

The Effectiveness of a Guided Repentance Module: A Qualitative Analysis of Psycho Spiritual and Drug-Related Locus of Control

Amin Al Haadi Shafie, Mohd Rushdan Mohd Jailani, Nur Fatini
Athilah Elias, Nurul Ashikin Ahmat Miskam, Mohd Khairi
Mahyuddin

Asian Center of Research on Drug Abuse, University Sains Islam Malaysia, 71800 Nilai,
Negeri Sembilan

To Link this Article: <http://dx.doi.org/10.6007/IJARBS/v9-i6/5936>

DOI:10.6007/IJARBS/v9-i6/5936

Published Date: 21 June 2019

Abstract

Due to the worrying relapse rates recovering addicts fall prey into regardless after receiving treatment and discharged from rehabilitation custody, an integrated psych spiritual module or specifically named Guided Repentance Module had been developed by researchers to curb this grappling relapse issue. Outlined in the this Islamic psych spiritual module are Islamic Sufism principles combined with interpersonal and intrapersonal elements, and is intervened by means of psycho-educational method delivery. Hence, this paper is undertaken to examine the effectiveness of a Guided Repentance Module intervened towards addicts, from a qualitative analysis of psych spiritual and drug-related locus of control, which act as the weightages in the module. This study employed an interview method with 38 participants from a selected rehabilitation center in Malaysia. The data collected is analyzed by using content analysis and several themes have been extracted from the participants' feedback. From the findings, with respect to drug-related locus of control aspect, there are three themes which are i) emotions control, ii) understanding the importance of support system and iii) relapse prevention strategies. Whereas, for psych spiritual aspects, five themes have been derived. They are categorized as, i) the enhancement of faith in God existence, His Power, His Greatness and dependence to God in recovery, ii) having positive reflection in God's fate, iii) the control of desire, iv) emulation of Rasulullah PBUH's characters and v) the heightened understanding about Heaven and Hell. Thus, it was concluded that Guided Repentance Module is proven as effective as their sense of locus of control is enhanced for them to be fully responsible on their behaviors and psych spiritual dimension is complemented accordingly as internal strengths for them to maintain abstinence in recovery.

Keywords: Guided Repentance Module, Integrated Psych spiritual, Islamic Sufism, Rehabilitation Centre

Introduction

Drug addiction refers to a form of relapsing disorder that is chronic in which there is a compulsive drive to misuse drugs and the self-control is said to be lost during the intake (American Psychiatric Association, 2000). To date, it has been reported by the National Anti-Drug Agency, Malaysia, NADA (2015) highlighting that the rate of relapse in Malaysia so far in 2015 was 6 379 cases in which the rate was the second highest after the year 2014 with 7343 cases. This fluctuating rate thus invites the many worries among Malaysians and of course calls out for more efforts in probing its contributing factors and the remedies to scale down this complex issue. Alleging this problem meticulously, the increase in the number of illicit drug consumption might trigger us to revisit what kind of treatments responsible parties have been using this far. We can only satisfy with the current treatments we have in Malaysia that focus on the Residential Therapeutic Community (TC), Methadone Maintenance (MM) and Outpatient Drug Free (ODF) (Nazar, 2013). Adam et.al (2011) asserts that the treatment and rehabilitation approach adopted by rehabilitation centers in Malaysia encompasses two main aspects, which are psychosocial, and the other one is known as "tough and rugged". The former treatment entails two significant parts, which are psychology and social. Psychological component emphasized on internal rehabilitation in the aspect of attitude, personality, value, personal behavior as well as methods of problem solving. On the other note, sociological approach pertains the external factors such as the improving relationship with individuals, group relations, family relations and community (Adam et. al, 2011). However, these treatments do need a room for improvement and focus since the relapse rate in Malaysia is considerably high up until now. Chiefly to note that this phenomenal relapse is usually happening among the drug addicts because they are not being diagnosed and treated according to their actual need in the anticipation of preparing their real readiness to change at the very early stages of intervention (Halim et. al, 2006; Najwa et. al, 2008). Due to the fact that drug abuse is a bio psycho-socio-spiritual disease (Hamad et al. (2016), the treatment of this disease requires the consideration on these aspects. Among the aspects concerned, spiritual aspect deemed to be treated in silence. Therefore, an integrated psych spiritual model has been developed by researchers to incorporate the treatment from psychological and Sufism approaches to address this issue comprehensively. While it is believed that practices of Islamic psychospiritual approaches could help inmates to strengthen their spiritual to be able to hinder from retaking drugs, this research may has proved the same.

Literature Review

Drug addiction connotes a form of relapsing disorder that is chronic in which there is a compulsive drive to misuse drugs (American Psychiatric Association, 2000). Another buzzword in drug addiction is relapse. Marlatt (1996) defines lapse as a drug addict consumes the prohibited substances after experiencing abstinence for a short moment. Slightly different, Marlatt connotes 'relapse' as a drug addict consumes the prohibited substances with the intention of abstinence yet being bound to consuming those peril substances back due to the addiction (Marlatt, 1996). With that note, it is obvious to conceptualize 'lapse' as a violation at abstinence level and considered as a process that prone towards a relapse.

Psychosocial treatment for substance use disorders is a broad "umbrella" term that folds a diverse array of non-pharmacological interventions for effective and global management of drug abuse (Anil et al., 2005). They can be applied at different phases of drug treatment to recognize the problem, treat it, and help with social reintegration (European Monitoring Centre for Drugs and Drug Addiction, 2016). According to Jhanjee (2014),

psychosocial interventions can be employed in various treatment settings either as stand-alone treatments or in combination with pharmacological intervention. In a research done by Pilling et al.(2010), psycho-social intervention can be in six forms which are motivational interviewing, contingency management, behavioral couples therapy, CBT-based guided self-help, behavioral activation and CBT for depression and anxiety.

The psychological variable locus of control (LOC), which evolved from Bandura's Social Learning Theory is recognized as a predictive factor in the onset and continuous use of substances among adolescents (Farhadinasab , 2008). LOC, which can be either internal or external, refers to the individual's beliefs regarding the relationships between action and outcome, and this explains how people actively deal with difficult circumstances in their lives (Halpert & Hill, 2011). Individuals with a higher internal LOC orientation believe that they will determine their own future because of their own actions because they are actively in control over what happens to them whereas those with a higher external LOC orientation do not expect to have any control or influence over their future and lives, believing that the outcome is a result of external or impersonal forces such as luck, prayer, fate or powerful others (Singh & Singh, 2011).

Psycho-spiritual treatment model is an approach that encompasses the essence of religion and spirituality into psychotherapy that has been widely employed for centuries in different areas and across religions (Nazrin & Rafidah, 2017). Mohamed and Mohamad (2008) divide psycho-spiritual treatment into two types, which are individual intervention and group intervention. Individual intervention involves the spiritual guidance, self- help, acupuncture and relation sessions and individual electric psychotherapy while group intervention incorporates community meeting, recovery group and religious group activities. Both are aimed to give religious counselling for faith revival and help the addict to balance both the cognitive aspect (beliefs) and the behavioral component (practices) into their daily affairs.

Indeed, the role of spirituality or Islamic religion assists in the healing of drug addiction (Seghatoleslam et. al., 2015). According to Christopher (2011) research has shown that spirituality and religion are protective factors and that can reduce substance abuse and function as mechanisms against relapse (Lynn, 2012). There is also an intrinsic relationship between substance dependence and spirituality (David, 1994). Religion has been associated with positive drug-related outcomes in a number of ways, such as altering behavior-influencing value or by functioning as external control factors (Flavio et.al, 2005). Studies show that people who believe religion is important are less likely to use tobacco, alcohol, and illicit drugs (Flavio et.al, 2005).

As the core of religious practices as mentioned, spiritual aspect must be the key. Specifically on Islamic spirituality, it simply pertains to the fact that it is not only transcends the dualism of spirit and matter but it is the nucleus of its integrated and unified concept of life. According to Nasr (2008), this spiritual core is the deepest center of the person. It is here that the person is open to the transcendent dimension and the person experiences ultimate reality. In this sense, the spiritual motivation is always within us as an innate aspect of our being, and its fulfilment is our ultimate objective of our lives (Utz, 2011). Utz (2011) further extends that those who fail to achieve this objective will experience feelings of emptiness, despair, anxiety and dread. This motive or drive compels us to reflect upon God and His creation, our purpose in life and our final destiny. It dictates us to the knowledge of Allah swt as our Creator and Sustainer and to worship and thanks Him for the blessings that He has bestowed upon us. This is connected to the concepts of Fitrah and iman that are epitomized

from heart (Qalb) in which Allah has put it in the position of humans' centrality and quiddity (Al-Attas, 1995).

Meanwhile, integrated elements of addiction treatment in Islam do not silent in talking about the role of social support in recovery process. Theologically speaking, a Muslim is both personally responsible to God and also part of the wider Muslim community (Ali, 2014). Nasr writes: In the debate between those who claim the primacy of society and those who emphasize the primal significance of the individual, Islam takes a middle course and believes that this polarization is in fact based on false dichotomy. There is no society without the individual; nor can the individual survive without society (Nasr, 2002). Hence, social support is among the factors that have a special role in maintaining the withdrawal of drug-dependent people (Davis & Jason, 2005). Taylor et al. (2007) argued that social support is generally a concept in which someone receives help from nearby persons to solve the problems he or she has encountered. Lee et al. (2004) defined social support as the strongest device to cope with chronic illness and tensions that make it humble and easy to encounter the problems. Atadokht et al. (2015) revealed that perceived social support from family and the family expressed emotions predicted 12% of addiction relapse. Research showed that positive factors such as family support can help the addiction cessation and also, providing tips and information (support information) raises drug-dependent individuals' commitment and therefore these people are more successful in quitting than the ones who are not provided with such information and guidance [Lemos et al., (2012); Martin-Storey et al., (2011); Jason et al. (2007), Atkins et al. (2007), Ellis et al. (2004)].

Methodology

Research Design

This study has adopted qualitative approach. Creswell (2003) asserted that qualitative research is broadly inductive, with the inquirer generating meaning from the data collected in the field. This method could be employed if the researcher is not certain of which variables to control. Therefore qualitative research methods would be useful in cases where the researcher wishes to gather a general idea from the subjects, the goal being to explore, interpret and describe a situation. There are several methods of data collection in qualitative methods such as interviews, observation, collecting documents and data from the audiovisual such as pictures, video recording, film and art objects and so on (Creswell, 2012). In this study, interview method was chosen as researchers intend to gain information and feedbacks from the participants that had received the intervention of Guided Repentance Module.

Sample

At the early stage, 38 participants took part in this study. They were the inmates in a selected AADK rehabilitation center who had received the intervention of Guided Repentance Module as to examine their psych spiritual and drug-related locus of control level after the treatment has been given. For sampling, purposive sampling technique was employed. It is also called as judgement sampling. It involves identification and prudent selection of individuals or groups of people that are proficient and used with a phenomenon of interest that researchers bound to investigate (Creswell & Plano Clark, 2011). The idea behind purposive sampling is to concentrate on people with particular characteristics concerned who will be able to assist the research, based on the virtues or knowledge possessed. All of the inmates, during the selection, were about to finish their treatment in 3 months' time. After the intervention had

been done, an in depth interview was conducted upon the participants to get their feedback on the module intervention and recovery progress they have attended as in tandem with the objectives of the module.

Data collection

The in-depth interview was conducted on 9th week, a week after the Guided Repentance Module has completely been imposed. There was 15 activities being carried out with the participants, consuming about 8 consecutive weeks time altogether. Schostak, (2006) explained that an interview is an extendable conversation aiming at accumulating 'in-depth information' about a certain topic or subject, and through which a phenomenon could be interpreted in terms of the meanings interviewees could possibly bring. During the interview was handled, the facilitators have already established rapport with the participants as so they were able to talk openly about the questions concerned in the study. Participants were interviewed by the facilitators, individually, based on a set of protocol questions. The interview protocol was constructed as suggested by Fontana and Frey (1994) as to impose a common statement (protocol) for all the participants. While focus groups interviewing also popular (Marshall & Rossman, 2006), in this study, the interview session conducted was once for a person in the group with facilitators recording the feedback, to ensure the authenticity and credibility of the data. The interview protocol also entails response such as participants' experience after undergoing the treatment and capacities that have indirectly helping them along the recovery process in maintaining abstinence.

Data analysis

The recorded-later-transcribed data then were managed and analyzed using content analysis approach. It is a systematic coding and categorizing approach used for exploring large amounts of textual information unobtrusively to determine trends and patterns of words used, their frequency, their relationships, and the structures and discourses of communication. The purpose of content analysis is to describe the characteristics of the document's content by examining who says what, to whom, and with what effect (Bloor & Wood, 2006). In this study, the researchers have read over 5 to 6 times of the data collected to get themselves familiar with the data. Then identification of contents or data coding is done and themes are extracted from the data afterwards (thematizing). The findings will be discussed in the next section.

Findings

Aspect	Themes
Drug Related Locus of Control	1. Emotion control
	2. Understanding the importance of support system
	3. Relapse Prevention

Drug Related Locus of Control Aspect

For the findings, there are three dimensions that researchers have come out with, analyzing from the response by the participants in association with intervention of Guided Repentance Module. They are that: module intervention has helped them to i) control their emotion, ii) understand the importance of support system and iii) prevent them from relapse.

Emotion control

The Guided Repentance Module is assistive for respondents to control their emotions. The responses linked to this aspect are as follow:

"I learnt how to control my lust by establishing ablution. If I get angry while standing up, I will take a seat. If I still angry, I need to lay down. I did it and it worked on me last time!" (R7)

"This program helped me to regulate my emotion well especially when I learnt about the natures of syaitan. The wicked syaitan would always influence and whisper to our heart but, we are the one who decides for our own path. So, I need to be mindful after this. If I fall short of ignorance, I would help Syaitan to win.. ahhaha.. that's the way it is.." (R32)

Understanding the importance of support system

Next, the effectiveness of the psychospiritual intervention can be seen through the enhancement of participants' understanding on the importance of support system in their journey for recovery. Entails below are the feedbacks that has been given:

"I need to surround myself with people who want to see me recover. Family for example. We need to have someone to always remind us and watch over our daily activities. If we don't, we then tend to repeat the same mistakes..." (R5)

"Support system is vital...! Me myself feel incapable to face it alone. Here I am still keeping steadfast because there are friends and officers who always check on me and be helpful. Upon acquittal, I need to encounter this test alone. So, I need to prepare myself to be stronger and at the same time, to family and friends I expect to seek help as well. They are needed to give advise whenever I gone astray." (R32)

Relapse Prevention

Lastly, the Guided Repentance Module is said to be effective in helping the participants to prevent relapse. It can be recognized by the response presented below:

"We are taught to understand the meaning of this life once we joined this activity. I realize that I got a lot responsibilities to bear. I want to execute them all the very best I could. So sorry to my children. I want and I must to stay abstinent for good" (R2)

"After learning some of techniques such as relaxation, thought stopping and stretching, they seem to be helpful to me. You have explained previously when we do body stretching, our mind will be focusing on muscles. This prevents us from thinking about drug.." (R34)

Psychospiritual Aspect

Aspect	Themes
Psychospiritual	1. Enhancement of faith in God existence, His Power, His Greatness and dependance to God in recovery
	2. Having positive reflection in God's fate
	3. Control of self-desires
	4. Emulation of Rasulullah PBUH's characters
	5. Heightened understanding about Heaven and Hell

For the psychospiritual level of the participants, five main themes have been extracted from the response. First is the enhancement of faith in God existence, His Power, His Greatness and dependance to God in recovery. Next is having positive reflection in God's fate, the control of desire, emulation of Rasulullah PBUH's characters and the heightened understanding about Heaven and Hell, respectively.

Enhancement of faith in God existence, His Power, His Greatness and dependence to God in recovery

With respect to the enhancement of respondents' faiths in God existence, His Almightyness, Powerfulness and embrace the idea of dependency to God in recovery, researchers found that through contemplating the Asma Allah (God's Attributes) and knowing the nature of human gave a spiritual awareness to respondents. These qualities have been said by the respondents of this study, as follow:

"As I am taught to frequently utter and understand God's attributes (Asma Allah) and human's apriori natures with clear elucidation of their applications in life, I am more aware that I am just a microscopic creation compared to God's other creations. This is effective to assert that I am just insignificant compared to God's Almightyness and Powerfulness. I must depend on Him if I want to stay abstinent." (R12)

"Through this program, we have discussed a lot of activities that lead to the approachment of God in which ibadah and repentance are they only means to connect with God. I believe by getting closer to God, Insha Allah I would be able to recover from drug addiction." (R13)

Having positive reflection in God's fate

Besides, the respondents also found themselves to be optimistic in accepting God's fate after the Guided Repentance Module intervention. The responses are described as follows:

"I admit that I used to blame my fate, God and always have negative thought in embracing my life. I questioned God for putting me in this situation that I am depended on drug instead of blaming myself for the decision that I have made. After knowing all of these, I realize that God will not burden me with a test that exceeds beyond my capacity and the decision maker is always me, myself! So, all is up to me to choose the right or the wrong one." (R31)

"There seems to be a bundle of lessons and wisdom behind all these things happened to me. I turn out to be more concerned in learning religious knowledge compared to my past as I never bothered to learn it at all. From that, I could recognize my weaknesses and I must change. I believe God wouldn't test me if I am not capable to bear it. That's all I have been reminding myself if I ever feel so down and wanting to give up." (R20)

Control of self-desires

Moreover, the module has helped the respondents to control self- desires. This statement can be convinced as the respondents have figured out that by knowing the functions of rational mind, desires or lust and heart, they are able to control our action from going afield. Those were spoken as follow :

"The most thing I remember is all about rational mind, desires and heart. These three faculties are the determinants of our conducts. Who's controlling does ascertain the conduct as the by-product. So, I need to ensure that my heart and rational mind are in the position of commanding my lust and not the other way around." (R38)

"We need to have a control over the self- desire, otherwise, it will take control over us. Here in this centre, we have been taught to make zikr (remembrance of God) as a habit and pray

a lot. We need to practice all of these. Only through religious practices, we can be strong enough to control our desires and lust courageously" (R22)

Emulation of Rasulullah PBUH's characters

Another angle to be recognized in psychospirituality aspect was that the module has encouraged the respondents to emulate Rasulullah's noble characters in their daily lives. A respondents perceived that being responsible and sincere are the highest commands of all deeds.

"I have a position in here, so I am struggling to apply the trait of being responsible especially in my own routine. However, I could admit that not all people would certainly subscribe to what something good I did just because I am a drug- addict. But it is okay, it demands me to be sincere, as I do something due to Allah SWT and not of position or status." (R37)

"HIRS.... Honesty, integrity, responsible and sincerity.. After learning the importance of these virtues, I realized that these 4 are interrelated. These 4 also would be the starters for us to change for good. It's not easy actually, yet God's heaven is in fact so expensive... isn't ?" (R33)

Heightened Understanding about Heaven and Hell

Last but not least, the respondents' heightened understanding in Heaven and Hell is proven to be effective as they discern the reality of this worldly life and that heaven would be their desired abode in hereafter life. A respondent asserted:

"This session made me realize that this life is indeed a temporal one. It's a fact short! The permeant and the long one is the life in the next world. Therefore, we need to do our very best in this world to attain the success in the hereafter." (R4)

"I will always try my very best to achieve the good end of my life. This session did help me to enhance my understanding and idea on how to strive for heaven in the next world." (R18)

With respect to the responses given by some of respondents, it is clearly seen that Guided Repentance Module has injected the respondents with spiritual awareness that helps them to attuned to the idea of always believing in the God's Almightiness, establish absolute submission to Him, controlling self-desire, purifying and empowering soul and emulating Rasulullah's noble characters in the pursuit of absolute recovery from drug addiction.

Discussion

("R" is the abbreviation used to describe Respondent in this study)

Psycho Spirituality

The findings revealed that, for psycho spiritual and drug-related locus of control aspect, both has shown positive impacts, especially from the progress they have been showing after the intervention of Guided Repentance Module. It has been undeniably done through the emphasis on remembrance of God through constant repentance (*Tazkiyatunnafs*), Ibadah and understanding of self, God, Syaitan's threads and the reality of Heaven and hell- the activities enlisted in the Module itself. The elements mentioned also have been highlighted by Imam Al-Ghazali in his famous book, The Alchemy of Happiness (Murray, 2007). It is claimed in the book that human beings are created with having bodily (earthly) element that is mean, instead having spirituality strength that are lofty and angelic in nature. In the course of being in the crucible of abstinence, humans from the very base qualities are purged to the highest pursuit ended to angelic state. The highlighted point here is referring to the effectiveness of guided repentance module intervention in nurturing the spirituality literacy

among the participants as so they are more spiritually conscious and be able to abstain themselves from retaking drug that is characterized as one of spiritual heart's diseases under the category of intoxicification (Zakariyya, 2007).

Drug-Related Locus of Control

The findings show that drug-related locus of control of participants' are enhanced through undertaking this Module. The participants are able to take control over their own emotion, especially when it comes to negative or bad emotion that can possibly influence them into taking drugs again. When it is not surprising to learn that negative emotional states, such as anger, frustration, and stress, are related to relapse (Gordon, 2003), knowing how to handle and build emotion regulation strategies, accepting, and processing one's emotions may improve a person's overall well-being (Clarker, 2012), it can thus indirectly contributing to one's sustainment in abstinence over drug addiction. By having a composed sense of locus of control, one is able to control his or her emotion and preventing relapse from taking over. This is because the person realize that everything that happen in his or her life is controllable and putting effort to improve to make the situation better, instead of helplessly waiting around for the emotion to disappear or vanish.

Locus of control as propounded by Rotter (1966) can be viewed as the assertion of an individual in which the outcomes of life events are depended on the personal control over one's self (internal locus of control) or under the course of chance, fate or powerful others factors (external locus of control). It is chiefly to highlight that client with internal drug-locus of control are associated with effective treatment outcomes in drug abuse (Canton et al., 1988). Understanding locus of control in the dimension of Islamic Sufism does not find a way of contradiction. Particularly in the course of believing in the fates God has ascertained for us has a close relation with the internal locus of control as Muslim Naturalists underpin divine justice is in defense of free-will and maintain that there will be no Divine justice without human free-will (Zakariyya, 2007).

This also clarifies that, by the courageous humans' endeavours, there will come the God's helps with respect to matter of time and circumstances. The strong internal locus of control by the act of controlling self-desires, seeking wisdom behind fates and practicing noble characters of our Prophet Muhammad PBUH, are seen as the possible deliberation of humans' conduct to seeking hope for Divine justice. In this study, researchers have found out that respondents did possess the internal drug locus of control where they were aware that it is their responsibility to take control over their emotion and desires when dealing with the drug temptation. Manifestation of spiritual stability as outlined in Guided Repentance Module is seen to be affecting how an individual could control their emotion and self-desires and of course shape noble characters. Therefore, these attributes of internal locus of control demonstrated by respondents complemented the research finding in Soravia et, al. (2015) advocating that internal locus of control leads to the success intervention whereas external locus of is frequently termed as the determinant of the relapse and reconsumption of drug.

Conclusion

In conclusion, the respondents are able to demonstrate internal locus of control attributes in safeguarding them from relapse and a strong sense of psychospiritual dimension. It is clearly shown that tackling the addiction problem through spiritual and religious trajectories paves a significant impact towards the recovery process. Addiction is not just mere biological and psychological problems because the dualistic human system must also deal with his or her

spiritual health when there is abnormality occurs. The Guided Repentance Module intervention developed for drug addicts' spiritual awakening has been proved to be effective qualitatively as it revealed that the respondents are more spiritually conscious and possess the internal locus of control that is considered a shaving the primary strength to prevent an individual from relapse and stay abstinent from the illicit drug consumption.

Contribution of research

This study was initiated to find the root cause and solution to the immense problem of drug addiction among Malaysians specifically. Thus, the results obtained have shown some new perspectives of contribution in the area of drug addiction knowledge. The contributions of this study are as follow:

i. Development of an etiological theory of drug addiction

This research has identified the root cause of relapse in drug addiction that is bio-socio-spiritual in nature. Yet, the factor of spirituality has shown the highest percentage compared to other aspects legitimizing it as an important theory to be developed. This research has initiated a model of spirituality based on Islamic Sufism and psychological approaches as a core of the treatment of drug abuse problem. This shows that there is another raising theory developed in the discourse of etiology of drug addiction attributing to spirituality integrated with other prominent aspects such as social and psychological. This integration perhaps could tackle the complexities of humans' natures as dualist, physical and spiritual entities that must be taken into account when the treatment of drug is designed as so the comprehensive and effective treatment can be made available for Malaysian population.

ii. Integration between Naqli and Aqli knowledge

This research has contributed a praiseworthy wisdom in the extension of multidisciplinary research that collaborate the discipline of Islamic studies with psychology as perfect integration of knowledge. Islamic studies as classified as Naqli knowledge while psychology as an aqli knowledge are integrated on the basis of fundamental of Islamic worldview encompassing the element of God, messenger, knowledge, adab, nature of man, nature of happiness and nature of world and hereafter life. This perfect integration is seen as an initiative of islamization of knowledge in the world of Islamic intellectual tradition. The integrated psychospiritual model and module derived from both western and Islamic worlds here underpins the complementary and mutual understanding of two different civilizations in the course of knowledge discourse in drug addiction problem. Thus, this could be seen as a praiseworthy effort of knowledge collaboration that can benefit humanity as a whole by being on the same perspective in the area of drug addiction.

iii. Development of integrated psychospiritual treatment, Module Taubat Terpimpin as a new innovation in drug addiction

The Module Taubat Terpimpin was developed based on integrated psychospiritual model inspired by Imam Al-Ghazali as an interventional effort upon the drug addicts in rehabilitation centre. The positive remark on its effectiveness has been proved by experimental test upon the selected population in sense that it has successfully helped in reducing relapse rate among the population. This is seen as a novelty in drug addiction arena in which the former ones seem to be implemented in segregated way. In fact, the guided stages and inside-out based change expected within the drug addicts to prevent from relapse must be coined or manifested by the integrated and multidimensional intervention tackling the complexities of humans' quiddities.

Acknowledgement

It is to acknowledge that this paper is fully funded by Ministry of Higher Education of Malaysia through Fundamental Research Grant Scheme (FRGS) in collaboration with researchers from Asian Centre for Research on Drug Abuse (ACREDA), University Sains Islam Malaysia.

Corresponding Author:

Amin Al Haadi Shafie,

Email: amin@edu.usim.my

References

- Hussin, A. H. M., Jusoh, M. R., & Tameran, J. (2006). Penilaian diri dan tahap kesediaan untuk berubah di kalangan penagih dadah: Kajian kes di Pusat Serenti Sukarela PERSADA Sungai Besi, Kuala Lumpur. *Jurnal PERKAMA*, 12: 39 – 51.
- Utz, A. (2011). *Psychology from the Islamic perspective*. Riyadh: International Islamic Publishing House. ISBN 978-603-501-099-3.
- Al-Attas, S. N. (1995). *Prolegomena to the metaphysical of Islam*. Kuala Lumpur: International Institute of Islamic Thought and Civilization.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. Washington: American Psychiatric Association.
- Anil, M., Debasish, B., & Nitin, G. (2005). Psychosocial treatment of substance use disorders in adolescents. *Journal of Indian Association for Children and Mental Health*. Vol. 1, (1): 1-13.
- Atadokht, A., Hajloo, N, Karimi M., & Narimani, M. (2015) The role of family expressed emotion and perceived social support in predicting addiction relapse. *International Journal of High Risk Behavioural Addiction*; 4(1): 621-629.
- Atkins, R. G. J. R., & Hawdon, J. E. (2007) Religiosity and participation in mutual-aid support groups for addiction. *Journal of Substance Abuse Treatment*; 33(3): 321-31.
- Christopher, C. H. Cook. (2011) Spirituality, Mental Health-Substance Use In Developing Services development of a cognitive-behavioral model, *Addiction*, 91, S37-S50.
- Clarke, P. B. (2012). *The Relationship between Wellness, Emotion Regulation and Relapse in Adult Outpatient Substance Abuse Clients*. Retrieved February 25, 2019, from https://libres.uncg.edu/ir/uncg/f/Clarke_uncg_0154D_10881.pdf
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches* (2nd ed.). Thousand Oaks, CA: Sage.
- Creswell, J. W., & Clark, P. V. L. (2011). *Designing and Conducting Mixed Methods Research* (2nd ed.). London: Sage Publications Ltd.
- Creswell, J. W. (2012). *Planning, conducting and evaluating quantitative and qualitative research*. 4th eds. Boston: Pearson Education Incorporation.
- David, C. Lewis. (1994) A disease model of addiction. In *Principles of Addiction Medicine*.
- Davis, M. I., & Jason, L. A. (2005) Sex differences in social support and self-efficacy within a recovery community. *Journal of Community Psychology*; 36(3-4): 259-270.
- Ellis, B., Bernichon, T., Yu, P., Roberts, T. & Herrell, J.M (2004). Effect of social support on substance abuse relapse in a residential treatment setting for women. *Evaluation Program Planning*; 27(2): 213-21
- European Monitoring Centre for Drugs and Drug Addiction. (2016). *European drug report: Trends and development*. Luxembourg: Publications Office of the European Union.

- Fadzli, A., Sabir, A. G. (2011). Zikir sebagai modaliti alternatif rawatan pemulihan dadah di Malaysia. Seminar Islam Nusantara Peringkat Asean 2011. Anjuran Kertas Kerja dalam: Pusat Islam Universiti Utara Malaysia di Langkawi.
- Farhadinasab, A., Allahverdipour, H., & Bashirian S. (2008). Lifetime pattern of substance abuse, parental support, religiosity, and locus of control in adolescent and young male users. *Iran Journal of Public Health*;37(4):88–95.
- Flavio, F., Marsiglia, Kulis, S., Nieri, T., and Parsaim, M. (2005). God forbid! Substance Use Among Religious and Nonreligious Youth. *American Journal of Orthopsychiatry*. 75: 585–598.
- Fontana, A., & Frey, J. H. (1994). *Interviewing. The art of science*. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 361–376). Thousand Oaks: Sage.
- Halpert, R., & Hill, R. (2011). *Measures of locus of control. In: The locus of control construct's various means of measurement: a researcher's guide to some of the more commonly used locus of control scales*. New York: Will to Power Press; 2011. ISBN 978-0-9833464-3-2.
- Al-Ghaferi, H., Bond, C., & Matheson, C. (2016), Does the biopsychosocial-spiritual model of addiction apply in an Islamic context? A qualitative study of Jordanian addicts in treatment. *Drug and Alcohol Dependence*, S0376-8716(16)31028-6, DOI: <http://dx.doi.org/doi:10.1016/j.drugalcdep.2016.11.019>
- Jason, L. A, Davis, M. I. & Ferrari, J. R. (2007). *The need for substance abuse after-care: longitudinal analysis of Oxford House*. *Addict Behaviour*; 32(4): 803-18
- Jhanjee, S. (2014). Evidence based psychosocial interventions in substance use. *Indian Journal of Psychological Medicine*. 36(2): 112–118. doi: 10.4103/0253-7176.130960
- Lee, E. H., Yae, Chung, B., Boog, Park, H., & Chun, H. K. (2004) Relationships of mood disturbance and social support to symptom experience in Korean women with breast cancer. *Journal of Pain Symptom Management*; 27(5): 425-430
- Lemos, V.de A, Antunes, H. K., Baptista, M. N., Tufik, S., Mello, M. T. & Formigoni, M. L. (2012). *Low family support perception: a 'social marker' of substance dependence?* *Rev Bras Psiquiatr*. 2012; 34(1): 52-9.
- Ali-Northcott, L. (2012). Substance Abuse. In *Counseling Muslims: Handbook of Mental Health Issues and Interventions*. Edited by Sameera Ahmed and Mona M. Amer. New York: Routledge, 82, pp. 355.
- Nazar, M. (2013). Perbandingan outcome CCSC yang dikelola oleh AADK dan NGO.
- Marlatt, G. A. (1996). *Taxonomy of high-risk situations for alcohol relapse: Evolution Issues and Interventions*. Edited by Sameera Ahmed and Mona M. Amer. New York: Routledge, pp. 355–82.
- Marshall, C. & Rossman, G. B. (2006). *Designing Qualitative Research*. (4th Ed.). Thousand Oaks, CA: Sage.
- Martin, S. A., Serbin, L. A., Stack, D. M., Ledingham, J. E., & Schwartzman, A. E. (2011). Self and peer perceptions of childhood aggression, social withdrawal and likeability predict adult substance abuse and dependence in men and women: a 30-year prospective longitudinal study. *Addict Behaviour*; 36(12): 1267-74.
- Mohamed, O. S. & Mohamad, M. A. (2008). *Psycho-spiritual strategies in treating addiction patients: experience at al-Amal Hospital, Saudi Arabia*. *Journal of the Indian Medical Association*. Vol 40: 161-165.

- Nazrin, A. A. M. & Rafidah, B. (2017). *The effectiveness of psycho-spiritual therapy among mentally ill patients*. Journal of Depression and Anxiety. Vol 6(2): 1-2. DOI: 10.4172/2167-1044.1000267
- Pilling, S., Hesketh, K. & Mitcheson, L. (2010). *Routes to recovery: psychosocial interventions for drug misuse*. London: The British Psychological Society
- Rotter, J. (1966). Generalized expentencies for internal versus external control of reinforcement. *Psychological Monograph*, 80 (1)1-28.
- Seghatoleslam, T., Habil, H., Hatim, A., Rashid, R., Ardakan, A., & Esmaeili Motlaq, F. (2015). 'Achieving a spiritual therapy standard for drug dependency in Malaysia, from an islamic perspective: Brief review article', *Iranian Journal of Public Health*, 44(1): 22–27.
- Singh, A. & Singh, D. (2011). Personality characteristics, locus of control and hostility among alcoholics and non-alcoholics. *International Journal of Psychological Studies*;3(1):99–105.
- Nasr, S. H. (2008). *Islamic spirituality*. New York: Routledge.
- Taylor, S. E., Welch, W. T., Kim, H. S & Sherman, D. K. (2007) Cultural differences in the impact of social support on psychological and biological stress responses. *Psychological Science*; 18(9): 831-837.