than that it is commonly used . . . as a convenient benchmark" (Rumyon, Haber, Pittenger, & Coleman, 1996, p. 412) and "one is therefore not always being conservative by selecting a small critical region . . . the .05, .01, and .001 levels . . . there is nothing sacred or absolute about these levels" (Blalock, 1972, p. 162) are examples. In his highly respected advanced text, Winer (1971) made it plain that "the frequent use of the .05 and .01 levels of significance is a matter of a convention having little scientific or logical basis" (p. 14). It is often explained in these more advanced statistical texts that conventional significance levels

[do] not apply with equal force to all situations . . . [and] should not be turned into canons . . . [or] made a superstition . . . some departures from expectation stand out simply because they are interesting and suggest[ive]. . . . These are matters that warrant looking into further regardless of what the conventional rule says. (Hays, 1973, p. 385)

In addition, according to Winer (1971),

It is often difficult to evaluate the relative costs of Type 1 and Type 2 [errors]. . . . Both . . . may be equally important, *particularly in exploratory work* [italics added] . . . when Type 1 and Type 2 errors are of approximately equal importance, the .30 and .20 levels of significance may be more appropriate than the .05 and .01 levels. (pp. 13-14)

Based on the rationale provided, the ASC group by misorientation behavior group relationship (Table 3) is deemed reliable at $p = .06$. This relationship would appear to be of moderate size as indicated by a .32 modified Pearson contingency coefficient (Runyon et al., 1996, p. 592). Post hoc analysis reveals that the two cell frequencies of the incorrect orientation group are the only statistically significant ones: the d statistic (interpreted as a unit normal deviate or Z score; see Runyon et al., 1996, p. 594) = 2.34, $p < .05$, for the incorrect ASC orientation, uses exploitative means to earn a living cell; and $d = -2.34$, $p < .05$, for the incorrect ASC orientation, does not use exploitative means to earn a living cell (see Table 3).

DISCUSSION

The research has provided provocative findings in response to both explorational questions. The answer to the query, Is there a factor structure underlying the ASC scale for this personality-disordered population distinct from that found to underlie nonclinical samples? appears to be yes. Similarly, the question of differential commission of misorientation behavior between groups at different strata of the obtained factors was answered affirmatively in one set of analyses (Table 3), but startlingly not affirmative in another (Table 2). Elaborations and explanations follow.

Principal components factor analysis of the ASC scale yielded two factors for this population of crack cocaine-addicted males: Value for African-Centered Institutions and Relationships and Value Against Affirmative Africinity. As indicated previously, Kambon (1992) identifies four ASC indexes: (a) awareness of one's African identity and African cultural heritage and

seeing value in the pursuit of knowledge of self, (b) recognition of African survival and development as priorities, (c) respect for and active perpetuation of African life and African institutions, and (d) a resolute, uncompromising resistance to all things anti-African (p. 55). Factor 1 appears to be consistent with Index (c), and Factor 2 contrasts sharply with Index (a). There are three reasons why the emergence of this two-factor structure may indicate some kind of distortion in ASC for this personality-disordered population. First, because in theory (Baldwin, 1981; Kambon, 1992) the ASC construct comprises the four indexes just mentioned; second, because factor analytic research with nonclinical samples (Kambon, 1991; Myers & Thompson, 1994; Stokes et al., 1994) reports factor structures of the ASC scale consistent with these four indexes; and third, because it is asserted that "African Americans who are victimized by Eurocentric cultural/psychological oppression [i.e., sufferers of African personality disorder] . . . place little or no priority on any of the [aforementioned (a)-(d)] vital Africentric dispositions" (Kambon, 1996, p. 64), then this observed factor structure is best regarded as representing distorted rather than merely different or anomalous ASC. A factor structure obtained on a clinical population that reflects distorted ASC is more evidence supporting the construct validity of the ASC scale.

The question of the mechanism of ASC distortion for this population arises. For example, is the ASC of this population truncated or are the indexes of ASC disregarded, or both? Although not done in the present study, further probing of the subjects on the matters of ASC distortion either through ethnographic or Africentric clinical psychological analysis could have shed light on whether this distortion contains hostility that might be indicative of another disorder found in the Azibo nosology—anti-self disorder (Akbar, 1981; Azibo, 1989, in press; Baldwin, 1984; Kambon, 1992).

Given the nature of this population, chiefly their heavy exposure to and perpetration of Black-on-Black offensive behaviors, it is not too surprising to find evidence of distorted ASC. The phenomenal experience of these participants likely contains some degree of pro-self (self as African/Black) orientation amid a reality-based negation of African life and culture (as far as they [mis]understand it). Amos Wilson's (1990) analysis of the psychodynamics of the perpetrator of Black-on-Black violence supports this reasoning: "identification with the White supremacist . . . community is never complete, nor is . . . dis-identification with the victimized African-American community. . . . [The perpetrator] feels the common African American ambivalence more intensely than do non-criminal African Americans" (pp. 92-94). This is suggestive of a twist on the old "twoness" or "double consciousness" theme of DuBois, which may be peculiar to this type of population.

This seemingly odd factor structure, at first glance, is not odd at all, but consistent with ASC theory. ASC is the reference point for normalcy in African (Black) personality (Baldwin, 1981, 1984; Kambon, 1992) to which the Azibo nosology or diagnostic system of African personality disorganization is yoked (see Azibo's 1989 article and his in-press book, *Liberation Psychology: An Introduction to the African Personality Construct*). Self-destructive disorder is psychopathology captured in the Azibo nosology, and Africans who suffer from it are a clinical population. Therefore, under ASC theory, the factor structure of the ASC scale for this personality-disordered population should reflect some notable psychopathology or nonnormalcy. Such are the results of the present study, namely the observed two-factor structure.

As mentioned earlier, factor analyses of the ASC scale on general, non-clinical, noncollege samples of African American people have consistently produced factor structures that reflect Kambon's ASC theory. For example, Myers and Thompson (1994) reported seven factors, including (a) awareness/recognition of one's African identity and heritage, (b) specific activity priorities placed on self-knowledge and self-affirmation, (c) general ideological and activity priorities placed on Black survival, liberation, and proactive/affirmative development, and (d) a posture of resolute resistance toward anti-Black forces and threats to Black survival in general. The four factors reported by Stokes et al. (1994) were (a) personal identification with the group, (b) self-reinforcement against racism, (c) racial and cultural awareness, and (d) value for African culture. Thus, the factor analysis results of the present study, when contrasted with those of the typical African American community, provide evidence for the ASC scale's construct validity.

It should also be noted that possibly contributing to the factor structure is the sample size. Usually, when factor analysis is conducted, the desired sample size is 5 to 10 times the number of items in the scale (Stevens, 1996). Considering the 42 items in the ASC scale, a desirable minimum sample size would have been 210 rather than the 101 subjects available for this study. Although the possible impact of a small sample size cannot be ruled out, it is reasonable that because most of the subjects suffered from addiction and apparently self-destructive disorder, the psychodynamics attendant to their condition is what likely accounts for the obtained factor structure. Otherwise, there would be no plausible explanation for the theoretically consistent results as discussed above.

With regard to the misorientation behavior analyses, it would appear that Kambon's theory would predict that people with high versus low levels of ASC should differ from each other on involvement in behaviors related to

misorientation (e.g., selling illicit drugs, stealing, exploiting family and community members). By straightforward extension, it would seem to follow that for this population, a contrast between extreme groups on observed ASC scale factors would yield differences in the commission of pertinent misorientation behaviors. However, chi-square analyses revealed that there were no significant differences in the proportions of people in quartile one versus quartile four for either factor (Table 2).

It is possible that the data in Table 2 are telling much more than the absence of a statistical relationship between the variables. Instead, we speculate that these data may be revealing the overwhelming, all-encompassing pervasiveness of the negative Street Institution, which inferiorizes urban African American males, who are de facto sufferers of self-destructive disorder, or otherwise affects them (see Brown, 1965; Perkins, 1986, chap. 3; Welsing, 1991, chaps. 20, 21; Wilson, 1990, 1991). Because the Street Institution produces and reinforces self-destructive behavior, as Akbar (1981) defined it, the ASC or correct orientation (genetic Blackness plus psychological Blackness; Azibo, 1989) of these urban males may be (a) severely damaged and/or (b) distorted such that anti-community/self acts are not experienced as contradictions. (Dr. Bobby Wright's maxim is apropos here: "the only contradiction in the Black community is that there are no contradictions." It is the fact of misorientation that provides the basis for this maxim.) For any contradiction that might arise, the Street Institution has a rationalization. Therefore, there is adequate rationale that in this population, misorientation behaviors such as those used in this study are likely to be prevalent in any quartile group constructed from the factors. In addition, minimum and maximum factor scores in a population of people with self-destructive disorder are likely to be restricted toward the lower end of the ASC continuum. Whenever this is the case, the ranking of groups constructed using n-tiles is rendered precarious. In other words, if subjects are low to begin with, then what would high versus moderate versus low rankings mean? The general implication for community mental health and African personality theory is that investigating the role of the Street Institution in the disorganization of the African personality must be prioritized.

The history of addiction so prominent in the participants may be a contributing factor to the prevalence of misorientation behaviors as well. Perhaps a nonclinical sample would yield different results, as the trend in ASC research (Kambon, 1992) and African personality theory research in general (e.g., Azibo, 1991) suggests. Also, the data collected did not afford a glimpse at whether the quartile groups differed in the amount, frequency, or recency (or other pertinent quantitative variables) of misorientation behaviors.

Still, the ASC construct, as well as similar African personality constructs such as correct orientation (Azibo, 1989, in press) and the assumed propensities of own-race maintenance (Azibo, 1991) and organismic survival maintenance (Baldwin, 1981), is insistent that variance can be accounted for in theoretically interpretable patterns by variability in the degree of ASC as it ranges from lower to higher levels. (So compelling is this insistence in Africentric African personality theories that Azibo, 1996, has fashioned an empirical research approach that is built on it.) The chi square analyses conducted on the total sample (Table 3) support this theoretical position in that the group with the lowest ASC factor scores, the incorrect ASC orientation group, is responsible for the statistical significance of the test statistic. The post hoc analyses show specifically that the proportion of people with incorrect ASC orientation who use exploitative means to earn a living is significantly greater than chance expectation and that the proportion of people with incorrect ASC orientation who do not use exploitative means to earn a living is significantly less than chance expectation. This is exactly what would be predicted for people low in ASC: doing misorientation behaviors more, not doing misorientation behaviors less.

In contrast, the two groups with the higher ASC factor scores, the ASC orientation unclear and the ASC orientation correct groups, do not show proportions of people committing misorientation behaviors that deviate from chance expectation. The rationales advanced above for failure of the analyses conducted on the first versus fourth quartile groups to achieve statistical significance might also explain why the proportions of people committing misorientation behavior do not deviate from chance levels for the ASC orientation correct and ASC orientation unclear groups. Again, the population is a clinical one with a prominent history of addiction and great degree of exposure to the negative Street Institution.

It is theoretically acceptable that these two higher scoring groups do not show proportions of people using exploitative means to earn a living greater than chance expectation, although straightforward application (ignoring the fact of a clinical population) of Kambon's theory and Africentric African personality theories in general (Azibo, in press) would predict these observed proportions to be significantly lower than chance expectation. It is less palatable, theoretically speaking, although adequately accounted for by the rationales already cited, that these two higher scoring groups do not show higher proportions of people *not* using exploitative means to earn a living.

All in all, a clinical implication is suggested by the data. The ASC orientation correct group and the ASC orientation unclear group may be prime candidates for what Azibo (1990, in press) calls therapeutically

directed psychological Africinity development. This is to be contrasted with a calamity-induced transformation from misorientation to correct orientation/high ASC. Misorientation behavior in these groups might be contained or eliminated with enhanced ASC. The ASC orientation incorrect group—also in need of therapeutically directed psychological Africinity development—would likely require the most work of the three.

In anticipation of future research ushered in by this study, for purposes of nomenclatural consistency, the two factors found shall be labeled self-destructive disorder-ASC factors (SDD-ASCF). Future research investigating SDD-ASCF might determine if they are specific to self-destructive disorder or are associated with other psychopathology found in the Azibo nosology. (If so, then a more appropriate nomenclature would be in order.) Another important question is how will the disorders in the Azibo nosology relate to ASC. Relating psychopathology in the African personality construct to normalcy as depicted in the African personality construct has theoretical and applied community and clinical importance.

A noteworthy challenge presented by the ASC scale, especially for this population, is the wording and language of the items. Participants were asked to complete the scale on their own to minimize the probability of their responding to items in ways they felt would please the interviewers. However, given the relatively low average level of education within this population, the language of the ASC scale may have been too difficult to comprehend and the wording confusing for some. Thus, responses may not be entirely reliable.

Finally, that the ASC scale may present potential as an indicator of psychocultural mental disorders among African Americans must be noted, even though Kambon did not intend it for such use (indeed, Kambon has developed a cultural misorientation scale for this purpose; Kambon & Hopkins, in review). Often, measures are developed, applied, and/or standardized using college students, while other populations for whom the issues may be equally relevant are excluded. One reason for this exclusion might be the difficulty of reaching these populations. It is critical that Africentric psychometric tools be applied and standardized using broader populations, especially those experiencing disorders related to what the instruments purport to measure. Doing so would facilitate the beginning of more effective assessment and ensuing psychotherapy for many who desperately need it. Overall, with all things considered, especially the history of addiction and other misorientation behaviors exhibited in this population, it is evident that distortion in ASC exists in this population, and as argued elsewhere (Azibo, 1990, in press), restoration of ASC must be the ultimate goal of intervention and prevention at the level of the individual client. According to Kambon

(1996), this is achievable at the larger societal level by using “the appropriate approach to . . . preventive-intervention strategies [which] must involve the reconstruction and reinstitutionalization of Africentric institutions throughout all areas [including education, media, ceremonial practices, religion, economics, and politics]” (pp. 65-66).

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