The Nguzo Saba & Maat, a Path for Self-Reconstruction and Recoveredness: Exploring a Kawaida Paradigm for Healing Addiction in the Black Community

by

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Abstract

The disease of addiction significantly affects the national Afro-American community, however, the study of chemical addiction have focused basically on white male populations; and thus, ignoring issues such as ethnicity, gender, and/or the underlying causes of addiction within the Black community (Britt,2012; Sanders, 2002). The content and focus of this paper is to explore an Afrocentric value orientation; specifically the *Nguzo Saba* of *Kawaida* theory in reference to Afro-American communitarian development (Karenga, 1980, 1996, 1998) as a culturally grounded alternative source for engaging Afro-Americans with substance addiction problems. The premise is that by utilizing culturally centered principles; healing of addiction becomes more relevant to people of African descent who for whatever reason did not obtain a healing process through subscribing to the established order of a normative Eurocentric 12 Step program that contains cultural biases and conceptual matters in opposition to African philosophical thought and practice (Smith, Buxton, Bilal, Seymour, 2012). This study will also propose the use of the Afrocentric focus of the seven cardinal virtues of *Maat*; a cultural spiritual value system that along with the *Nguzo Saba* reinforces and reaffirms each other as a guide for thought and behavior (Karenga 1990 & Gilbert, 2012). And additionally, it will consider the residual effects of psychosocial trauma stemming from the holocaust of enslavement experienced by people of African descent in America which plays a fundamental role in the psycho-cultural dysfunction of some afflicted by drugs and alcohol abuse in the Afro-American community (White, Sanders, Sanders, 2006: Schiele, 1996), with a look at the internalization of self-hatred stemming from oppression, (Williams, 2012; Akbar, 1987; Moore, et al, 2003; Bell, 2002; Gilbert, 2012). And finally, this work seeks to add a broader realm of therapeutic cultural intervention methods and prevention oriented socialization education in human services to care for addiction while self-consciously challenging the problematic matters of the 12 Step programs as it relates to Afro-Americans healing from addictions, and thus, contribute to the continuing relevance of Afrocentricity as a context and methodology for establishing paradigms for people of African descent that can aid personal and community healing and liberation.

Introduction

The problematic of addiction as a disease significantly affects the national Afro-American community, however, most studies of chemical addiction have focused basically on white male populations; ignoring issues such as ethnicity, gender, and particularly in regards to the underlying causes of addiction within the Black community (Britt,2012;Sanders, 2002). Moore, (2001) reports that data from the National Institute on Drug Abuse (1998), illustrates that there exist significant disparities in the usage of drugs and alcohol by Black people in comparison to white people. Black people have lower numbers for usage, yet they are being suspected arrested, indicted, convicted, and incarcerated at higher rates than white people. The statistics cited by Moore (2001) show that while substance abuse use among Afro-Americans exist, the usage among white populations is greater, and that in the Afro-American community this disease manifest itself in more destructive behaviors and in part because of a continued and systemic state of oppression dictated by the established order. And ironically, the Drug Policy Alliance, a New York City-based non-profit organization which aims to end the American "War on Drugs" via the decriminalization of responsible drug use, the promotion of harm reduction, and treatment in response to drug misuse, and the facilitation of open dialog about drugs between youth, parents, and educators reports on this legally sanctioned abuse of authority upon the Black community in its *Race and the Drug War,* (2013) document stating that:

> African Americans comprise 14% of regular drug users, but are 37% of those arrested for drug offenses. The drug war has produced profoundly unequal outcomes across racial groups, manifested through racial discrimination by law enforcement and disproportionate drug war misery suffered by communities of color. People of color are far more likely to be stopped, searched, arrested, prosecuted, convicted and incarcerated for drug law violations than are whites. Higher arrest and incarceration rates are reflective of a law enforcement focus on urban lower-income communities of color as well as inequitable treatment by the criminal justice system. We believe that the mass criminalization of people of color, particularly young African American men, is as profound a system of racial control as the Jim Crow laws were in this country until the mid-1960s, (P.1).

In response to the above societal malady, this paper represents the initiation of an exploratory analysis of the *Nguzo Saba*; the seven principles of *Kawaida* theory (an African communitarian cultural and social change philosophy); the Pan African holiday of *Kwanzaa*, and Afro-American communitarian discourse and development created by activist-scholar Maulana Karenga (Karenga, 2002, 1998, 1996, 1980) as a source for engaging issues related to Afro-American substance abuse problems and its eradication.

The premise is that by utilizing culturally centered principles relevant to people of African descent who for whatever reasons do not find a therapeutic value in the normative 12 Step programs of Alcoholic and Narcotics Anonymous that offer a set of guiding principles (accepted by members as 'spiritual principles,' based on the approved literature) outlining a course of action for recovery from addiction, compulsion, or other behavioral problems originally proposed as a method of recovery from alcoholism that in short involves: admitting that one cannot control one's addiction or compulsion; recognizing a higher power that can give strength; examining past errors with the help of a sponsor (experienced member); making amends for these errors; learning to live a new life with a new code of behavior; and helping others who suffer from the same addictions or compulsions. Consequently, a person can possibly find therapeutic value and purpose in the specific Afrocentric values of the *Seven Cardinal Virtues of Maat* which consist of truth, justice, propriety, harmony, balance, reciprocity and order; hence, a cultural spiritual value system that along with the *Nguzo Saba* mutually reinforce and reaffirm each other as a guide for thought and behavior (Karenga 1990, 2010; Gilbert, 2012). For this reason, the emphasis on culture in this work is due to the view that the above mentioned 12 Step program as a system contains cultural biases and conceptual matters that are in the opposition to African philosophical thought and practice, and therefore, an Afrocentric theoretical construct provides an alternative way of understanding the challenges of human addictions or compulsions (Smith, Buxton, Bilal, & Seymour, 2012).

Consequently, Afrocentric theory emerges as a cultural, intellectual, and practical movement of Black people seeking justice and liberation from the hegemony of Eurocentric worldviews, and white supremacy, and thus, Afrocentricity (the Afrocentric process) locates African people at the core of our development wherein self-realization is found and decision making is self-directed to influence phenomenon in the life of Black people in the arena of cultural expression and progression (Pellerin, 2012; Gilbert, 2012; Mazama, 2003; Karenga.1996, 1998, 1980; & Asante, 1988; 1987). And in this way, liberation from a *Kawaida* philosophical framework provides a theoretical and practical context based on a central *Kawaida* position regarding the *Black Cultural Revolution*, which asserts that "that the key crisis in Black life is the cultural crisis," hence, a crisis in views, values and behavior; and thus defined and articulated in a *Kawaida* theoretical context as (Karenga, 1980, p.17):

> The ideological and practical struggle to: 1) transform the cultural context in which people live; 2) transform them in the process, making them self-conscious agents of their own liberation; and 3) build the institutional base to sustain and constantly expand that transformation. It implies and necessitates revitalizing, creating and recreating culture" (Karenga, 2002, 1998, 1980).

The positions of this writer is affirmed by Ongoza-Sullivan (1993) and Nobles (1974) in their assertion that "the role of African practitioner in any field is to assist with the re-Africanization of our people to help- resurrect, reclaim and create African culture and the African personality", (p.6). And finally, *Kawaida* theory as a philosophy of cultural and social change paradigm has been from its beginning, the underpinnings upon which the *Black Cultural Revolution* was developed (Karenga, 2002) and embraced as a concept and practice and therefore an essential tool for countering the effect of cultural-psychosis, a process I define as:

> The demonstration in one's behavior a fundamental derangement of the mind, body, and spirit; characterized by a significant lost with reality in the form(s) of reoccurring patterns of aberrant thought, emotions, speech, and conduct, that is antithetical to the best practices in the development of Black family, community, and culture (Kalonji, 2013).

With that in mind, there are several assumptions to clarify. First, an assumption is that the Afro-American history of oppression from the beginning of the holocaust of African enslavement in America to current time plays a fundamental role in the psycho-cultural dysfunction of some Afro-Americans, which includes the abuse of drugs and alcohol (White, Sanders, & Sanders, 2006: Schiele, 1996). Secondly, the internalization of self-hatred stemming from the results of systematic oppression, and obviously, the detrimental influence it has had upon its victims (William, 2012; Akbar, 1987; Moore, et al, 2003; Bell, 2002; Gilbert, 2012). Hence, Williams (2012), convincingly argues that in regards to substance abuse, Afro-Americans have also suffered from physical, psychological and spiritual injury because of enslavement, and thus:

> The short-term relief one achieves from the use of alcohol and other drugs seduces many African Americans who are looking for a way out of the stress, frustration, pain, pressure and sense of hopelessness associated with continued oppression and the absence of opportunity, which has resulted in a culture wide condition known as PTSS - Post Traumatic Slavery Syndrome (p.2).

Therefore, according to Karenga (31 July 2014), Frantz Fanon's analysis of victim pathology is relevant to African people who do not self-consciously resist their oppressor and therefore, ultimately *deny*, *condemn*, *deform*, and *mutilate* themselves in varied ways to escape the pain and stressors of oppression. In this view, it is my contention that substance abuse is a form of self- condemnation, denial, deformation, and mutilation, and thus a manifestation of Black people acting out the oppressor's views and values upon themselves and the larger community, representing a cultural psychosis involving a loss of contact with reality that usually includes false beliefs about what is taking place or who one is (delusions), and what is our life's purpose and function.

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Cultural-psychosis as cited above is arguably manifested through substance abuse as a form of internalized oppression, i.e., behavior reflective of self-hatred; for there is no clinical, psycho-emotional, spiritual or other rationale that can make sense of, or right from one engaging in self- destructive behaviors of any kind. Whether the addiction manifest as use/abuse of drugs and alcohol, excessive eating, sex, or other high risk behaviors that can result in harm and eventually death; what is known generally throughout the human services disciplines is that when one (or groups of people), experiences psycho-emotional trauma, more often than not, the afflicted/addicted person(s) is seeking to escape the pain, fears, and other negative feelings and thoughts associated with the experiences that created their psycho-emotional stressors (William, 2012; Gilbert, 2012; Akbar, 1987; Moore, et al, 2003; Bell, 2002).

Consequently, it is not unlike the results of research by San Diego Black Health Associates regarding underlying reasons that some Black men resist getting health screenings and subsequent treatments for real or assumed ailments with regard to physical and mental health. Through focus groups and survey methodology, the agency (San Diego Black Health Associates) identified thirteen historical fears and barriers to personal wellness among Black men that crossed several generations and socio-economic statuses of Black men which included societal generated problematic situations crouched in the context of institutional racism, such as: a "lack of culturally appropriate outreach & screening, excessive stress and hostile social forces, such as high unemployment, lack of insurance, shortage of consistent and accurate information, and incarceration and then community re-entry (San Diego Black Health Associates, 2014, p. 2).

Lastly, an additional position inherent in this research is that while Afro-American historical subjugation came and comes at the hands of the ruling race and class; it is ultimately Black people's responsibility to liberate themselves and build the world we yearn for and want to live in, and thus, becoming recovered from chemical dependency is not only a personal project, but it is also a communitarian project of cultural liberation with socio-political implications (Pellerin, 2012; William, 2012; Gilbert, 2012; Akbar, 1987; Moore, et al, 2003; Mazama, 2003). And as such, the conscious rescue and reconstruction of our community from the disease of addiction is important because generally, the oppressor's worst projection of the Afro-American systematically becomes some people's behavior. As Akbar (1992) exemplifies, often the image of the Black man is that he is trifling in character, lazy, immoral, shiftless, irresponsible, conniving and a sexual predator (p.22), and for the Black woman, she is often depicted as lustful, shameless, morally unrestrained and viewed in a drug induced context as a "crack cocaine whore" in the media (Carpenter, 2012; p. 266). However, in contrast, in a culturally centered approach to healing from the disease of addiction, the Black community can flourish and continue its historic task of putting forth its best image via ongoing social reconstruction in the struggle against negative and dehumanizing images projected on Black people in its varied forms implemented through a Eurocentric lens designed to blame the victims and disregard the perpetrators with the sanctioning of the ruling race and class as we urgently call for an Afrocentric cultural offensive (William 2012; Akbar 1991; Karenga 1980; Moore, et al, 2003).

Thus, the third assumption in this exercise is that the standard 12 Steps model for recovery contains defeatist ideas such as self-centeredness, powerlessness in controlling addictive behavior, and that a person will always be in recovery as oppose to reaching a point of being recovered (Narcotics Anonymous Basic Text, 2008). These are points of cultural resistance for Black people because its concepts are pessimistic from its Eurocentric initiation and exclusion of people of color, to its programmatic focus of a vulgar individualistic self-help group. Thus, there is a need for a more culturally centered alternative to the 12 Step program for the benefit of the Afro-American community in seeking recoveredness from addiction, (Smith, et al, 2012). And for that and other reasons, this review is self-consciously seeking to: (1) add a broader realm of therapeutic cultural intervention methods and prevention oriented socialization education in human services that deals with addiction while challenging the problematic matters of white supremacy, (2) contribute to the continued validity of Afrocentricity as context of orientation and methodology in conducting human service scientific research via the establishment of paradigms for people of African consciousness in their contribution to liberation and healing in the Black community (Pellerin, 2012); and (3) to provide a framework for Afro-Americans and other human service workers to learn how to more effectively serve the needs of their Afro-American clientele, a position that is in agreement with Robinson and Howard-Hamilton (1994) in their opinion that mental health counselors and other human service workers "should have a comprehensive theoretical scheme or model from which to operate. Our primary aim in this article was to provide at least one possible paradigm that could be used to enable counselors to work effectively with African American clients (p.10)".

Literature Review

In light of the above, documentation on the pervasiveness of drug and alcohol addiction along with other substance abuse in the national Black community is plentiful (Annon, et al, 1998**;** Bell, 2002; Britt, 2012; Moore, et al, 2003; Sanders, 2002; Smith, et al, 2012; Williams, 1996; White, Sanders, 2006; Race and the Drug War, 2013). Hence, each resource speaks to the long history of addiction and its impact upon the Black community. And while there is much agreement among authors on the issue of race, ethnicity, and the history of Afro-American oppression in its contribution to addiction; there are basically two schools of thought. First Bell (2002); Smith, et al, (2012) and Williams (1996) advocate the utilization of the 12 Step model as an all-exclusive means for healing Black addicts as they hold steadfast to using the Eurocentric 12 Step program model with the inclusion of some concepts relevant to the Afro-American experience such as the teaching of Black history, use of Black family reunions, and perhaps most readily referenced, the spiritual and social support of the Black church. And second is the presupposition that an alternative culturally centered orientation and methodology is required for holistic socialization/education and intervention purposes (Annon et al 1998; Brit 2012; Moore, et al, 2003; Sanders, 2002; White, Sanders, & Sanders, 2006).

This approach and the first has a common thread of agreement in that they both see a necessity for spirituality in the healing of addiction in the Afro-American community, and thus, the commonality of spirituality is a constituent component of African humanity as a social phenomenon crucial to the administration of addiction recovery and all psychosocial health issues of the human well-being (Akbar, 1992,1987; Annon, et al 1998; Asante,1992,1988; Bell, 2002; Britt, 2012; Gilbert, 2012; Harvey, et al, 2010; Karenga,1997, 1996, 1990a&b, 1980; Moore, et al, 2003; Oliver, 1989; Pellerin, 2012; Robinson and Howard-Hamilton, 1994; Sanders, 2002; Smith, et al, 2012; Wallace and Muroff, 2002; Williams, 1996; White, Sanders, 2006; Schiele, 2000, 1996). And in juxtaposition, Afrocentricity as a theoretical orientation and methodology has developed as a valuable interdisciplinary resource in various settings such as psychology, social work, education, political science et al, (Akbar, 1992,1987; Annon, et al, 1998; Asante,1992, 1988; Bell, 2002; Britt, 2012; Gilbert, 2012; Harvey, et al, 2010; Karenga,2002, 1997, 1996, 1980; Moore, et al ,2003; Oliver, 1989; Pellerin, 2012; Robinson, & Howard-Hamilton, 1994;Sanders, 2002;Smith, et al,2012; Wallace, & Muroff, 2002; Williams, 1996; White, Sanders, & Sanders, 2006; Schiele, 2000, 1996).

Finally, the literature is in unanimity with the multidimensional significance of the seven principles of the *Nguzo Saba* (unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, faith) engaging the question of these principles as a basis for thought and action that is critically needed for a comprehensive psycho-social healing in the Black community (Akbar, 1992,1987; Annon et al 1998; Asante,1992,1988; Bell, 2002; Britt, 2012; Gilbert, 2012; Harvey, et al, 2010; Karenga,1997, 1996, 1990, 1980; Moore, et al ,2003; Oliver, 1989; Pellerin, 2012; Robinson and Howard-Hamilton, 1994; Sanders, 2002; Smith, et al, 2012; Wallace and Muroff, 2002; Williams, 1996; White, Sanders, 2006; Schiele, 2000, 1996).

Theoretical Framework: Afrocentricity, Empowerment Theory & Reality Therapy

In this project, *Kawaida* theory as an Afrocentric theoretical framework is a suitable means as it has made multiple contributions to Black liberation has a preeminent theory in developing the Afrocentric movement (Karenga, 2002, 1998, 1996, 1980; Asante, 1988), and thus, it the Afrocentric approach remains the primary and most decisive methodological approach used in conjunction with other normative approaches to human services research and practice. This is not because of the invalidity of the Afrocentric approaches, but because as shown above and elsewhere, Afrocentric scholars have complimented the research protocols of others in the arena of reality therapy, rational emotive therapy, and empowerment theory (Moore et al 2003' Moore, 2001; Robinson, & Howard-Hamilton, 1994; Lord, & Hutchison, 1993). And in this way, I argue (Kalonji, 2013) that culture is a ground for centeredness which requires an African perspective at the beginning and throughout the process so that the deciding entity of inquiry and analysis can provide the best outcome in answering particular research questions; leading to the best strategies to implement effect and creative healing processes

Hence, Pellerin (2012) cites Mazama who contends that like Asante, a key point in Afrocentric research is "epistemological centeredness" which means placing African people as self-willed agents instead of objects of investigation (p. 150). And consequently, Afrocentricity or the African centered methodology are paradigms and intellectual categories that serve as a point of origin and departure in this exercise that can hopefully in its inception and final stages, contribute to the discipline of Black/Africana Studies and human services. And moreover, *Kawaida* theory as an Afrocentric framework provides an excellent philosophical underpinning for this discussion in at least three ways. First as an intervention in the crisis of views and values (Karenga, 2002,1998, 1980); second, via the *Nguzo Saba* (the core value system of *Kawaida* theory) which has put forth and taught the institutionalization of the seven principles (unity, self-determination, collective work and responsibility, cooperative economics, purpose, creativity, faith) as a communitarian value system essential in building and transforming the Black family and community, and third, the *Nguzo Saba* has a 49 year history involving the utilization in various organizations/programs throughout the United States and in international Black community. And not in theoretical isolation, *Kawaida* theory via the *Nguzo Saba* (and *Kwanzaa*) stands in line with the theoretical approach of Empowerment theory (Lord and Hutchison, 1993) which contention is that "increasingly, empowerment as a human services theory is being understood as a process of change" (p.3) and therefore, empowerment occurs in a personal, group, and community context (Lord and Hutchison, 1993).

In my view, empowerment is a process involving the experience of gaining control and influence in personal daily life and community, participation in a collective context while doing what is good and productive, according to the image, interest and well-being of Black people via a communitarian focus wherein a person is part of a community effort in contrasts to the western/Eurocentric ideal/practice of individual empowerment (Kalonji, 2013). And furthermore, in concordance with a communitarian focus, Mbiti (1992) argues that social interaction in an African sense is one of "person in community" rather than a person/individual isolated in a community (Kalonji, 2013). This puts forth empowerment theory elements that sustain a community ethos or psychology which contains as a fundamental goal, the idea of liberation to engage a collective self-definition; self-consciousness and collective personality of a people, as articulated by Karenga (1980). And notwithstanding, in our theoretical review, we can also incorporate reality therapy as a theoretical and practical approach as mentioned by William Glasser (Moore, 2001) that stress upon a recipients personal responsibility for thought and action in the "use of Afrocentricity with techniques of *reality therapy* as therapeutic bases for substance abuse treatment with a population of Afro-American male adolescents" (p.21). Hence, Moore asserts that:

> Reality therapy states that the individual can cease engaging in negative behavior only by accepting responsibility for his/her actions. The theory is based on two premises: (1) that the individual, to some degree, denies the real world around him and is therefore unable to fulfill his basic human need of loving and being loved and feeling worthwhile, and (2) when an individual has not been able to fulfill these needs in a healthy manner, he/she chooses a less beneficial way of doing so (p.24).

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As reality therapy is focused on the here and now, it is also a complementary therapeutic tool that reinforces Afrocentric theory and methodology; however, Moore (2001) maintains that "while the African American male may not be responsible for negative social, political, or economic forces that exert themselves upon him, he is responsible for how he reacts to his environment and the consequences of his actions" (p.25), reaffirming that regardless of the ruling race/class being responsible for Black people's oppression, it is Black people themselves as men, women, and our children who ultimately are responsible for their/our own liberation.

The Essentiality of Values & Afrocentric Therapeutic Intervention

There is no way to address the need for culturally centered ritual without discussing the necessity of value orientation in relation to lifecycle rituals (Kalonji, 2013, p.39), a position I support in order to incorporate Afrocentric intervention and healing of addictive behaviors. And whether or not one agrees, the 12 Steps of Alcoholics and Narcotics Anonymous is a value set with a prescribed method of orientation/indoctrination introduced in 1935 by Bill Wilson and Dr. Bob Smith in Akron, Ohio, white middle class men who via their immersion in the Oxford Group (a white Christian movement) invented the 12 Steps which didn't consider Black people as suffering (*or even white women for that matter*) from addiction at the time of their founding Alcoholics Anonymous (Hartigan, 2001). So the issue of value orientation is present, but the question is who's values, who's interest, and how do those values contribute to the quality of life of the community they seek to help from which they originate; and what are their values to other communities?

Hence, in dealing with addictive behaviors, the *Nguzo Saba* (the seven principles, first in Swahili and second in English) consisting of: (1) Umoja (Unity), i.e., to strive for and maintain unity in the family community, ethnic group, nation and planet; (2) Kujichagulia (Self-Determination), i.e., to define ourselves, name ourselves, create for ourselves and speak for ourselves; (3) Ujima (Collective Work & Responsibility), i.e., to build and maintain our community together and make our sisters and brothers problems our problems and to solve them together; (4) Ujamaa (Cooperative Economics), i.e., to build and maintain our own stores, shops and other businesses and to profit from them together; (5) Nia (Purpose), i.e., to make our collective vocation building and developing our community in order to restore our people to their traditional greatness, (6) Kuumba (Creativity), i.e., to do always as much as we can, in the way we can, in order to leave our community more beautiful and beneficial than when we inherited it, and (7) Imani (Faith), to believe with all our heart in ourselves, in our people, our parents, our teachers, our leaders, and, the righteousness and victory of our struggle (Karenga, 2002, 1997; 1996; 1990; 1980) are positioned as an alternative to the 12 Step system of confronting, curtailing, and eradicating addictive behavior. And thus, these seven principles are categories of commitment and priorities which define human possibilities via a value system that in an African centered context works as a moral minimum value system for Black people (and perhaps others) to rescue and reconstruct history, humanity and daily life in their own image and interests" (Karenga 1980, p.44, 50).

And in this specific discussion, we must note that many have offered the *Nguzo Saba* more so as a reference rather than as a concrete resource, leaving the principles in a vague and superficial march with one or two attempts at describing definitive concrete steps as to how to use the value system in a real and practical way. For this reason a real time and space practical application of the *Nguzo Saba* presented in a systematic manner is needed that can move into the lives of people and taking the results of research from a theory construct to practice in how Sanders (2002) argues in his paper on the response of African American communities to addiction. And in a methodological way, one can begin to work with identified addicted persons in initiating a series of focus group meetings where as the *Nguzo Saba* is introduced as a method of becoming recovered from substance abuse with the intent of the initial meetings to practice for formalizing the language, the process, and the protocol on how each principle of the Nguzo Saba is applied in the process of healing the addiction. And building heavily on the first, third, and fifth principle of the *Nguzo Saba* (unity, collective work and responsibility, and purpose), the group can come to a consensus with its language and therapeutic protocols with the assumption that consensuses on a collective identity level will assist in the self-sustainment of the group and its subsequent processes via the strength of the African collective ideal contributing life and longevity to the groups, juxtaposing the *Seven Cardinal Virtues of Maat*.

Consequently, in each principle/virtue there is an inherent guide toward the good and the positive with a spiritual quality and socially empowering attributes that integrates therapeutic elements for fostering productive growth and development. And accordingly, this method in a social and cultural change context also utilizes the *Seven Cardinal Virtues of Maat*, a cultural spiritual value system as such that the *Nguzo Saba* that consists of: truth, justice, propriety, harmony, balance, reciprocity, and order that requires one to practice, defend and promote its virtues. Accordingly, the virtues of *Maat* begins with truth and justice, essential elements in overcoming and overthrowing additions; journeys to propriety that requires proper behavior to enhance; moves to harmony in human relationships via a willingness to listen, hear and be responsive to others; enters the realm of balance wherein there is a measured approach to avoid excesses; point to responding to a rewarding kind/positive action with another rewarding action (reciprocity); and order, the last virtue relates to a disciplined life which suggest that without discipline there is no personal or community growth or development (Karenga 2010).

These seven aspects of moral excellence demonstrating positive human traits are foundational in understanding an Afrocentric model for addressing treatment and healing of addictive behaviors in the Afro-American community, and its absence in the 12 Step program of: admitting that one cannot control one's addiction or compulsion; recognizing a higher power that can give strength; examining past errors with the help of a sponsor; making amends for past errors; learning to live a new life with a new code of behavior; and the process of helping others who suffer from the same addictions or compulsions, may signal why it doesn't work for everyone, especially those in the Afro-American community who thrive culturally and spiritually when they are presented with a African derived system of values, i.e., the *Nguzo Saba*/the *Seven Cardinal Virtues of Maat* with their accompanying body of ancient and modern literature.

Consequently, the search for an African centered therapeutic framework for the Afro-American community must include the expansive and time-tested *Nguzo Saba*, and the *Seven Cardinal Virtues of Maat*, with their accompanying body of ancient and modern literature. And furthermore, it will address the challenge that in "prior studies indicate that African American drug users are significantly less likely than Euro American users to have received treatment for illicit drug use" (Annon, et al 1998), suggesting that there is indeed a need for culturally congruent resources to assist with the healing of addictions problems with Afro-Americans (Annon, et al 1998; Castro, & Alarcón, 2002); forged in the fire of a liberation struggle which places the challenge in resistance to the residual effects of white supremacist domination so it can empower Afro-Americans in their liberation from addiction in unity with their overall struggle for social and cultural revolution (community reconstruction) wherein cultural empowerment can initiate and promote psychological health and well-being (Akbar, 1992,1987; Annon et al 1998; Asante,1992,1988;Bell, 2002;Britt, 2012; Gilbert, 2012; Harvey, et al, 2010; Karenga,1997, 1996, 1990, 1980; Moore, et al ,2003; Oliver, 1989; Pellerin, 2012; Robinson, & Howard-Hamilton, 1994;Sanders, 2002;Smith, et al,2012; Wallace, & Muroff, 2002; Williams, 1996; White, Sanders, & Sanders, 2006; Schiele, 2000, 1996). Additionally, in terms of program development and evaluation, it is necessary to develop a monitoring system on the effectiveness of assuming an Afrocentric approach so one can actually become liberated from one's addictions which will ultimately require an African centered form of data collection and analysis that can be formatted perhaps such as a model like that suggested by Pellerin (2012) and Ongoza-Sullivan, (1993). And once a record of accomplishment has been established for this Afrocentric approach to substance abuse addiction treatment; it can be promoted so that African centered human services practitioners can utilize the principles in treating all forms of addictive human behaviors.

Conclusion

In summary, this paper presents a culturally centered activist project with liberation focused implications as it relates to internalized oppression resulting in self-destructive behavior and discourse on the development of Afrocentric intervention principles and virtues to assist Afro-American community members in addiction with their self reconstruction and full entry into the productive life of the African American community. Thus, this work represents a strength based approach to locating Black people as the subject of our own inquiry rather than as the object of others analysis with cultural authority and authenticity in line with the historical record of *Kawaida* views and values, and an African centered orientation and methodology that can argue the validity and applicability of Afrocentricity in the face of Eurocentric opposition that promotes intellectual and philosophical suicide by others so they can justify cultural dominance in the disciplines of human services and social sciences.

But nevertheless, an Afrocentric dynamic of principles via the *Nguzo Saba* and virtues of *Maat* can possibly move the Afro American addict beyond the 12 Step program to a program of liberation so rather than starting off with "I am an addict and I'm always going to be weak to dope"; the addict can embrace an Afrocentric program that is about uplifting life and affirming a new definitional criteria of living that involves being in unity, speaking truth, being self-determined, working collectively with family and community in balance and in proper orderly state while being fair and reciprocal in relationships with others.

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