

*Review Article*

**Clinical Psychology: The Khartoum School**

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**Abstract**

This is a review of the development of concepts and practices of mental health care in Sudan (henceforth referred to as the Khartoum School). An account is given of The Sudanese spiritual mental healing legacy which seems to have formulated the ethos of the Khartoum School. An exposition is then set forth of the founders of this school namely: Al Mahi, Baashar and Badri consecutively. Al Mahi as the grand founder is described as the pathfinder eclectically amassing the psychological wisdom of old Sudan Kushite culture, Greco-roman, Islamic and modern psychiatric sources.

Baashar is shown to have contributed furthermore, in indigenizing and Islamising the clinical concepts and practices of the school.

Finally, Badri is shown to have promoted the basic tenets of this school from islamization into spiritualization. The review concludes by explaining the Impact of the founders on research and practices of their students and actors involved.

**Keywords:** Clinical Psychology, Mental Healing, Al Mahi, Baashar, Badri, Tafakkur



## **INTRODUCTION**

There is no claim here that the Khartoum school of clinical psychology is superior or even different. It is just the story of a psychiatric discipline in our country as we had known and indeed taken part in. It could bear resemblance with similar stories from other countries- of which we may not be equally familiar.

## **DEFINITION**

This school is originally a Khartoum based culturally respectful, perspective of mental health conceptualization and psychological disorders management, initiated by three main founders (al-Mahi, Baashar and Badri) developed during the best part of the past century.

All the while it had helped inspire a broad base of Muslims clinical psychologists, psychiatrists and

institutions, prompt research and curriculum development, galvanize methods of psychotherapeutic intervention and indeed mould its followers towards a broader spiritually liberal model of mental health.

The founders dedicated their entire Professional life to build and elaborate their theory with missionary zeal.

Table 1 shows Stages of career development of the three founders, almost identical with a span of nearly always, one decade inbetween.

The school origin and development over the eight decades of the last century, the main ideas of the school kept at the backburner gently simmering on low heat, thus giving the school its sequential development, continuity, endurance and distinctiveness.

**Career Time Line /in Decades**

No		Decades			
		Almahi	Baashar	Badri	
1	<b>Birth</b>	<u>2 nd</u>	<u>3 rd</u>	<u>4 th</u>	
2	<b>BSC</b>	<u>4 th</u>	<u>5 th</u>	<u>6 th</u>	
3	<b>Felloship</b>	<u>5 th</u>	<u>6 th</u>	<u>7 th</u>	Middlesex CFB.Ps-vk
4	<b>clinic first clinic</b>	<u>6 th</u>	<u>7 th</u>	<u>8 th</u>	
5	<b>Public office</b>	<u>7 th</u>	<u>7 th</u>	<u>9th</u>	- V.C.Juba Univ
6	<b>chaired academic and professional societies</b>	<u>7 th</u>	<u>9th</u>	<u>10 th</u>	IAMP – IAIP 2017
7	<b>WHO</b>	<u>7 th</u>	<u>8 Th</u>	<u>8 th-9th</u>	
8	<b>HD(Head Depart mat)</b>	<u>7 th</u>	<u>9 th</u>	<u>7th -8th</u>	
9	<b>International Awards</b>	<u>7 th</u>	<u>8 th</u>	<u>10</u>	awards (2000–2017)

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stages of career development of founders almost identical with a span of Nearly always, **one decade** in between

**Table 1:** Stages of career development of the three founders (Almahi, Baashar, Badri)

**SUDAN IN BRIEF**

Since time immemorial the land of Kush, ancient Sudan (known historically as land of spirits\*\* (1 In Arabic), Herodotus; c. 484 – c. 425 BC; Strabo, 64 BC) or God’s land, embodied the longest expanse of the Nile (the longest river in the world). In the past the extensive banks of river Nile availed sufficiently fertile soil for human agrarian settlements relishing a diverse ecosystem of fauna and flora. Radioisotope investigations dated relics of human settlement back to the 13th - 8th

millennium BCE. Other DNA studies indicated that the indigenous Sudanese (Nubians of northern and western Sudan, Beja of eastern Sudan, Nilotics of southern Sudan, share the same genealogy. (2 In Arabic).

Arab migrations to the Sudanese red sea coastal region dates two thousand years back, following the disrepair of the ancient M’arib dam (Sadd) and eventually the fall of the Sabaean civilization of southern Arabia. The Sudanese Napata Empire is generally considered as the greatest in sub-Saharan Africa.

\*\*Around 800 BC, the Greek poet Homer mentions the Aethiopians, or Kushites, in the *Iliad* and the *Odyssey*. Homer said that the Kushites were “the most just of men, the favorites of the Gods”.  
\*\* In the *Iliad*. i.423, Homer wrote that Zeus went to Kush to banquet with the blameless Ethiopians.

Napata Empire began to Blossom mid eleventh century BC and survived for a thousand years. The most prosperous period of the Napatan Empire is represented in Egyptology by the 25<sup>th</sup> dynasty, particularly during the Pharaohship of Taharka 2 (690-660 BC) during whose rule extensive pyramids, settlements and temples were built, the remains of which can still be seen. Taharka is described in the Old Testament as the protector of the Holy Land. (E.g. Kings 19:9; Isaiah 37:9).

By assuming full control over the red sea, the Napatan Empire has played an important role in International trade connecting Far East to Egyptian ports thus interacting with Southern Europe via The Mediterranean.

With its vast agricultural and mineral wealth (gold and iron), the Napatan civilization developed a significant cultural influence, which was characterized by the Meroitic language that replaced the awkward hieroglyphic script with much simpler alphabets of 23 symbols including vowels which the hieroglyphic lacks. Medicine then, had flourished greatly where psychoactive

plants were commonplace for medical and spiritual necessities.

After the fall of Kush, the Nubians formed three Christian kingdoms of Nobatia, Makuria, and Alodia. Trade and mutual migration between these Christian kingdoms and Muslim Egypt were regulated by an agreement given the name 'Pagt' (ie Pact). Gradually these Sudanese Kingdoms degenerated until around 1500. Between the 14<sup>th</sup> and 15<sup>th</sup> centuries, most of Sudanese midlands were gradually settled by prosperous Arab pastoralists and their allies.

The Subsequently established Islamic Sennar Sultnate was effectively the most dominant authority in the Sudan From the 16<sup>th</sup> to the 19<sup>th</sup> centuries During which A plethora of Islamic religious centers sprung in various regions in the country, where the prosperous local communities spent their 'Zakat' (i.e. alms giving) to support healing centers attached to such community centers for the benefit of not only mental patients but also their families. Spiritual Healers were then well versed in Quranic sciences, as well as mental treatment regimens depicted in the cannon of

medicine and al Ghazali's 'Ihya Ulum al Din'

### **Language**

Arabic which is heavily laden with Quranic lexicon is spoken with varying degrees of proficiency all over the country. In addition to 100 languages and vernaculars are still in use particularly in the far eastern western and northern Sudan, all of which invariably also use same Quranic lexicon. Thus in this respect Islamic culture in Sudan is homogeneous.

Islamically laden content of spoken Arabic language and its common place vocabulary in Sudan are conceivable to all, irrespective of level of education.

In 1821 Mohamed Ali Al Kabir, The ambitious Albanian soldier (then governing Egypt), invaded Sudan, looking, as he puts it, for gold and men.

Despite Alkabeer's modernization attempts which included introduction of modern schooling and the Hanafi Mazhab 'School of jurisprudence' the country gradually degenerated in corruption and disrepute thus paving the way for a nationwide Islamic revolution this time led by imam al Mahdi in 1881 who enabled the Sudanese people to

regain their independence for the subsequent 18 years to be reinvaded once again by, effectively, the British for 67 years during which some more modern schools were built.

Afterwards graduates of these same modern schools' led the twentieth century national liberating movement in the country thus regaining independence relatively peacefully in 1956. First medical school built by the British was built in 1924, following which specialized psychiatry was introduced for the first time.

Though politically emancipated the country had since independence and until now plunged in the usual vicious circle of: ineffective democratic governments: military rule, public discontent: popular uprising and back again so called democracy.

Our founders all educated in British built schools helped introduce psychiatric education and practice, yet people at large remained faithful to their mental healing legacy and inherited wisdom even in modern psychiatric settings, as shall be explained later.

**Khartoum in brief**

Khartoum is the capital of Sudan. With a population of 8.8 million, its metropolitan area is estimated to be 390 square mile; the largest in Sudan. It is located at the confluence of the White Nile, flowing north from Lake Victoria, and the Blue Nile, flowing west from Lake Tana in Ethiopia. Khartoum is a tripartite metropolis: Khartoum proper, Omdurman and Khartoum North.

**Structures of current Sudanese Psychology Today**

Until the 1970s there were only seven tertiary institutions in the country. Presently there are a total of 155 universities and university colleges in the entire country many of which have psychology departments and About 35 offer even graduate degrees in Psychology. Nearly 32% of psychology graduates now specialize in clinical and counselling areas. Ministry of health employs about 11% of clinically oriented psychologists (3 In Arabic). Laws regulating psychotherapy professions in Sudan which are now part of the broader act of medical and health professions enacted in 2010.

Medical education in Sudan which started in 1924 consists presently of

more than fifty tertiary institutions offering MBBS PROGRAMS in which psychiatry courses and training are mandatory. Sudan medical specializations council offers doctorates in psychiatry. In 1966 Professor Baashar chaired the first international psychiatric conference to be held in Khartoum. In 1971 the first specialized psychiatric hospital was inaugurated, which has incidentally hosted the third African Psychiatric Conference in 1972. All the while the aforementioned religious and healing centers maintained their independence and continued their private social welfare services to their surrounding communities. They still provide healing for the mentally sick many times fully and sometimes partially.

In Sudan the influence of healing wisdom had been so strong that it helped create a remarkable rapport between modern psychiatry and traditional healing. Tradeoffs between the two institutions' seemingly rival mental health services proved to be successfully complementary.

## **MENTAL HEALING IN SUDAN: THE HISTORICAL LEGACY**

Mental healing centers were usually, until fairly recently, part of wider religious centers where most social welfare services are undertaken (e.g. mass congregations are held five times a day, major religious festivities regularly arranged, Zakat(alms) is distributed, elementary and Quranic schooling is available full board, marital ceremonies are blessed and celebrated, family disputes are settled and group conflicts are arbitrated.

Sadly due to the more recent discovery of commercially feasible gold, oil and other reserves, Sudan was forced into a wider global hegemonies' grab for geological resources resulting in desertification and proliferation of light arms. Religious centers and tribal leadership have lost some of their time honoured influence as agents of social order, though many 'Maseeds' (Healing centers) still persist as healing centers.

### **Ethos of healing centers:**

In these healing centers, Quraan and Sunna (Sayings of the prophet) are the major sources of conceptualization regarding aetiology,

symptomatology and treatment regimens.

Five pillars of Islam is commonplace knowledge. Faith healing is based primarily on remembrance of basic simple tenets. Therapy is firstly to retrieve basic tenet to patient consciousness.

Faith healers are well versed in the provisions of Avicenna's (Ibn Sina's) Canon and Al Gazali's "Ihya Ulum al Din".

Like Avicenna (Ibn Sina) their classification of mental disease include mainly "*al Reeh al Ahmar wal Azrag*" squarely corresponding to what we call now psychoses and neuroses (1),(2).

Modern Psychiatric Treatment regimens are potentiated by the rapport maintained with the trusted sheiks. All are housed in a guarded religious community where almost all patients are expected to perform ablution, join Jamaa prayer (Mass congregation) as part of the treatment regimen. Patients and their relatives are usually hosted where modest accommodation and food are freely served. Patient's diet is regulated.

Direct treatment includes *Rugia* (verbal incantation) and



*Mihaya*(written incantation) many times with quick fix therapy effects.

Most importantly observation of prayer, fasting and the recitation of Quranic verses are carried out collectively enabling the Maseed nursed patients to restore normal functions by group effect. Patients are kept under close observation where patients are gradually introduced to certain duties in the Maseed community reminiscent of modern occupational treatment. (4 In Arabic)

**So the healing processes here include:**

Regular session with the sheikh (the spiritual mentor) including the first diagnostic session in which co patients are involved;

Insisting on physical hygiene: “Using water for Tahara (cleanliness) and ablution”

Acts of worship done collectively;

Therapeutic sessions with the sheikh providing more solace and comfort (relatives involved);

Acts of worship (ablution, prayers and listening to Quranic recitation done collectively): group effect;

Sharing in the Maseed chores are reminiscent of Occupational therapy effects;

Patients are gradually introduced into wider community outside the Maseed;

Convalescent mental patients are encouraged to join the Maseed workforce such as receptionists, butlers, cleaners or muazin (callers for prayer) to mention but a few.

Ex patients at times become permanent residents of the Maseed’s town. Such towns are originally small villages growing into commercial hubs for wider rural districts.

Traditional Healing is not altogether without shortcomings; (5 In Arabic). Crude methods are at times used to immobilize dangerously violent inmates. The founder Psychiatrists helped develop fruitful partnerships with healing centers including the use of neuroleptic drugs for psychotic patients and ECT machines installed in healing centers with certified psychiatric technical staff where ECT treatment is prescribed by psychiatrists with acquiescence of traditional healers and informed consent of patients/co patients.

**Modern Psychiatry**

Our three founders seem virtually to have an identical cast of mind. How can this be explained?

Apart from the similarities in the field of academic and professional interest there are more profound factors (Familial, socio-cultural and educational) that had contributed to that semblance.

### **Family influence**

Our three founders all come from righteously upstanding and deeply religious families the values of which must have been ingrained in their tiny minds since early childhood. Raised with emphasis on values of duty and respect they excelled academically since childhood. Typically their generation was brought up in the form of bedtime fairy tales and riddles to uphold virtues of heroism hospitality and kindness. It was customary that the grannies constantly reminded their grandsons of the glory of their forefathers. The ancestries of our founders were nothing short of delightful stories to be told (3).

### **Sociocultural influence**

Aggregate ring-shaped Zikr (Remembrance of Allah) functions constituted recurring events regularly performed well past the dead of night around shrines and mosques of their families and immediate communities. They could customarily see all people, living collectively in closely knit

communities, performing collectively their prayers (Salat), Zikr (congregational remembrance of Allah) marital celebrations, Eid (Festival) congregations, and burial rituals. Such festivities included Open feasts where food is abundantly offered for all, no restrictions. As children they were expected to serve older folks washing attendees' hands and conveying large wooden bowls full of porridge to endless groups of feasters.

Tea and coffee are then served, before feasters depart, turning back each to his own abode some retire to their rich mansions, others to their shabby shacks. An egalitarian classless life, where all are equal: rich and poor. Despite wealth inequalities between them, all are of equal worth. It was narrated that Abu Mas`ud said:

“A man came to the Prophet and his voice trembled out of awe as he spoke to him. The Prophet said to him, “Be calm, and don't be dreaded for I am not a king. Verily, I am only the son of a woman who ate dried meat”.

A typical example of Sudanese village or neighbourhood at that time attunes to a commonplace saying of the prophet

known almost to all Sudanese “believers are like one composite body if one body organ suffer illness other organs follow”.

### **EDUCATION**

The founders so called secular education during primary, secondary and university schooling was regarded then as a privilege limited to high performers and fashionable families. They were genuine in their attempts to explore this challenging approach to knowledge with sincerity and critical thinking.

At the post secondary education they respectfully learned a lot. Appreciative of the contributions of their professors abroad, they were lucky to meet with great minds that were very receptive to their ideas which were in many cases very critical to the western epistemology.

### **ASSOCIATION WITH FOUNDING WORLD AUTHORS OF CLINICAL MEDICINE**

Our founders were lucky to have been trained with open minded founders of modern day psychology and psychiatry

**AL Mahi was a student of Sir Aubrey Lewis (1900 –1975), (founding professor of London institute of psychiatry and of Prof Eugene Bleuler who coined the term ‘Schizophrenia’**

BADRI was a student and fellow of [EYSENCK (1916 –1997); MEYER (father of behavioural case formulation), and WOLPE (1915 –1997)]. Badri said “I have lived with big names in Western psychology, such as Miller (1920, 2012) one of the founders of cognitive psychology, who also characterised anorexia nervosa, Arther Crisp (1930-2006), and Philip Vernon.

Our founders had nonetheless been disheartened by the then prevailing paradigms of abnormal and clinical psychology and made no effort to conceal their criticism.

Dissatisfied with what they have learnt, the inapplicability and inefficacy of their diagnosis and short-sightedness of modern psychiatric treatment techniques. The traditional healing centers were more popular for them. The founders started delving deeper in their original environment friendly, and culturally bound legacy. Quraan and Sunna were their main recourse.

Such factors may help explain the consistent uniformity in the founders’ original attempts to form more acceptable and effective models of diagnosis, prevention and treatment that are applicable to their spiritual culture.

So they invariably, availed themselves of Quraan and bracing Prophet Mohammed as role model, employed concepts and solutions of early Muslims scholars, and fell back on solutions from their own clinical experience.

### **Tenets of the Founders' school**

Firstly: The Western psychology ingredient.

Our founders liberally absorbed the theoretical framework of modern mental health sciences and seem to have been dismayed by the then dominant theory of psychoanalysis because of -as they put it- its unfounded presumptuous analysis, its indoctrinating therapistcentered methods and its inapplicability to their own indigenous culture.

For them behaviourism, though Professing experimental soundness, yet it was for them naively mechanistic. Contrariwise the cognitive approach appealed to them for being client centered and respectful of patients' consciousness.

They used CBT whenever they deemed appropriate in their clinical practice. Incidentally Malik Badri was primarily appointed by his mentor Baashar as a behaviour therapist at Khartoum North Psychiatric Clinic in 1969.

They used psychotropic drugs whenever deemed necessary, on understanding that its value is just supportive.

Maslow's theory of motivation (4), (5) supplemented at times by Dr. Frankl's insights (Viktor Emil Frankl (1905 – 1997) was for them an eye opener amidst the prevailing godless western psychology. For Badri Seligman's (2012, 2014) humanistic studies on motivation emphasized notions of happiness and good life thus triggering the present day concepts of transpersonal (6),(7),(8), positive psychology or even spiritual psychology.

Much earlier our founders were in their own way developing along similar lines and were indeed part of this metamorphosis of psychological theory.

What seemed to have caused the founders to develop their uniform school is two fold

They were guided by their own intellect and indeed their respect to their inherited culture. (9) (10). It was common sense then that mental patients prefer to go to their healing centers available then in most localities(11). They used their culturally respectful orientation, to scoop out all effective elements of the local culture that may help their practice

regarding aetiology, diagnosis and treatment of their patients' predicament.

Al-Mahi acted as the pathfinder for his equally inquisitive successors.

Liberal al-Mahi explored ancient Egypt's and Kush medicine only to realize that it was a branch of religion within the clerical system.

Al Mahi quoted Ibn Asad of Persia that the Greeks considered a physician as a healer and a teacher. It is evident that the perspective of the founders school emanate not simply from mere clinical experience rather from spiritual/metaphysical conceptualization of human life and social organization.

### **THE KHARTOUM SCHOOL SPIRITUAL 'PROVIDENCE'**

#### **ETHOS**

Al-Mahi was ceaselessly looking for orderliness and purposiveness of human life and mental health. This carried him to search resources and frontiers far and wide. He attempted to investigate in Kushite spiritual heritage, the Greco Roman philosophies and religions, primordial Zar practices,(12) and much

more deeply the vast Islamic spiritual heritage.

Being an ardent student of archaeology and ancient history, Al-Mahi's explorations lead him to decipher hieroglyphic scripts in Kushite remnants. **As figure 1** indicates his Arabic translation attempts to relate such scripts to the day to day Sudanese lexicon.

In 2018 Al-Mahi's son (Professor Ali Al-Mahi –himself a notable archeologist) published for the first time some documents written long ago by his father. Amazingly in those documents and in his own handwriting, Tijani Al-Mahi (The father) made attempts to decipher (both in Arabic and English) the Kushites hieroglyphic scripts apparently showing some of Kusites' upheld virtues. Figure 1 shows the following terms: obedience (الطاعة) resignation (التوكل), alikhlas (الاخلاص), modesty (التواضع) altowba(التوبة), self discipline (محاسبة النفس), asceticism (الزهد)self discipline (محاسبة النفس), love (المحبة) (13).

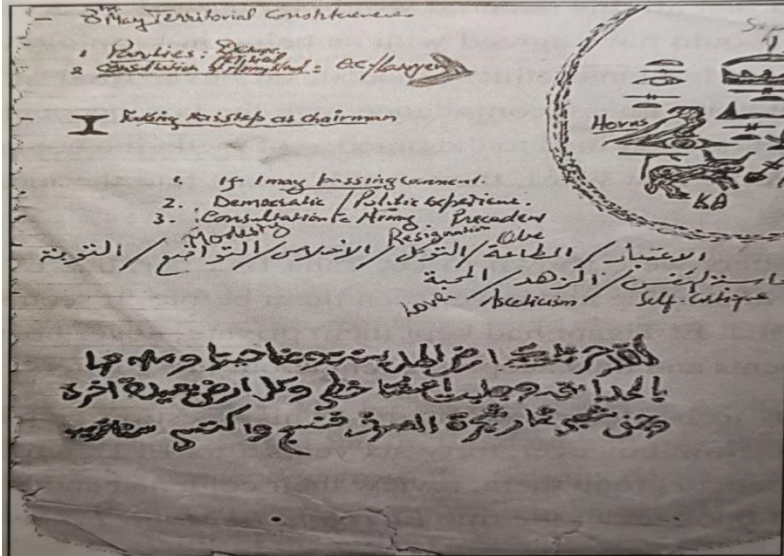


Fig.1:Al Mahi’s translation of Kushite’s scripts (Ali Al Mahi 2018)

Needless to say, that these Arabic terms designate the most celebrated virtues stated in the monumental books of early Muslims’ scholars copies of which are found in Al Mahi’s in his sizeable library including al Ghazali, Muhasisibi , Ibn Ghayim al Jawzia and al Harawi. The later describes altawakul as the apex of camelback hump of hearts’ actions.

ذروة سنام الاعمال القلبية

Al-Mahi wrote about ‘What makes a doctor’ stating that a doctor should be Eclectic, philosopher, Dedicated and companionate

Al-Mahi stressed adequate communication with patients utilizing their vernacular and lexicon.

**CHARACTER**

Our founders were invariably attentive to those golden rules of healing practices that they scooped out of early Muslims’ scholars writings such as the ones mentioned above. (A dedicated and qualified therapist is at the heart of the therapeutic process)

Ali al-Mahi recalls a curious event in which his father was involved... One morning a taxi driver pulled up in front of al-Mahi’s family compound and knocked the door, awkwardly when the Professor was in the middle of his morning chores, shaving his beard..Etc.The taxi driver unknown to

al-Mahi's family asked help to deal with his passenger, a lady who seemed to have fainted suddenly as they happened to be driving past the vicinity of alMahi's house. The driver explained that his safest option was to alarm the nearest physician known to him who, inappropriately, was no other than the well known al-Mahi. Not caring to finish the chores at hand al-Mahi hurried to examine the unconscious lady only to discover that she was truly in need of immediate intervention. To the shock of his son and even the taxi driver, al-Mahi jumped briskly into that taxi cab where the lady was still lying unconscious and shouted to the driver to speed off towards the nearest hospital two kilometres away. Arriving there al-Mahi jumped out of the taxi cab, shouting commands to the medical registrars on duty – all of whom were his juniors. The patient was transferred on the spur of a moment to the ICU. Other medical staff who realized embarrassingly, that the Professor at that moment, was in his indoor attires, half shaved. So as politely as was tactfully possible they hustled their Prof into the car and drove him back home. Later, they joyfully recalled that, "that day Prof had saved a life."

Badri's tribute on the memorial service day held on honour of Baashar (5 In Arabic). Include the following (In Arabic).

"Following the example of his mentor al-Mahi, Baashar availed all his day and evening for receiving his patient in Khartoum North Psychiatric Clinic (public clinic) and indeed at home even at awkward hours all free of charge, no fees required; contrary to the usual doctors' practice prevalent then, and even now, in which government employed doctors run their own private clinics alongside their public posts" (5 In Arabic).

Amazingly the building of that same Khartoum North Psychiatric clinic (now owned by Bahri general Hospital) was originally a rented house whose rent was paid fully by Al-Mahi, Baashar once said. <https://sudanyat.org/vb/showthread.php?t=3470>, (14)

The lives of his students (Baashar and Badri) are full of similar stories of selfless sacrifice for their patients, students and indeed their acquaintances at large.

In the course of half a century of contact with Professor Badri I have personally observed many aspects of Badri's

humanitarian, out of sight, assistance for many people. He had not been wealthy but he hardly failed to solicit funds permissibly for his philanthropic favours. Many youth sought his help to arrange for them, for example, successful and costly weddings.

Obviously the insight gained from their long and instructive journey of career formation which embodied protected parental upbringing, solid schooling, and compassionate societal values and to date graduate training and reverence to components of Islamic sources of knowledge. In Their Professional lives they have invariably reflected a strong sense of duty and altruism, exemplary humbleness, humility and joyful humour.

## **CONCEPT OF PROVIDENCE IS THE**

### **Characteristic of the Khartoum school**

It is a forgone fact that al-Mahi is one of the most widely read scholars in the literature of early Muslim scholars. He, interestingly, took special interest In Tafsir al-Tabari quoting him frequently. With his encyclopaedic inclination Al-Mahi could not have chosen a more

INSIGHTFUL interpretation of Quraan. Al Tabari is well known for his broad scholarly command of the disciplines of Arabic linguistics and literature, Hadith, Seera and various Quranic sciences.

For Al-Mahi al Tabari is an insightful linguist, historian and true to the book believer who is well schooled and as such a reliable source for interpreting the meaning of the Quranic verses the primary guide for spiritual well being. Spiritual virtues celebrated in his al-Mahi's writings (Sabr, Tawakul , Taobah, humility, sincerity, love, asceticism etc) may have constituted the ABCs elements of his therapeutic regimen of health psychology. Yet another aspect of providence in psychiatric care is Al-Mahi's position against the hospitalizing of psychiatric patients. He insisted in treating his patients in a day clinic and was avowedly opposed to hospitalization.

He established the present day Khartoum North Psychiatric Clinic in 1950 where he kept practicing up to his demise to be accompanied by his predecessor Baashar who in his turn appointed Badri as a consultant clinical psychologist in 1969.



True to his firm belief that psychiatric patients stand a better chance to recover enclosed in his family surrounded by his relatives than in a formalized unfamiliar atmosphere of a hospital. Al-Mahi established the psychiatric day clinic in Khartoum North Psychiatric Clinic his hometown as an outpatient service. All three founders worked in that clinic.

Al Mahi was a worldwide precursor in arguing for including native mental healers to serve as primary health care centers and to play a complimentary role. He started his service as the first farther of Sudanese psychiatry and arguably African psychiatry by creating a partnership with three major healing centers in Sudan (namely *Wad Badur of Umdubban, Abu Omer Al mikashfi of Shikaineeba and Al Jaali of Kadabas* all of which centers are still functionally operative more than half a century after his demise.

Al-Mahi used to share animatedly in *Zikr* sessions thereof. He was described as an attentive listener and as it was reported (always gives the impression that nothing said to him may rightfully be ignored(13).

Why he held markedly positive regard to Sudanese healing centers?

For him, these centers represented a continuation in almost all respects of Al-Razi, ibn Seena and Alghazali's traditions of treating mental disease(4 In Arabic). More studies can show the superiority of healing centers in more sophisticated parameters including community inclusion, Holistic Health and Functioning, Caregiver Support, though such centers may be lacking in other important parameters for lack of resources.

Public Psychiatric institutions are formal and impersonal. They cannot be said to provide equally sufficient providence.

The three founders were convinced that spiritual healing also include cognitive, occupational, group therapies and counselling techniques that are effectively reminiscent of the most sophisticated in modern clinical psychology practices(4 In Arabic).

Healing centers are not devoid of effective medication and nutritional regimens. They are the heirs of Ibn Sina and are versed in herbal medications prescribed in the canon of medicine and others. Herbal prescriptions mentioned in the classical resources including Canon of medicine are still well in use and are available in many apothecary

local attars' shops. Forms of Cooperation between our founders and healing centers are exemplary. Thus Umdawanban regularly referred SZP patients on regular basis for Neuroleptic treatment in Khartoum North Psychiatric Clinic

Al-Mahi refers many notorious anxiety and mood disorders back to the Sheikh. "Go back to your sheikh I have nothing for you here" al-Mahi is reported to have been advising such cases(13).

Upon request of some patients, Baashar has instituted twin ECT equipments. One was placed with complete medical and technical staff in Umdawan ban Mased. When Psychiatrists in Khartoum North Psychiatric Clinic undertake the diagnosis and ECT is prescribed and if the patient or relatives so wish, the patient received the ECT in Mased rather than in Khartoum North clinic. Patients used to say, superstitiously, that the Mased's ECT machine (has more Baraka) is more blessed and is therefore more effective than the one in the more modern Khartoum North Clinic.

### **Avicenna (Ibn Sina) psychopharmacology**

Several hundred substances and recipes from different sources are mentioned for treatment of different illnesses in the Canon(15). Sudanese spiritual healers are familiar with herbal prescriptions in Arabic medicine references including the medicinal plants prescribed in The Canon for mental disease.

Plants described in pharmacopeia include tranquilizers, hypnotics, sedatives, and stimulants plants. Examples include extracts of Borago officinalis, matricaria chamomillia, aloevera, Artemisia absinthium, iris germanichon, hordeu distichon, forula assa foetida anthumgranulens(16), (17).

Avicenna (Ibn Sina) prescriptions were sophisticated in that they take into account concentration, dosage, and are based on diagnosis of clinical picture of patients, taking into account age, gender, predisposing factors of patients, sex ratio of the disease, epidemiological characteristics, seasonal pattern of the disease(17). In Sudan, most of these herbs are available in Attar's (apothecary) shops.

One reason why Al-Mahi is called the father of African psychiatry is the successful Endeavour he ventured with his WHO colleague and deputy Professor Lambo of Nigeria a project which they called the “therapeutic village “. The two Professors agreed to replicate the Sudanese ‘Maseed’ treatment in Nigeria (18). They succeeded with astounding results regarding the quality and extent of mental health care therein. Such African efforts may be rightfully described as the harbingers of international health policy reforms. An example is :

The WHO Traditional Medicine Strategy 2014-2023 which purports to “Help health care leaders to develop solutions that contribute to a broader vision of improved health and patient autonomy”

The updated strategy for the period 2014– 2023 devotes more attention than its predecessor to prioritizing health services and systems, including traditional and complementary medicine products, practices and practitioners.

US Community psychiatry newer strategies to work on improving overall mental health are another example which states that US Federal legislation was important to the movement towards

deinstitutionalization. The U.S. Public Health Service has formed the Division of Mental Hygiene in 1930s.

In yet another different undertaking our three founders addressed another module of the indiginization of clinical psychology, namely Zar and tomborine. Baashar and El- Safi (the most ardent disciples of Al Mahi) have coauthored an analysis of alMahi’s two essays on Zar where their predecessor examined the therapeutic effects of this Ethiopian borne native treatment of mental disease. Professor El-Safi (A notable consultant anaesthesiologist) who has faithfully collated the Al Mahi’s works indicated that Al-Mahi took interest in the symbolic meaning of the archetypes of Zar (magamat), their accompanying accessories and their distinctive tunes (khoyut)(19).

BADRI and subsequently his students have in their own way examined the parallels between efficacy of Zar parties and modern psychotherapeutic modalities such as psychodrama and music therapy. Though in the turn of the last century Zar was rampant in Sudan it had gradually faded away and is no longer a treatment of choice(1).

### **Al-Mahi and Dreams interpretation as an example of Magic of Language**

It is common knowledge, according to Quranic lexicon, that there are three types of dreams. al ru'yaa (the Divine Rahmanic, the Evil Shaytanic dream, and Adhgath ahlam ie bunle or heap of grass – Tabari - ( part of the later could havevalue).

Al Mahi took interest in the memorably celebrated Sirin interpretations of dream not without eligible reasons. Though much publicized, Sirin book may not have been fully written by him rather edited by numerous sometimes unknown authors reminiscent of the present day Wikipedia. So much the better because this accumulation of interpretations reflect not only Sirin's precepts rather it reflects the collective mind of the people of his time. Thus arguably, Sirin's dream interpretation is partly culture specific.

It can safely be said that Sirin was primarily influenced by the Quranic lexicon.

Rayhan (Names of things in dreams surpass their denotation and point to their connotations) Al Mahi believes.

Al-Mahi had admirably stressed the importance of deep understanding of

Arabic lexicon, its art of eloquence morphology and grammar in dream interpretation. Pertinently, Al-Mahi has been so fascinated with the magic of language and words that he classified poetry and dreams as the same category of magic.

It took Sulaiman - a faithful student of Professor Badri- some seven years to complete this expansive study. Earlier In 2017 Badri evaluated that stage of preparation of Sulaiman's project and had this to say encouragingly (this study shall represent an intellectual lantern for generations of psychology students to come.).

Al-Mahi was not particular about using dreams in his clinical practice. The reason why he took interest in Sirin is perhaps two fold. Firstly, he celebrated Sirin to reveal the Islamic alternatives of the Freudian theory of dreams. Secondly, Sirin's Book of dream interpretation is prestigiously methodical in which dreams substance are lexically and semantically classified making it the most convenient manuals for apt practitioners. In Al-Mahi's in 1959 American lectures he must have taken pride in Sirin's alphabetic and subject indexation. In 1959 al-Mahi was invited

to the US to deliver scores of lectures in notable psychiatry departments and psychiatric clinics. His lectures took the American psychiatric circles by surprise(13)

A bewildered science editor of Salt Lake Tribune wrote “if you think Sigmund Freud and his followers were the original psychiatrists, here is news for you....dr. el -Mahi is now translating what is called”book of dreams written more than1000 years ago by a man named ibn sirin , anArabian” (Tribune, thusday april 9th1959)(13).

Al-Mahi’s intimate acquaintance with Quraan is evidenced by his daily hearkening for Quranic records and by his affectionate companionship with Sheikh Mahmood ( a famous recite) with whom he jubilantly attended hours of recitation retorting intermittently..ya salam..ie “How splendid”

### **Badri’s Islamization**

Badri subscribed appreciably to achievements of his predecessors in indigenizing and Islamizing psychotherapy in Sudan. He was always keen to acknowledge his debt to his

predecessors. On a memorial service of lateProf Baashar, Badri wrote:

“My first encounter with Baashar was when I was an intermediate school boy. I had incidentally been receiving treatment for infection in Omdurman hospital where he was a young physician. My recollection of him at the time was his broad smile that made me admire him immensely. That reassuring smile has never left him and has remained as the token of our brotherhood and friendship although our long relationship. ...

Modesty and respect were some of the Values he inherited from his blessed mentor al-Mahi. What made them giants in the field was their innovative ideas including respect to traditional healing centers at a time when such practices were considered by doctors almost unanimously as superstitious imposters Both Baashar and his blessed mentor were suspicious of hospitalizing mental patients , advocating instead day care treatment while involving patients’ families in the therapeutic process. I have accompanied him in many travels abroad and admired his god fearing piety and propriety of conduct observing his

regular daily prayers and small pilgrimage (*Sumrah* rituals)..

“In one incident we had been invited amongst other international delegations to a lavish reception in the royal palace of Haile Selassie (former) Emperor of Ethiopia. When Champaign was served the three of us Baashar, Radhi of Eagypt and I) abstained, to the surprise and amusement of HRH the Emperor who kept gazing in our direction almost without a blink of an eye.” (20).

However while acknowledging the influence of his predecessors Badri has by far maintained his own originality in his contribution to Islamize and indeed spiritualize psychotherapy the world wide.

Admittedly Badri started his clinical practice examining behaviourist methods while at the same time using his own self made islamically oriented cognitive therapy.

He used to say to his students if any psychotherapeutic technique works for you Islamize it. He afterwards advocated more sophistication of his CBT using ideas of early Muslims scalars including al Balkhi’s (6 In Arabic) which for him constituted a particularly elaborate ready

to use and systematic regimen. Badri wrote later that

“This book was translated to Norwegian by Dr. Arne Repal of the Norwegian Association of Cognitive Behaviour Therapy and published in 2015. The book is expected to change the whole history of modern psychology as Dr. Arne Repal documented. I was invited by this Norwegian Association to launch it in Oslo and in Bergen.”

However it could be said that Badri’s long journey of islamization has reached its maturity in his game changer “*Tafakkur*” one version of which is contemplation.

Here his insight is deeper on the Quranic conceptualization of the creation of the universe, life and man. And that helped him shape less ontological issues such as health well being, disease, treatment and indeed death.

For Badri this is perhaps how the entire narrative should start by the Quranic verses

“And (remember) when your Lord brought forth from the Children of Adam, from their loins, their seed (or from Adam's loin his offspring) and made them testify as to themselves (saying): "Am I not your Lord?" They

said: "Yes! We testify," lest you should say on the Day of Resurrection: "Verily, we have been unaware of this".

The implications here are vast for many things including mental health management

Allah is the creator and the sustainer. Allah has created man and endowed him with *Fitra* which is the wilful and knowing recognition of Allah as *Alkhalig* (the creator) and *al Razig* (the sustainer). Each individual member of mankind had testified their faith in Allah. Allah has created humans and jinn for the sole purpose of them worshipping him Allah has given man a precious gift and that is "life." Allah has given man another important gift and that is revelations that guide him to fulfill the sole purpose of his existence and that is to worship him. Worshipping Allah is doing what is beneficial for all and refrain from the harmful. Allah has

created man in body and soul and Allah has made it incumbent on his divinity to provide for the body and soul of man.

That is the core of Devine providence. Allah is Rahman and Rahim and he cares for his creation. He cares for man (more caring than a mother to her suckling baby.\*

I have a feeling that this coincides well with Farugi's account.

This is how Farugi puts it. The essence of religious experience

At the core of religious experience stands God.

The presence of God fills the Quranic's consciousness. Every Quranic action every Quranic thought as sublime obsession.

God is the core of Normativeness as Farugi puts it • Tawhid : The principle of metaphysics (21).

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\* See Al Bukhari (No.5999), and muslim hadith (No.2754)

“As creation it is teleological, perfect and orderly.

As gift it is an innocent good placed at the disposal of man

Its purpose is to enable man to do the good and achieve felicity”

Real life is not in this world it is in the hereafter. This is just a test session. The real life is eternal. This life is short. No matter how long it takes, it has an end.

But while man was enjoying his life in Jannah (Paradise), He, of all others, was ordained a free moral agent.

This is prestigious compared to other creatures such as Jinn and angels though this privilege comes with a price and that price can be very dear. It would entail hardship which needs resilience. It would entail accountability. That is his nature of being human; he is not an angel nor is he a devil. That is his nature. This entails responsibility and accountability. This entails disease and hardship for which he is advised to persevere.

Disease is one of these misfortunes which are part of possible human failings. Because that is what it is to be man. Either he is subject to it or he is not man but some other type of creation. But disease can be prevented by God but as a

test it could be a blessing in disguise. Bear it up you shall be rewarded. It is the difficult part of the test (*al ibtilaa*); the ability to tolerate such hardships differentiates between the good the very good and the excellent believer. Sickness is a test (*Ibtala*) whether physiological or psychological. We are required to seek ways to cure it.

### **Proposed protocol items on *Balkhi* based therapy**

Al Balkhi wrote Allah created medicine in this world but you have to look for it to discover it (6 In Arabic). Man has actually been able to discover curative drugs, behavioural and cognitive techniques. They can provide solace to the soul and peace of mind. Whatever is *Halal* ie permissible, use it as Badri puts it (if it works Islamize it). There is yet more discoveries of a lot more modes of cure, to come till the end of time. Such are Badri’s conceptualization of life, death, health and disease.

Badri proceeded to select relevant Quranic verses for therapeutic and soul sustenance contemplation. That selection is astounding (22).

The ultimate divine providence doctrine in Badri’s account.



Badri explains that Contemplation of these Devine Favours can generate a feeling of compassionate mercy and love. Such preoccupations may act as Reminders of the favours of god The Qur'an attempts to soften human hearts in many ways. One of these is by mentioning the grace and favours of God. Contemplation of these can generate a feeling of compassionate mercy and love.

Badri cites a few (Not all) glaring examples of divine providence as exemplified in some Quranic verses (5 In Arabic), (23), (24).

*“And He has created cattle for you. From them you derive warmth and numerous benefits, and of their [meat] you eat. (16:5) It is He Who sends down rain from the sky. From it you drink, and out of it (grows) the vegetation on which you feed your cattle. With it contemplation produces for you corn, olives, date palms, grapes and every kind of fruit. Verily in this is a sign for those who give thought. (16:10–11) He has made subject to you the night and the day, the sun and the moon; and the stars are in subjection by His command. Verily in this are signs for men who are wise. ....*

*And the things on this earth which He has multiplied in varying colours [and qualities]. Verily in this is a sign for men who celebrate the praises of God [in gratitude]. It is He Who has made the sea subject, so that you may eat thereof flesh that is fresh and tender, and that you may extract from it ornaments to wear...*

*And you see the ships on it that plough the waves, so that you may seek of the bounty of God, and that you may be grateful. And He has set up on the earth, mountains, standing firm, lest it should shake with you, and rivers and roads, so that you may guide yourselves; and marks and signposts; and by the stars [men] guide themselves. Is then He Who creates like one that creates not? Will you not receive admonition? If you would count the favors of God, never would you be able to number them, for God is Oft-Forgiving, Most Merciful. (16:12–18)”*

“It is essential to establish this strong uncorrupted faith in God before embarking on the spiritual journey of Islamic contemplation, for it will be a guiding light to the believer as well as a firm root preventing him from roaming astray. The Qur'an also uses other

arguments to guide the believers on their spiritual expedition. These are often powerful images that act like reminders for those who are still reluctant and have hardened hearts(25).

“The spiritual dimension in Western psychology, and argues that in the idea and practice of contemplation (*Tafakkur*) we have a powerful tool, linking the mind with heart and ‘soul’. Through contemplation, particularly in the reflection of God, we can reach deep into the psyche to bring solace and healing to psychological disorders afflicting mankind, and which are better thought of as a ‘sickness of the soul’.(25)

Badri indicates stressfully that *Tafakkur* is not another form of yoga. It is not similar to “the *vacuous*” transcendental meditation nor is it similar to the Freudian free association.

At this stage Badri’s psychology seems to present an innovative paradigm in handling mental disease perhaps not only for Muslims but also for people of other religious faith. It probably stands on the verge of directing whole areas of clinical research in psychiatric practice.

Badri seem to have added a new perspective for young psychologists and

for their future research proposals. *Taffakur* has the promise of paving the way illustriously for delineating themes as well as descriptive and prescriptive values in Quranic content. This would facilitate the processes of developing endless modalities of psychotherapeutic regimens to suit the endless varieties of cultures and disorders to suit the needs of patients not necessarily confined to the Quranic world. Of all Badri’s books contemplation may perhaps represent a precursor for revolutionizing clinical psychology research and practice at least in the Muslim world. Here Professor Badri comes close to initiating illustriously a movement to integrate faith with psychotherapy. This movement has gained tremendous pace in the west. Some powerful insights from the west are taking the lead. A glaring example is the heuristic book edited by al Karam (26):

In which Dr. Carrie York Al-Karam stated that

“Integrating the Islamic faith with modern psychotherapy is at the forefront of the spiritually integrated psychotherapy movement. To bring this work to wider attention and to promote its continuation”

Another equally important reference is Rothman's (27): *Developing a Model of Islamic Psychology and Psychotherapy: Islamic Theology and Contemporary Understandings of Psychology* (Routledge Research in Psychology) 1st Edition, Kindle Edition; which was assessed as follows:

“At a time when there is increasing need to offer psychotherapeutic approaches that accommodate clients' religious and spiritual beliefs, and acknowledge the potential for healing and growth offered by religious frameworks, this book explores psychology from an Islamic paradigm and demonstrates how Islamic understandings of human nature, the self, and the soul can inform an Islamic psychotherapy.”

Al Karam also wrote “Drawing on a qualitative, grounded theory analysis of interviews with Islamic scholars and clinicians, this unique volume distils complex religious concepts to reconcile Islamic theology with contemporary notions of psychology. Chapters offer nuanced explanations of relevant Islamic tradition and theological sources, consider how this relates to Western notions of psychotherapy and common misconceptions, and draw uniquely on

first-hand data to develop a new theory of Islamic psychology. This, in turn, informs an innovative and empirically driven model of practice that translates Islamic understandings of human psychology into a clinical framework for Islamic psychotherapy”

For me these writings may represent yet another example of the fulfillment of Sigrid Hunke's (1913, Kiel –1999) “Sun of Islam rises in the west “.

Badri (28) assigns three functions for *Tafakkur* as meditation as follows:

- Treatment to help treat mental disorders such as anxiety and mood dysfunctions
- Prevention. To help generate peace of mind to help prevention purposes
- Spiritual transcendence. Badri's scheme tackles the delicate area of what he calls “Shuhud”. Shuhud is scarcely explored in psychological inquiry.

#### **Treatment by *Tafakkur*:**

Why has Badri as a psychotherapist been keen to establish the basic and most simple meaning of *Tafakkur* as a tool for treating and indeed preventing disorders?

*Tafakur* is apparently the simple most practical exercise. It is naturally occurring effortlessly. It is perhaps the only boundless energy that defines

human cognition. It is nonstop. If unattended to, it ruminates in all states of consciousness. *Tafakkur* is one way of attending to it and using it rewardingly, just giving its ceaseless stream of rumination a rewarding direction. *Tafakkur* in Islam is one form of worship that is the easiest, affordable accessible and readily available exercise to do, anywhere anytime and in any condition. Badri is suggesting giving it direction. He is reminding us that the objects of *Tafakkur* are almost endless. No special level of education or even intelligence is required. *Tafakkur* is just one form of thinking and it is the one thing that cannot stop. All Forms of consciousness including sleep, trancelike states and comatose conditions may perhaps be conceived of as strings of thoughts. For Badri *Takakkur* (contemplation) is effective because it practically replaces ruminations and rightfully substitute vacuous free association and yoga.

In pathological conditions particularly in anxiety and mood disorders ruminations constitute a notorious problem that all therapists are keen to get rid of. Take for instance Depressive ruminations which represent almost 50% of top debilitating

diseases in the world. The mode of *Tafakkur* in Badri's account may perhaps constitute one powerful method to enable beleaguered patients to break an otherwise persistent vicious circle.

Questions for more deliberation: Is *Tafakkur* a process of indoctrination?

For Badri, *Tafakkur* for Muslims is just another way for illuminating components of one's own faith that may not be readily gathered in one's consciousness. *Tafakkur* for non-Muslims is not necessarily therapist centered. In clinical settings the therapist may best be advised to enrich rapport through genuine conversations (Whether there is a point in appreciating the possibility of awesome design and providence in this universe?). Badri's postulates have often been purposefully addressed to an audience more than Muslims. His monumental works on "alcoholism"(29) and "AIDS"(30\*), (31) have their global relevance to the international debate the world over. The titles like (The Aids Crisis: A natural product of modernity's sexual revolution) attests to Badri's "Psycho-socio-cultural" approach to global health issues of this "generation" of human society. One is tempted to draw parallels

between Badri's psychosocial approach and that of Toynbee's in his monumental '*History of civilization*'. The great British historian Arnold Toynbee explained it all in his book "A Study of History." He simply states that of the 21 civilizations throughout world history, 19 fell through atheism, alcoholism, drugs, materialism, pornography, liberal socialism, welfare mentality, uncontrolled immigration, promulgation of the "Big Lie" by big government, cheating and stealing and decline in morals. "Remember we threw God out."

#### **Tafakkur for prevention**

Regular Acts of worship For Muslims are for the worshippers own good not of any benefit to Allah, as Badri constantly reminds. The ordained five pillars of Islam are boosters of *Tafakkur*. (Praying five times a day, Ramadan Fasting, *Hajj and Zakat*). Badri reminds us of the Quranic verses explaining

*"O My servants, you commit sins by day and by night, and I forgive all sins, so seek forgiveness from me and I shall forgive you..."*

*O My servants, you will not attain harming Me so as to harm Me, and you will not attain benefiting Me so as to benefit Me.*

*O My servants, if the first of you and the last of you, and the humans of you and the jinn of you, were all as pious as the most pious heart of any individual amongst you, then this would not increase My Kingdom an iota.*

*O My servants, if the first of you and the last of you, and the humans of you and the jinn of you, were all as wicked as the most wicked heart of any individual amongst you, then this would not decrease My Kingdom an iota...*

*O My servants, if the first of you and the last of you, and the humans of you and the jinn of you, were all to stand together in one place and ask of Me, and I were to give everyone what he requested, then that would not decrease what I Possess, except what is decreased of the ocean when a needle is dipped into it.*

*O My servants, it is but your deeds that*

*I account for you, and then recompense you for. So he who finds good, let him praise Allah, and he who finds other than that, let him blame no one but himself" Tafakkur at the level of Shuhud*

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\*It is now published in Arabic by the International African University in Sudan, in Bosnian by el-Kalem publishers in Sarajevo, in Russian by the International Institute of Islamic Thought and in the press in Indonesian and Swahili. It is now sold online by the British Human Behaviour Academy.

The uniqueness of Badri's contribution is at its highest intricacy in his tackling of the concept of Shuhud in psychological dialogue.

As many Quranic scholars and ascetic sages have testified, worshippers who attain this level are the happiest of people. They secure the pleasure of God as well as tranquillity, blissfulness and blessedness in this world. For the Quranic reader who wishes to climb this spiritual ladder. This is reminiscent of Ibn Tufail's (7 In Arabic), Hay Ibn Yagthan (8 in Arabic).

For Badri *Tafakkur* is Not only a cure for the novice minds; But also a bidding for the expert to navigate the mysterious objects likethe Cosmic Laws and universe constants as Objects of *Tafakkur* for more sophisticated scientific contemplation.

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