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The Impact Of Integrated Psychospiritual Module Among The Drug Addicts In Malaysia In Elevating The Psychospiritual And Drug-Related Locus Of Control Level Towards The Decrease Of Relapse Rate

Amin Al Haadi Bin Shafie^{1*}, Mohd Rushdan Bin Mohd Jailani²,
Nurul Ashikin Binti Ahmat Miskam¹, Fatini Athilah Binti Elias¹, and
Hishamuddin Bin Abdul Wahab³

¹Asian Centre of Research on Drug Abuse (ACREDA), Faculty of Leadership and Management, Universiti Sains Islam Malaysia. Bandar Baru Nilai, 71800, Nilai Negeri Sembilan, Malaysia,

²Centre of Integration of Aqli and Naqli Knowledge, Faculty of Leadership and Management, Universiti Sains Islam Malaysia. Bandar Baru Nilai, 71800, Nilai Negeri Sembilan, Malaysia.

³Faculty of Science and Technology, Universiti Sains Islam Malaysia. Bandar Baru Nilai, 71800, Nilai Negeri Sembilan, Malaysia.

Abstract

The fluctuating number of relapse cases among the drug addicts in Malaysia has been creating many worries to all parties. This urges the parties to this problem to restudy its contributing factors, improve current treatments employed and discover the other potential dimensions of human to accommodate the very need of the drug addict clients to stay abstinent. Considering the psychosocial and vocational elements we have had in current practices that seemingly provide a room for improvement, the new dimension of human psychospiritual approach was particularly put forth in this research. The Islamic psychospiritual model centring on Islamic Sufism principles in combination with Interpersonal and Intrapersonal elements was established in this research as the guiding principles to develop an Integrated Psychospiritual Module (IPM) in reducing relapse rate. This module was particularly focusing on the weightage of drug-related locus of control and psychospiritual level of drug addicts to stay abstinent. The effectiveness of the module was measured by imposing it as psycho-educational intervention treatment upon the purposive sampling of 38 clients in a drug rehabilitation center in Malaysia. One group experimental design was suitably formed and t-Test analysis was used to measure the significant difference between the pre and post test mean values to see the effectiveness of the module by using two specific instruments that measure both aforementioned aspects. Both variables showed

the significant difference with the post values 25.3684 and 171.3947 respectively. It was notified that the post t-test mean values for both variables were higher than their pre-test scores which were 23.6842 and 165.4211 respectively. In addition, the qualitative data obtained did support the quantitative analysis by using triangulation method signifying the positive feedbacks from respondents through facilitators' observations, participants' feedbacks after group activity and in-depth interview with respect to the variables studied. Therefore, the IPM is certainly effective in elevating the level of drug-related locus of control and psychospiritality instrumental to reduce relapse rate among the drug-addicts.

Keywords: Integrated Psychospirital Module, Drug-related Locus of Control and Islamic Psychospiritality.

Introduction

Background

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 in 2010, 2011, 2012, 2013, 2014 and 2015 were 6 404, 5 848, 4 800, 7 406, 8 172 and 6 379 cases respectively. 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 we 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, 2006). Adam et.al (2011) assert that the treatment and rehabilitation approach adopted by rehabilitation centres 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 behaviour 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 kind of 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 happened 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 (Abdul Halim et. al, 2006; Najwa et. al, 2008).

Problem Statement

We should admit that there have been a large body of empirical researches integral to the role of religion and spirituality played in the lives of human. Rigorous efforts from transcendental psychologists that have become the big advocate of spirituality or religiosity in psychology is very much seen. This is supported by Laudet, Morgen and White (2006) asserting that there are several group of researchers who have propounded the validated and reliable

instruments to measure the religiosity and spirituality construct thus assistive in refining the very definition, importance and relation of spirituality in the growing understanding of clinical research and practice. Likewise in the treatment pertaining to the drug addiction problem where psychologist groups such as (Lahmuddin, 2004; Lilis et.al, 2007; Eliason et.al, 2010; DiReda et. al, 2016) have ventured myriad of efforts to popularize spirituality in drug treatment among the practitioners.

However, (without denying other social factors of drug adiction) among the advocates of spiritual endeavors group in drug treatment, there has been a vast misconception in perceiving the origin of the problem of addiction in which some believe that drug adiction problem happens due to the mental disorder (Pardini et.al, 2000) instead of believing that it comes from the neglectful heart (unpurified soul). The believe has been long rooted from the understanding that brain is the centrality of humans'

Islamic thought views heart as the centre of our being physically and spiritually as narrated by Prophet Muhammad in his narration, saying that " Indeed in the body there is a clump of flesh, if it becomes good, the whole body becomes good, and if it goes bad, the whole body goes bad. Indeed, it is heart" (Saheeh Bukhari and Muslim) (Phillips, 2014). The heart (qalb) is the essence of what body contains and the essence of everything is its heart. This underpins that the center of human's intellect and conscience is actually the heart and not brain as claimed.

Therefore, relating this idea into the spiritual path in drug treatment, the main issue to be addressed is the right understanding on the origin of addiction problem that is rooted from the faulty unpurified heart. With this complete understanding, it would be clearer what trajectories should be considered in a spiritual treatment. According to Amin Al Haadi et. al (2016), drug addiction problem encompasses the alteration of human's biological, psychological, social and spiritual aspects. However, spiritual aspect should be seen as the highest weightage among the rest as it is the determinant of all conducts and by having the spiritual stability, humans are rational and capable of distinguishing between good and bad naturally (Bilal Philips, 2014). In that sense, humans can encounter negativity even they are placed in unsupportive surroundings as long as their heart is purified to keep functioning.

Research Gap

In February 2017, the Minister of Home Affairs Malaysia, YAB Datuk Seri Dr. Ahmad Zahid Hamidi has emphasized the injection of religious and spiritual elements (psycho spiritual modality) in current treatments trend to combat the issue of drug addiction (Awani, 2017). This psycho spiritual approach so-called '*inabah*' has been introduced as a substitute to the conventional treatment involving the methadone division that apparently entails the unexpected side effects. According to him, '*inabah*' concept is a form of convalescence to drug addiction through spiritual changes that are religious and spiritual based because it adopts the cures from Al-Quran and Hadith and dynamic in nature as it is applicable to be integrated with current conventional and scientific treatment (Awani, 2017).

However, we still have a long way to go. Islamic psychology has entirely depended on the theological speculation, clinical observations and antropological inquiry (Raiya & Pargament, 2011). We ought to admit that the trajectory of psycho spiritual approach in drug abuse treatment still lacks of empirical evident studies that advocate the effectiveness of this treatment

as suggested by Al Haadi et.al (2016). Therefore, there is a profound need to have empirical evidents in validating the workability of spirituality awakening in drug addiction treatment.

Objectives of Research

This research was conducted specifically to:

- i. To present the underlying principles in the development of Integrated Psychospiritual Module (IPM).
- ii. To prove the effectiveness of Integrated Psychospiritual Module in better helping the addicted individuals to prevent from relapse by enhancing the level of psychospirituality and drug-related locus of control quantitatively and qualitatively.

Hypothesis

i) Drug-Related Locus Of Control Level

H₀: There is no significant difference towards the drug-related locus of control among the experimental group of AADK inmates before and after undergoing the Integrated Psychospiritual Module (IPM).

H₁: There is significant difference towards the drug-related locus of control among the experimental group of AADK inmates before and after undergoing the Integrated Psychospiritual Module (IPM).

ii) Psychospiritual level

H₀: There is no significant difference towards the psychospiritual level among the experimental group of AADK inmates before and after undergoing the Integrated Psychospiritual Module (IPM).

H₁: There is significant difference towards the psychospiritual level among the experimental group of AADK inmates before and after undergoing the Psychospiritual Module (IPM).

Integrated Psychospiritual Treatment Module: Guiding Framework And Interventional Approach

Integrated Psychospiritual Model

Integrated Psychospiritual Model refines the comprehensive psychological ideas of drug treatment centring on two different orientations of views which are Islamic Sufism path in spiritual awakening and personal and social skills of humans development. Integrated Psychospiritual Model was constructed as the governing framework for IPM to be executed through substantial and procedural details. There are 4 domains of Integrated Psychospiritual Model which are:

Domain 1: Preconditions

There are five preconditions to be considered and established before employing the IPM intervention. The preconditions underpinned are exoterically in nature where clients should be guided and accompanied, client should be segregated (uzlah), appointment of qualified staffs (practicing and knowledgeable staffs in Islamic Spirituality), assessment on the readiness of clients to change should be done and also there is a need for conducive environment for clients to recover.

Domain 2: Islamic Psychospirituality Aspect

Domain 2 focuses on the basic avenues to transform humans. Considering one of the factors of drug addiction problem coming from the weak *qalb* (chronic spiritual disease) since it has been the epitome of all humans' conducts, the stance of this framework is particularly propounding that by activating the spiritual realization towards God consciousness, the locus of control of respondents will be positively affected thus contributing to the decrease of relapse rate. Activating spiritual awakening here refers to the rigorous effort to keep humans' *qalb* stable, tranquil and fully submitting to God. This idea is adopted from the Imam Al-Ghazali's concept of Purification heart (Tazkiyatun nafs) that literally means removal of the undesirable growth and impurities (Sa'ari, 2002). Therefore, in the pursuit of this, clients should be taught with some important notions in purifying heart as suggested by Al-Ghazali in his book, The Alchemy of Happiness by understanding the components of their very selves, knowing God, knowing this world and hereafter life. All of these topics are covered in this domain.

Domain 3: Module Intervention (Module)

IPM module has three main themes which are i) God Consciousness Development, ii) Noble Characters Building and iii) Personal and Social Skills Development. These three main themes of IPM module were being further refined into module activities. The categorization of the themes with respect to their focused principles and the detailed activities is depicted in Table 1.00.

PROCEDURE	FOCUSED PRINCIPLES	MODULE ACTIVITIES
PRE- TEST (2 HOURS)		<ul style="list-style-type: none"> - Ice-breaking - Psychospiritual Instrument - ACREDA-Drug Related Locus of Control Instrument
THEME 1: GOD CONSCIOUSNESS DEVELOPMENT (8 HOURS)	<p>This session employs the basic ingredients of happiness from Al-Ghazali's the Alchemy of Happiness which are as follow:</p> <ul style="list-style-type: none"> • knowing self (understanding human's heart, desire and threats of evil), • knowing God (His attributes, Asma Husna), • knowing the reality of the world and the next world 	<p>Activity 1: Absolute submission to Allah through Asma Husna (99 Attributes)</p> <p>Activity 2: Repentance and Ibadah as the fundamental requirements for recovery</p> <p>Activity 3: Understanding innate disposition & desire)</p> <p>Activity 4: Understanding the doors of evil and syaitan</p> <p>Activity 5: The pleasure of heaven & the torment of Hell</p>

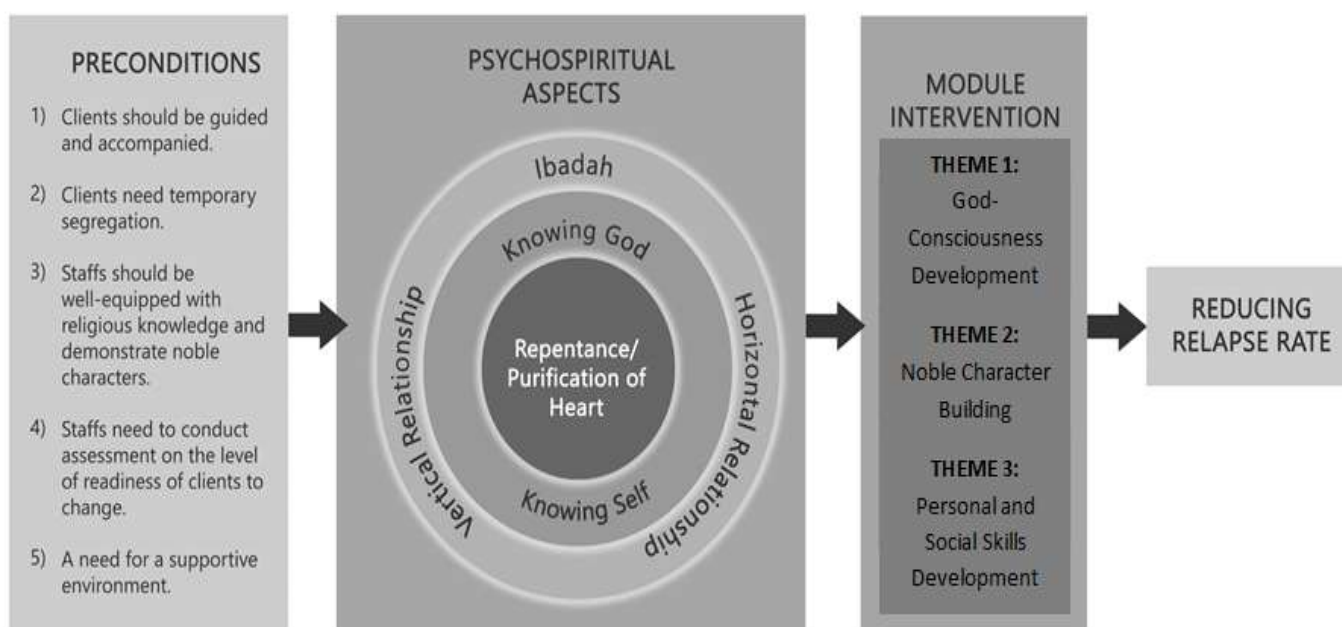
	<ul style="list-style-type: none"> the need for consistent repentance and purification of heart (tazkiyatun nafs). 	
<p>THEME 2: NOBLE CHARACTERS BUILDING (8 HOURS)</p>	<p>This session provides clients with the focuses on:</p> <ul style="list-style-type: none"> how to understand and respond to one's fate correctly the importance of practicing HIRS concept in repentance (Honesty, Integrity, Responsible and Sincerity) the need for practicing the noble characters by emulating Rasulullah SAW as the role model. 	<p>Activity 1: Brotherhood Activity 2: Me and Fate by God Activity 3: Noble Characters as the Foundation of Happiness Activity 4: Prophet Muhammad Pbh, as My Role Model Activity 5: Striving for a New Life</p>
<p>THEME 3: PERSONAL AND SOCIAL SKILLS DEVELOPMENT (8 HOURS)</p>	<p>This session focuses on the psychological elements encompassing the basic life skills:</p> <ul style="list-style-type: none"> Enforcement on Interpersonal and Intrapersonal elements of humans Restoring one's functions in community Mastering the coping skills against drug 	<p>Activity 1: Recognizing Peers Activity 2: My family Activity 3: Struggling against drug indulgence Activity 4: Self-punishment Activity 5: Life skills development Activity 6: Coping Skills <ul style="list-style-type: none"> - Trigger and Craving Management - Imagination Technique - Relaxation Technique </p>

<p>POST-TEST (1 HOURS 30 MINUTES)</p>		<ul style="list-style-type: none"> - Psychospiritual Instrument - ACREDA-Drug Related Locus of Control Instrument
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Implication: Reducing Relapse Rate

The intrinsic goal of this framework is focused towards the absolute recovery in the sense of the decrease of relapse rate. At this stage, clients are capable of liberating themselves from the locus of evil (the vicious circle) by purification of heart and positive thinking. All the above propositions can be conceptualized as follow:

Figure 1.00 Integrated Psychospiritual Framework in Reducing Relapse Rate



Counselling Session: Psycho-education Approach

In the field of guidance, psycho-educational groups have had historical essence and have continuously raising their acclaims in the field (Geroski & Kraus, 2000). Following the diverse applicability, counselors have widely adopts the group work for preventive and interventional purposes across a variety of topics, including drug addiction issue (Chandiramani, 1993; Dore et al., 1999). Following the needs and sample addressed in this research, the type of the group counselling that has been employed by the researchers was psycho-education group to execute the Integrated Psychospiritual Module. This kind of group can serve a number of purposes: imparting information, sharing common experiences, teaching inmates how to solve problems, offering support and helping them learn how to create their own support systems outside of the group setting. This type of group can be thought of as educational and therapeutic, encompassing self-development components, facilitating change in members’ daily lives and to explore new goals in life. As the members shift their preoccupation from the past to focus more on the present moment and the future, new goals may involve establishing closer ties with other family

members or pursuing goals formerly abandoned. Members can learn that, whatever their physical conditions are, it is possible to generate a new and continuing interest in life (Jacobs, Masson & Harvill, 2002).

Psycho-educational groups are structured in such a way as to help the inmates develop specific skills, understand certain themes, or go through difficult life transitions. Psycho-educational groups have a common denominator of providing members with increased awareness of some life problem and tools to better cope with it (Corey, 2008). This type of group also can be designed for just about every client group and can be tailored to the specific needs of the individuals represented Dipanjan Bhattacharjee, Altul Kumar Rai, Narendra Kumar Singh, Pradeep Kumar, Sanjay Kumar Munda and Basudeb Das (2011).

For the start of each session, the facilitator will do a minor summarization of the topic discussed in the previous sessions and a brief introduction for the theme that will be discussed. Respective to the theme of every session, the members are encouraged to narrate their experiences related to drug and come up with alternative to change for better. During the group process, the group leader or facilitator establishes a climate within group that fosters a sense of acceptance with everyone. The facilitator gives equal attention to statements expressed in the group and avoid being judgmental. They also allow members to pick up issues on the discussed topic and responding with minimal help. Using basic skills in attending clients, the facilitator encourages every member to participate in the discussion and harmonizing the interaction of every member. The facilitator also let the other member to give suggestions to the group based on their previous experience, which may benefit the other members, and made them to come up with several constructive alternatives as resolutions for the theme discussed during every session.

The group counselor uses verbal and nonverbal techniques as well as structured exercise. Common techniques include reflection (mirroring the verbal and nonverbal messages of a group member), clarification (helping members understand more clearly what they are saying or feeling), interpreting (connecting present behaviors with past decisions), modeling and establishing focus. Techniques like probing, questioning and confrontations are also practiced occasionally when there are incongruences detected while in group discussion. Basically, the role of group counselor is to facilitate interaction among the members, help them learn from one another, assist them in establishing personal goals and encourage them to translate their insight into concrete plans that involve taking action outside of the group.

Although sometimes the facilitator will have to confront the members when there are irrelevant information revealed but in the end, the facilitator also has the role to seek for a consensus and summarize the discussion. However, since the approach for the group therapy is psycho-education oriented, there is no attempt made to resolve the deeper conflicts of the members. Towards the end of discussion about drugs is mostly affiliated with the need for repentance, awareness of existence and attributes of God, putting emphasize specifically on the recovery process (avoiding relapse).

Group counseling has preventive as well as remedial aims. (Jacobs, Masson & Harvill, 2002). The group provides the empathy and support necessary to create the atmosphere of trust that leads to sharing and exploring these concerns. Group members are assisted in developing their existence skills in dealing with interpersonal problems so that they will be better able to handle future problems of a similar nature.

It is believed that putting people with similar issue in a support group acquainted a sense of belonging and they can benefit better through group sharing (Schmidt, 2008). Group therapy has potential in creating a familiarity in nonthreatening environment where the member can express their concerns and feelings. Also, by connecting to psycho-education (support) groups, those seeking recovery often find the strength, power and hope they need to continue their journey in recovery. Kurtz (2014) found that addicts in recovery find meaning through telling their stories, and in order to do so, they need to feel safe and connected with others. Group therapy package can promote socialization among the members and the opportunity has potential to serve as constructive use (Chandiramani and Tripathi, 1993).

Methodology

In general, this research adopted mix- method strategy to collect data and generate results. According to Creswell (2008) mix method is used when qualitative and quantitative data can be considered to facilitate the comprehension of problem of the research. This is also emphasized by Connelly (2009) which states that the mix method empowers a study and reduces the disadvantages of qualitative and quantitative research methods. In this study, mix method was utilized to further strengthen the result of its module effectiveness empirically and rationally.

Research Design

This research employed the experimental design with one research group (One Group Experiment). Creswell (2003) names this design as a method to study a group of pre-post-test (one-group pre-test/post-test design) with data collected from a population only, no comparison group or control group. Unlike Schuett (2006), he labels this design as a before-and-after design. The respondents consist of 38 inmates selected purposively from the same cohort in which the due of their acquittal from the rehabilitaion centre will be in three months time. Due to the experimental basis this study is, according to Jacobs, Mason and Masson (2002) sample can be up to five to eight people minimum in which this research has passed the requirement adequately. This experimental group was given Integrated Psychospiritual Module intervention that was group-counselling oriented for about 15 sessions with 2 measuring instruments which were Psychospiritual Scale and ACREDA Drug-Related Locus of Control Scale (pre and post test).

Instruments

Two scales were administered upon 38 respondents before and after the intervention undergone to measure the effectiveness of IPM in particularly elevating the respondents' psychospirituality and drug-related locus of control level upon receiving IPM treatment. Here are the scales involved:

Psychospiritual Scale

There are six main themes propounded in this instrument which are The Faith in God, Self-Submission to God, Management of Self- Indulgence, Self-Purification, Heart Contentment and the practice of HIRS (Honesty/Integrity/Responsible/Sincerity). It accumulates approximately 39 items from the theme 1 to theme 6 constructed with the division of 6, 7,7,7,6 and 6 questions respectively. The reliability score for this instrument was 0.78 that is acceptably reliable as in accordance with Chua (2006) mentioning that correlation values are notably ranging from 0.75

to 0.95 that indicates satisfactory reliability. It also employed face validity technique to validate this instrument. Sangoseni et.al (2013) underpin that face validity seeks the experts to inspect the items provided in questionnaire and endorse the test as valid in tandem with the concept involved that is being measured just on the face of it, thus experts are expected to measure whether each item matches any conceptual domain of the concept. Two Islamic Sufism experts were assigned to validate each item to validate its measureability and compatibility to assess psychospiritual level of an individual.

Drug-Related Locus of Control Scale

ACREDA Drug- Related Locus of Control Scale consists of 19 items where 15 of them were translated from DR-LOC Scale by Elizabeth Hall (2001) into Malay language by two counselling experts by using back-to-back translation method and the rest 4 were newly constructed ad hoc covering the scales as to be in line with the code of morality held by Malay culture that puts divine command as the ultimate principle to rule out their day-to-day actions in rightly ethical way (Amin Al Haadi *et.al*, 2017). Its validity was examined by sampling the total of 80 clients from the selected drug rehabilitation centers in Malaysia and the face validity was undergone by 2 counselling experts for scale validation. Its reliability reveals the Cronbach's alpha coefficient, 0.823 indicating a high reliability reading making this scale to be pragmatic worldwide (Amin Al-Haadi *et al.*, 2017).

Data Analysis

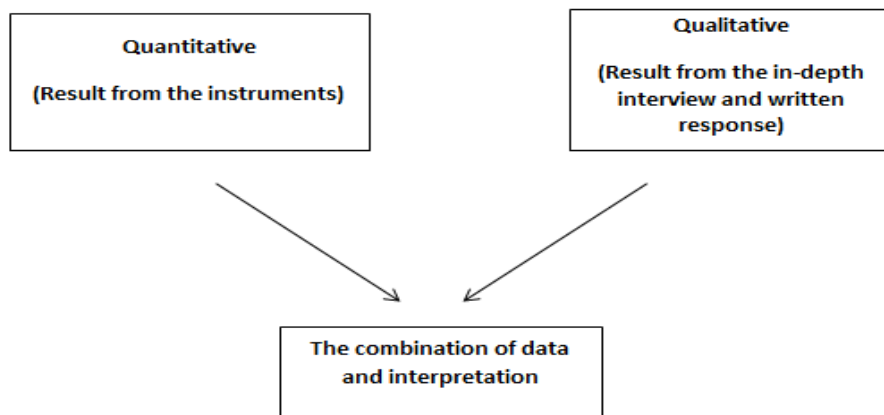
In this study, data triangulation method suggested by Cresswell (2008) has been used to analyse the data collection of this study. Perone and Tucker (2003) say that the triangulation approach involves the use of more than one study methods or more than one data collection techniques. This is because these data represent the dimensions of different topics in a study. Quantitatively in this research, T-Test scores will be administered to see the mean value different manifested by the respondents between pre and post tests values for DRLOC and psychospiritual aspects. T-test was conducted to see the existence of the significant difference between the mean score (Alan & Duncan, 2003). This paired t-test is a one sample (population) t-test on the mean difference that stems from Gossett's work on small sample tests of means (Student, 1908) and it is a classic method to test gains from pre-test to post-test (Lord, 1956; McNemar, 1958). Thus, the inferential statistical software (SPSS version 23) was used for this process.

The quantitative data in this research was supported by qualitative data obtained by the researchers. Rothbauer and Paulette (2008) state that qualitative study will be more authoritative in presenting finding by collecting supporting data from multiple sources. Among the sources collected by researchers are data types of interviews, observations, author documents, document archives, articles and photographs. Each collected data will produce different evidence and produce different views on the phenomenon studied. In this research, the qualitative data provides the feedbacks about the effectiveness of IPM from respondents verbally and behaviorally as well as facilitators' observations analytically backed by knowledge principles concerned.

Three types of qualitative data contain observation from facilitators, participants' feedback in writing after group activity and in-depth interview sessions with participants of the experimental group. The collected data were written descriptively and analyzed according to the frequency of

responses to develop the themes from the answers given. These themes were matched to the questions of study with respect to DRLOC and psychospirituality level of the respondents for the purpose of supporting the quantitative findings. Figure 2.00 below shows the triangulation method used to collect data for this study which was propounded by Creswell (2008).

Figure 2.00 Mix Method Trangulation, Sources from Creswell (2008)



Results

Quantitative Data

Drug-Related Locus of Control Level

The data obtained from Drug-Related Locus of Control Instrument has shown that there is an increase in the mean score value for post-test (25.3684) compared to pre-test (23.6842) after the Integrated Psychospiritual Modules being imposed upon the sample involved. The mean difference is shown in the Table 2.00.

Table 2.00 The Comparison of Mean Score between Pre-test and Post-test for Experimental Group on Drug-Related Locus of Control

Pair 1	Mean	N	Std. Deviation
Pre-test	23.6842	38	3.32155
Post-test	25.3684	38	2.16134

Table 3.00 The Comparison of t-value between Pre-test and Post-test for Experimental Group on Drug-Related Locus of Control

Pair 1	Mean	t	df	Sig. (2-tailed)
Pre-post	-1.68421	-2.957	37	.005

Based on Table 3.00, the t-value recorded is -2.957 ($p = 0.00 < 0.05$). Hence the null hypothesis is rejected and H_1 hypothesis is accepted. This has proven that the integrated psycho-spiritual intervention has given a significant difference on the inmates' drug-related locus of control in the study.

Psychospiritual Level

The data analysed from the Psychospiritual Instrument has shown that there is an increase in the mean score value for post-test (171.3947) than the mean score of pre-test (165.4211) after the Integrated Psychospiritual Modules being administered upon the participated sample. The mean difference is shown in the table .

Table 4.00 The Comparison of Mean Score between Pre-test and Post-test for Experimental Group on Psycho-spiritual

Pair 1	Mean	N	Std. Deviation
Pre-test	165.4211	38	43.07481
Post-test	171.3947	38	46.48367

Table 5.00 The Comparison of t-value between Pre-test and Post-test for Experimental Group on Psycho-spiritual of the respondents

Pair 1	Mean	t	df	Sig. (2-tailed)
Pre-post	-5.97368	-2.420	37	.021

Table 5.00 shows that, the t-value recorded is -2.420 ($p = 0.000 < 0.05$). Hence the null hypothesis is rejected and H_1 hypothesis is accepted, proving that there is a significant difference on the psychospiritual level of the respondents.

Qualitative Data

In-depth interview and fieldnotes have been analyzed to capture the feedbacks of respondents upon undergoing IPM intervention. It is a fact that the positive feedbacks given by respondents do strengthen the quantitative findings researchers have figured out.

Drug-Related Locus of Control Level

There were three dimensions of insights researchers have anticipated from respondents in relation with the question of how IPM intervention have helped them to control their emotion, understand the importance of support system and thus safeguard them from relapse.

It is a fact that IPM intervention did help respondents to control their emotion. The responses were uttered 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.. ahahaha.. that's the way it is.." (R32)

Next, IPM intervention is said to be assistive in enhancing respondents' understanding on the importance of support system in recovery. Here are the responses received by the respondents:

" 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)

Lastly, the effectiveness of IPM intervention can be seen through the respondents' responses on how the effectiveness of IPM in controlling relapse. Some of the feedbacks are presented here:

" 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 Level

The psychospiritual level of respondents were gleaned qualitatively in five main aspects as how respondents could feel IPM intervention could help them to enhance their faith in God existence, His Almightyness, Powerfulness and embrace the idea of dependency to God in recovery or to stay abstinent. Apart from that, respondents were interviewed as how they found themselves in having a good thought in God's fate for them, their desire control, emulation of Rasulullah's characters and how they understand about the abode of heaven and hell.

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)

Next, psychospiritual dimension also could be seen from the aspect of how respondents found IPM intervention in helping them to accept God's fate for them optimistically. This can be gleaned as follow:

" 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 wisdoms 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)

Moreover, how IPM intervention was helpful to respondents' self- desires control was proved here as the respondent has figured out that by knowing the functions of rational mind, desires or lust and heart, we are able to control our action from going astray. 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.” (R 38)

“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 (rememberance 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)

Another angle to be seen in psychospirituality was how IPM intervention did motivate respondents to emulate Rasulullah's noble characters in their day-to-day lives. It was advocated by a respondent of this study who perceives being a responsible one 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)

Last but not least, psychospiritual aspect of this study did help respondents in knowing the reality of world as heaven would be their desired abode in hereafter life. This has been uttered by a respondent as follow:

“ This session made me realize that this life is indeed a temporal one.It's a fact short! The permeanant 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)

Based on the responses given by some of respondents, it is clearly seen that Integrated Psychospiritual Module has injected them with spiritual awareness that helps them to always believe the God's Almightyness, 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

Psychospiritual Level

The results for respondents' psychospiritual level from both quantitative and qualitative dimensions upon going through the IPM intervention were positively increasing. The post-test's mean value (171.3947) was proved to be higher than the pre-test's mean value (165.4211) and IPM have affected clients to feel that IPM intervention could be the best help for them to enhance their spirituality strength against drug relapse.

Apparently, the emphasis of IPM intervention on the remembrance of God through constant repentance (*Tazkiyatunnafs*), *Ibadah* and understanding on self, God, Syaitans's threads and the reality of heaven and hell did nurture the spiritual awakening of respondents. These elements have been clearly mentioned by Imam Al-Ghazali in his book, *The Alchemy of Happiness* (Murray, 2007). Precisely in this book entailing the fact that human beings by design are having bodily element that are earthly and mean but equipped with 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 endued to the angelic state. The highlighted point here is referring to the effectiveness of IPM intervention in nurturing the spirituality literacy among the respondents 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 intoxication (Zakariyya, 2007).

Drug-Locus of Control

The results for respondents' drug-related locus of control level from both quantitative and qualitative trajectories upon going through the IPM intervention were seen to be elevating. Quantitatively, the post-test's mean value (25.3684) was recorded to be higher than the pre-test's mean value (23.6842) while qualitative results revealed that respondents were able to demonstrating internal locus of control attributes in safeguarding them from relapse.

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 clients 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 defence of free-will and maintain that there will be no Divine justice without human free-will (Zakariyya, 2007).

This explains that, by the courageous humans' endeavors, there will come the God's helps with respect to the 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 is seen as the possible deliberation of humans' conduct to seeking hope for Divine justice. In this experimental research, we have figured 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 injected in IPM intervention 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 control is frequently termed as the determinant of the relapse and reconsumption of drug.

Conclusion

In conclusion, it is clearly shown that tackling the addiction problem through spiritual and religious trajectories paves a significant impact towards the permanent recovery process. Addiction should not be perceived as 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 Integrated Psychospiritual Module (IPM) intervention developed for drug addicts' spiritual awakening has been proved to be effective quantitatively and qualitatively. Through quantitative data, the post test mean values with respect to the drug-related locus of control and psychospiritual levels were recorded higher than their pre test mean values after the IPM intervention was given to the research' respondents. Meanwhile, qualitative data revealed that respondents are more spiritually conscious and possess the internal locus of control that were characterized as having the primary strengths to prevent them from relapse and stay abstinent from the illicit drug consumption.

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