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Achieving a Spiritual Therapy Standard for Drug Dependency in Malaysia, from an Islamic Perspective: Brief Review Article

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Abstract

Religion is one of the protective factors that facilities positive outcomes by preventing individuals from engaging in addictive substance. A recent study has confirmed that religion inhibits drug addiction. The concept of psycho-spiritual therapy was to introduce drug addiction. Therefore, of the various methods of psychotherapy, the usage of Taqwa (piety) emerged as an applicable method of Islamic spiritual therapy. This study was conducted in Malaysia as a Muslim country and focuses on Islamic recommendations and its relation to spiritual therapy.

Keywords: Religion, Spiritual therapy standard, Islamic perspective, Taqwa (piety), Behavior change, Addiction

Introduction

Despite the government's efforts to achieve a drug free Malaysia by the year 2015, the incidence of abuse of illicit drugs continues to occur. Based on the National Drug Agency (ADK) data, there are 300,000 registered addicts in its drug fight from 1998 to 2008 (1).

Heroin remains the preferred choice of drugs for users in Malaysia at 40%, while users of Amphetamine-Type-Stimulants (ATS) account for 14% of the total detected cases in 2008 (1). Today, Malaysia is experiencing a severe problem with heroin dependence. Based on the statistics of the drug dependency syndrome(addiction) Medicine Association of Malaysia's (AMAM), there were 23,573 registered heroin addicts in November 2011-2012 in community-based treatment programs with 23,125 males and 448 females, and the racial breakdown showed 71% of them were Malays, 16% Chinese, and 6% Indians (2). There are various types of treatments that are available for heroin dependence such as detoxification, methadone treatments, behavioral therapies and motivational programs. Methadone Maintenance Therapy (MMT) is a substitute treatment for heroin-dependent patients to relieve them of narcotic craving, suppress the abstinence syndrome, and block the euphoric effects associated with illicit heroin (3). The most important thing is that methadone relieves the craving associated with heroin dependence in which craving is a major cause for relapse. However, the use of methadone was limited in Malaysia as it was against the total abstinence philosophy and was also thought to compromise the nation's goal of becoming a drug-free society (United Nations Development Program (UNAIDS) and United Nations Drug Control Program_(UNDCP), 2000). The government realizes that drug rehabilitation



program, family education, and spiritual therapy (therapy according to religion) will be effective in the prevention and treatment of addiction (4).

A controlled clinical evaluation of the safety, tolerance and efficacy of Naltrexone treatment among 2029 opiate addicts found that subjects who had high compliance towards medication showed lower results compared to spiritual therapy (therapy according to religion), which had the best results. Combining MMT with spiritual therapy and Psycho-spiritual family education can be useful in helping heroin-dependent patients to stop using heroin and prevent relapse or other opiates, and return to more stable and productive lives. Several studies have found that spiritual therapy can be compatible (5) with the harm reduction approach in that they both emphasized on collaboration, empathy and individualized (6) goal setting and spiritual therapy, especially when the method considers Islam and the Holy Quran's recommendations. It is recommended to maximize the effectiveness of MMT (7).

Religion and Spiritual Therapy

Most literature recognizes religion as an important correlation of drug addiction, which focuses on the lack of religion as a risk factor for the increased usage of drugs (8). Religion is one of the protective factors identified as facilitating positive outcomes by buffering individuals from constructs that place them at risk of engaging in addictive substances and practices (9). More recent work continues to confirm that religion inhibits drug addiction (10, 11).

As we know, one of the main factors contributing to drug addiction is mostly due to lack of religious education. Based on AMAM's statistics, 71% of drug addicts in Malaysia are Malay males (2, 12). There are 70% drug addicts in Malaysia and Indonesia, of which some are Muslims, while some of them have not been practicing Islam as a way of life (13, 14). They have attempted to enlighten the concept of psycho-spiritual therapy approach in drug addiction rehabilitation. The focus is mainly on theoretical aspects of the approach and it is substantiated by the outcome of reliable field researches done in Pondok Remaja Inabah both in Indonesia and Malaysia (8, 15) with a total number of hard drug addict patients being 2722. The curriculum of Inabah is based on ten Qur'anic verses and ten Hadis (the traditions of the Prophet Muhammad SAW). The practical aspect of the approach in Inabah is mainly one shower, prayer and remembrance of Allah, which were conducted strictly every day. The minimum duration of treatment is 40 days for the addict patients, two months to six months for moderate addict patients, and more than six months for severe addict patients. The study found that 2284 or 83.91% of the patients recovered completely, 280 or 10.29% of the patients were still under treatment, 235 or 8.63% of the patients went home before recovery, 123 or 4.52% of the patients ran away and 35 or 1.29% of the patients passed away. He believed that a drug addict is involved in drug abuse simply because he does not have a strong spiritual life, therefore, a strong religious therapy not only can prevent someone from getting involved in drug abuse, but it can also give an effective treatment to drug addicts (7, 8, 15).

In recent years, efforts have been made to integrate religious-based concepts and beliefs in the spiritual therapy approach (16, 17). This involves replacing damaging beliefs and attributions about the self, others, and the world with more positive religious-based beliefs and attributions (18, 19). Several researchers have demonstrated the effectiveness of these approa-ches for several different populations. Some researchers suggested that most clients express an interest in incorporating spiritual religious issues and resources into the psych spiritual family education setting (20, 21). Clients view their spiritual and religious strengths as vital assets in coping with problems and for enhancing healing and growth (16). The terms spirituality and religion are used interchangeably. Spirituality is often viewed in terms of an individual's personal experience of seeking the sacred in life and striving to connect with Allah (16, 22).

There are a number of theories about spiritual interventions and family psycho-spiritual educa-tion that are good matches for drug addicts to transform the way they think and act (23, 24). Spirituality has been found to help clients find meaning and purpose in their lives and has been connected to hope and the healing process. Most of the 11,000 programs for substance abuse treatment in the United States incorporate some form of spirituality (14). Some other studies conducted (11) found that there is a consistent inverse relationship between spirituality and drug addiction and family education. Spirituality and family psychospiritual education have been shown to be related to positive outcomes in the treatment with CBT (21, 25), and to be negatively correlated with current drug abuse (26). Several factors such as client values and preferences, or the discrepancy between the religious beliefs of mental health professionals and those of their clients and professional competency in considering the elements of spirituality in Cognitive Behavior Therapy (CBT), and (24, 27) the limited measurement of spiritual variables (17) influence the effectiveness of the treatment (28). Some of the professional organizations encourage counselors and practitioners to consider client spirituality within the context of ethical behavior and professional competency in utilizing spiritual elements in CBT (29-31).

The best way to create a standard Islamic spiritual therapy is by concentrating on the recommendations of the Holy Quran (32) and selecting a part that can be made into practical guidelines. Therefore, researchers have concentrated on the meaning of Taqwa (33). The following paragraphs discuss the Islamic and psychological aspects of Taqwa in psychotherapy.

Taqwa in the Field of Psychology and Mental Health

What is Taqwa?

The psyche of Muslim is highly guided by the teachings of the Holy Quran (22)

The Holy Quran is the Heaven Book that introduces many illnesses and their treatments. These illnesses can be classified into several categories (34).

Human psyche deals with both conscious and unconscious matters, which are guided by the Quran through the term of Piety (*Taqwa*) (Sura 49, Verse 13) (32). Taqwa or 'piety', or virtue (in English) is an Arabic word which means to be declared as a shield against wrongdoing and further stated "God conscious" or "fear of God" having or being:

"Deliberately cautious of Allah" (Holy Quran). The origin of the word Taqwa is from the Arabic root letters wa 'ka' ya (ie; sign) and its verb from the word "Ittaki". Ittaki means to be careful or to be protected or be careful. Taqwa is an inner compass on the path leading to Allah. The broader significance and character of Taqwa is to develop one's own behavior, so they are deliberately cautious in the worship of Allah and attain nearness to Him and, therefore, perfectly located (22) This awareness and the fear of Allah is to be understood as a protection and shield against wrongdoing. Through the abstention by the fear of evil, the awareness and establishment of a cautious awareness of Allah, we finally develop a love for Him. The universal principle of submission to the will of God is beautiful in a man's character, a servant of Allah, as' abed-Allah. whereby "the ideal state of Taqwa is known, is expressed". Taqwa is one of the most profound concepts in Islam. It is an avenue by which Muslims are able to connect with each other in society and act as a means to perform actions for the sake of Allah's channel. The owner of Taqwa is called Al-Muttaqun or Muttaqeen (Holy Quran &(35-37). The following verse of the Qur'an Surah Al Bakarah 2, Verse 183 confirms that Taqwa is for everyone and not selected for a "You who believe fasting is prescribed group: you, as it was prescribed to those before you so that you may achieve Taqwa" (38, 39).

From a psychological point of view, Taqwa can be defined as such: "A healthy person is a person who does not have a physical or mental disorder from the perspectives of Islam, a person who has Taqwa, or an individual's ability to enjoy life and procure a balance between life activities and efforts to achieve the highest level of Piety" (Taqwa). Therefore, any deviation or distortion of Taqwa leads to the forming of cognitive distortion, irrational beliefs, and pathologic behaviors such as depression, anxiety, phobia, sexual deviation, and drug dependency (addiction).

Taqwa or Piety and Quranic behavior includes a lot of noble behavior; in the Holy Quran they are considered as

- Trust in Allah (Sura 19, Verse 96).
- Patience and tolerance (Sura 5, Verse 11/Sura 8, verse 61).
- Repentance (Sura 2 Verse 153).
- Prayer and worship (Sura 25, Verse153).
- Satisfaction with what Allah wants for him/her (Sura 3, verse 38/Sura 23 verse 60).
- Forgiveness (Sura 22, Verse 60/Sura 4, Verse 99).
- Thankful to Allah (Sura 27, Verse 40/Sura 35, Verse 30).
- Giving Zakat (Sura 23, Verse 1-4)

In many of the verses, the Quran is called a remedy: "O men, now there has come to you an admonition from your Lord, and a healing for what is in the breasts, and a guidance, and a mercy to the believers" (Sura 10, Verse 57);

"Says: To the believers it is guidance, and a healing" (Sura 41, Verse 44); "And We send down, of the Quran, that which is a healing and a mercy to the believers" (Sura 17, Verse 82).

Hence, the first thing that is done for humans by the Holy Quran is to purge him of mental, ethical and social illnesses. Therefore, we recommend using Taqwa as an application technique (40).

This literature review clarifies that Taqwa plays an important role in understanding human behaviour. For better understanding of this matter, this study focuses_on Taqwa and is divided into four types of behaviour (40-41): cognitional, individual, social, and emotional behaviour (this part pays attention to the relation between wife-husband, family, and friends) through the designation of a questionnaire.

Conclusion

The Government of Malaysia has limited the use of Methadone as it compromises the goal of becoming a drug-free society (UNAIDS). It is realized that drug rehabilitation program will be effective if it associates MMT with counselling and spiritual therapy based on the Holy Quran's recommendations. Religion is one of the protective factors identified as facilitating positive outcome. In this study, it is demonstrated that Islamic Psycho-spiritual therapies like Modified Cognitive Behavioural Therapies (MCBT) has shown effective results. Thus, it has been concluded that a strong spiritual life is one of the important elements in treating drug dependence effectively. Therefore, spirituality is incorporated into standard psychotherapy to help drug addicts.

Ethical considerations

This research has been approved by Ethical Committee of University of Malaya (IRB RE-FRENCES NUMBER 974.1). Ethical issues (Including plagiarism, informed consent, misconduct, data fabrication and/or falsification, double publication and/or submission, redundancy, etc.) have been completely observed by the authors.

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References

- Vicknasingam B, Mahmud M (2008). Malaysian drug treatment policy: An evolution from total abstinence to harm reduction. *JAM*, (3):107-121.
- Teoh El Sen (2012). Catch 22 in treatment for drug addiction. Retrieved on February 27, 2012. Available From:*www.freemalaysiatoday.com*.
- Krambeer L, Mcknelly W, Gabrielli W,Penick E (2001). Methadone therapy for opiate dependency. *Am Fam Physician*, 63 (12): 2404-2411.
- 4. Vicknasingam B, V. Navaratnam (2008). The use of rapid assessment methodology to comple-

ment existing national assessment and surveillance data: A study among injecting drug users in Penang, Malaysia. *Inte J Drug Policy*, (19):90-93.

- 5. Pardini D, Plante T, Sherman A,Stump J (2002). Religious faith and spirituality in substance abuse recovery: Determining the mental health benefits. *J Subst Abuse Treat*, (19): 347-354.
- Seghatoleslam T, West R, Habil H, Zahiroddin A (2014). A Pilot Study of Managing Depression and Controlling Smoking. *InterMed J*, (21):14-17.
- Piko B, Fitzpatrick K (2004). Substance use, religiosity, and other protective factors among Hungarian adolescents. *Addict Behav*, (2): 1095-1107.
- 8. Muhammad Yusof Khalid (2008). Psychospiritual therapy approach for drug addiction rehabilitation. *JAM*, (3): 143-151.
- Coceran J, Nichols-Casebot A (2004). Risk and resilience ecological framework for assessment and goal formulation. J Child Adol Psychop, (21):211-235.
- Giles T (1999). Some principles of interaction in absence of therapist alliance. *Trans Anal J*, (9):294-296.
- Miller W (1998). Researching the spiritual dimensions of alcohol and other drug problems. *Addiction*, (93): 979-990.
- Seghatoleslam T, Ardakani A, Habil H, Jameei F, Rudsi R (2013). A Pilot Study of Prevalence of Psychiatric Disorder among Drug-Dependent Patients: A Report from an Addiction Centre in Malaysia. *Inter Med J*, (20) :1-5.
- 13. Propst L, Ostrom R, Watkins P, Dean T,Mashburn D (2002). Comparative efficacy of religious and nonreligious cognitivebehavioral therapy for the treatment of clinical depression in religious individuals. *J Consult Clin Psychol*, (60): 94-103.
- Ringwald C (2002). Uncovering the spiritual dimension in the treatment of addictions. 4th ed . Oxford University Press, New York . pp : 201-210.
- 15. Fadzli A, Sudirman AF, Sudirman AF (2011). Spiritual and Traditional Rehabilitation Modality of Drug Addiction in Malaysia. *IJHSS*, 1(14): 175-181.
- Krentzman AR, Cranford JA, Elizabeth A,Robinson R (2008). Multiple Dimensions of Spirituality in Recovery: A Lagged Mediational

Analysis of Alcoholics Anonymous' Principal Theoretical Mechanism of Behavior Change. *Subst Abus*, (34): 20-32.

- Rose E, Westefeld J,Ansley T, (2001). Spiritual issues in counseling: Clients' beliefs and preferences. J Couns Psychol., 48(1), 61–71.
- Looney L (2011). Spiritually modified cognitive behaviour therapy in the treatmet of substance abuse : A case conceptualization. 2nded, North American Association of Christian in Social Work Publisher, Pittsburgh.pp:81-87.
- 19. Hodge D (2006). Spiritually modified cognitive therapy. Soc Work, (51): 157-166.
- 20. Hardy J (2004). *Psychosynthesis in evolutionary context*. Routledge, London. pp:235-289.
- Chambless D,Ollendick T (2001). Empirically Supported Psychological Interventions: Controversies and Evidence. *Annu Rev Psychol*, (52): 685-716.
- 22. Islam A (2012). The Holy Qur'an: Arabic text with corresponding English meanings. 15th ed, Saudi Arabia: Abul-Qasim House Publisher, Jeddah.PP:243
- 23. Hawkins R, Tan S, Turk A (2010). Secular versus Christian inpatient cognitive behavioral therapy programs: Impact on depression and spiritual wellbeing. J Psychol Theol, (27):309-331.
- 24. Epstein D, Hawkins W, Covi L, Umbricht A, Preston K, Umbricht A,Preston K (2003). Cognitive-behavioral therapy plus contingency management for cocaine use: Findings during treatment and across 12-month follow-up. *Psychol Addict Behav*, (17): 73-82.
- 25. Butler A, Chapman J, Forman E, Beck A (2006). The empirical status of cognitive-behavioural therapy: A review of meta-analyses. *Clin Psychol Rev*, (26): 17-31.
- Kogan SM, Luo Z, Murry V,Brody G (2005). Risk and protective factors for substance use among African American high school dropouts. *Psychol Addict Behan*, (19):382-391.
- Brown R, Kahler C, Niaura R, Ivan M (2001). Cognitive behaviour treatment to depression in smoking cessation. J Consult Clin Psychol, 63:471-480.
- Beck A, AJ R, Shaw B, Emery G (1978). Cognitive therapy of depression. 10th ed, Guilford Press, New York. pp: 302-337.
- 29. Seghatoleslam T (2010). A scientific journey to the depth of addiction. In: West R . *Theory of*

addiction. Blackwell Oxford/ Iran, Tehran.pp: 103-106.

- Miller W (2006). Spirituality, treatment, and recovery. In Recent developments in alcoholism (ed)^(eds) Kluwer Academic, New York, pp. 391-404.
- Beck A, Ward C, Mendelson M, Mock J, Erbaugh J (1961). An inventory for measuring depression. *Arch Gen Psychiatry*, 4:561-571.
- 32. Ahmed A, Unal A,Rahman A (2011). *Holy Qu'ran*. 2nded, OhileTech, Dubai
- Abdullah YA (2012). The Holy Qu,ran For Community.5th ed, Muhammad Ashraf Publishers Lahour.
- Abu RH, Paregment K (2010). Religious integrated psychotherapy with Muslim clients from research to practice. *Prof Psychol Res Pr*, (41):181-188.
- 35. Siddiqui AH (2008). Translation of Sahih Muslim. University of Southern Carolina Centre for Muslim-Jewis Engagement- Avaiabl from: *nnnv.usc.edu/schools/college/crcc/engagement/resources* / texts/ muslim/ hadith/ muslim.

- Razali SM, Hasanah CI, Aminah K, Subramaniam M (1998). Religious—Sociocultural Psychotherapy in Patients with Anxiety and Depression. *Aust N Z J Psychiatr*, (32): 867-872.
- Propst LR (1988). Psychotherapy in a religious framework: Spirituality in the emotional healing process.
 3rd ed. Human Sciences Press.New York. pp: 105-106
- 38. Ali AY (2000). *The Holy Qur'an*. 2nd ed. Wordsworth Editions. Jeddah
- Gordon JS,Edwards DM (2005). Mind-BodySpirit Medicine. Semin Oncol Nurs, (21):154-158.
- 40. Seghatoleslam T, Habil H, Hatim A,Rusdi R . Evaluation of Psychometric Properties of the Second Version of the Taqwa (Piety) Questionnaire Bahasa Melayu. University Malaya Centre of Addiction Sciences. Available from the corresponding author of this paper, Malaysia; 2015.
- Magill M, Ray L (2009). Cognitive-behavioral treatment with adult alcohol and illicit drug users: A meta-analysis of randomized control trials. *JSAD*, (70) :516-572.