

## Correctional method on hard core drug addicted: A study on AADK, AADK-I and INABAH

Open  
Access

Selamah Maamor<sup>1,\*</sup>, Norazlina Abdul Wahab<sup>1</sup>, Abdullah Abd Ghani<sup>1</sup>, Ahmad Bashir Aziz<sup>1</sup>, Mohd Shahril Ahmad Razimi<sup>1</sup>, Nor Hanim Elias<sup>1</sup>, Nik Safiah Nik Abdullah<sup>1</sup>

<sup>1</sup> Islamic Business School, College of Business, Universiti Utara Malaysia, 06010 UUM Sintok, Kedah Darul Aman, Malaysia

### ARTICLE INFO

#### Article history:

Received 16 May 2017

Received in revised form 29 July 2017

Accepted 9 August 2017

Available online 14 August 2017

#### Keywords:

Correctional method, Drug addicted, AADK, INABAH, Qualitative method, Spiritually approach

### ABSTRACT

This article is part of a larger study on the role of spirituality in correcting the hard core drug addict. The study seeks to reveal the experience of former hard core drug addicted through different correctional method. This is to better understand the deep meanings from their experiences with spirituality and transformation as they cope with the challenges of drug addict. Data were gathered using in depth interview with the former drug addicted who have experience through AADK, AADK-i and Pondok Inabah. Qualitative methods were used in identifying several themes which 1) Basic method of treatment used; 2) Special treatment used; 3) Feeling during treatment; 4) Preparation to face community; 5) Successful rate. The study suggests that former drug addict experiences with drug addict and their learning processes must be understood within the appropriate cultural context. The common emphasis of spirituality on relationship with God, self and others, may significantly influence how people learn to live without drug.

Copyright © 2017 PENERBIT AKADEMIA BARU - All rights reserved

## 1. Introduction

Drug addict problem in Malaysia is not a new thing and it getting serious in 1970s till government of Malaysia has to declare that illegal drugs is Malaysia number one enemy in 1983. National Anti-Drug Agency (NADA) is an agency that responsible to handle problems related to the use of illegal drugs.

Based on National Anti-Drug Agency (NADA) [1], drug addiction cases in Malaysia shown decreasing pattern. The result also shown the pattern in five years where the highest drugs addict found in 2010 which is 23,462 persons. However, the number was decreased to 7,864 in 2013. (See Table 1).

\* Corresponding author.

E-mail address: [selamahm@uum.edu.my](mailto:selamahm@uum.edu.my)

**Table 1**  
 Comparison of drug addict detected for 2009-2013

YEAR	NEW CASE		REPEATED CASE		TOTAL	
	#	%	#	%	#	%
2009	7123	45.27	8613	54.73	15736	100
2010	17238	72.91	6404	27.09	23642	100
2011	6956	62.14	4238	37.86	11194	100
2012	5270	58.46	3745	41.54	9015	100
2013	4768	60.63	3096	39.37	7864	100

Source: National Anti-Drug Agency (NADA), 2013

**Table 2**  
 Drug addict detected in 2012 and 2013

Case status	2013	%	2012	Different 2013/2012 (%)	Average for 2013		
					Monthly	Daily	Hourly
New case	4768	60.63	5270	-9.53	397	13	1
Old case	3096	39.37	3745	-17.33	258	8	0
Total	7864	100	9015	-12.77	655	22	1

Source: National Anti-Drug Agency (NADA), 2013

While, as can be seen from table 2, the drug addiction cases were serious in Malaysia where monthly cases were 655 and daily cases were 22. This is very serious and parents who have children that involve in drug addiction problems are scared that their children will have a dark future due to the failure to rectify from it.

Therefore, parents and the person who involve in drug addict and seriously want to go out from this problem, they will find the alternative correctional method. So, this situation also normally will make the drug addict found Inabah and once they have an experience staying at Inabah, they will believe in the approach that Inabah used to correct/rectify he drug addict.

## 2. Literature Review

Historically, the words religious and spiritual have been used synonymously to describe all the various aspects of the concept of religion. Regularly, the word spiritual came to be associated with the private realm of thought and experience while the word religious came to be connected with the public realm of membership in a religious institution with official denominational doctrines. Spirituality is also now associated with mental health, managing substance abuse, marital functioning, parenting, and coping. It has been suggested that spirituality also leads to finding purpose and meaning in life. Studies on spirituality related to the said issues have been done by various scholars such as [2-8].

The term spiritual and religious is also very important to be clarified. The word spiritual comes from the Latin root 'spiritus' that originally meant "breath" and is one of many words like psyche (Greek), atman (Sanskrit) and ruach (Hebrew) associating breath with life. Merriam-Webster Dictionary defined spirit as the life giving, vital, animating force of human beings and also the vigor, courage, and ardor that infuses life with energy [9]. The Merriam-Webster Dictionary [9] further defines spirit as the essential quality, character or nature, or special attitude of the mind. The Spirit is also defined as the incorporeal essence of the person, the soul, and a supernatural entity.

Meanwhile, religion is the term used for formal or ritualized belief practices that are shared with a group of others. The terms spirituality and religion are often used interchangeably. In this research,

spirituality is used rather than religiosity because of the desire for a term with broader scope. The intention is to discuss spirituality as a universal phenomenon, not limited to formal faith systems.

Spirituality has been described as broader than religion, “a personal, individual value system about the way people approach life” [10], varying from person to person and changing throughout life, a personal quest for meaning and purpose. Labun [11] connected spirituality with love, faith, hope, and trust, all of which are interpersonal relationships. The National Interfaith Coalition on Aging and most Western writing assumed a Judeo-Christian religious stance defining spiritual well-being as “the affirmation of a life in a relationship with God, self, community and environment that nurtures and celebrates wholeness” [12].

There are several discussions on spirituality and religiosity by previous researchers. As an example, Allport and Ross [13] noted a distinction between intrinsic and extrinsic religiosity. Extrinsic religiosity is social convention, the comfort or censure provided by others that originates in doctrine and ritual. Intrinsic religiosity is an individual’s framework of meaning that allows for interpretation of life. Intrinsic religiosity is conceptually closer to spirituality than extrinsic religiosity.

However, Hiatt [14] stated that a distinction between spirituality and religion was important and that the definition of spirituality should stand independent of any specific belief system. He identified the following attributes of spirituality: concern with the ultimate truth of things, an extrasensory domain (outside physical reality), an experiential and intuitive quality of reasoning, and an organic, dynamic and evolutionary flux that can be experienced as a state of undifferentiated energy. In his conceptualization, spirituality provides an integrative function, but he noted that the mind’s interpretation of reality is influenced by past experience.

Haase *et al.*, [15] did a simultaneous concept analysis of spiritual perspective, hope, acceptance, and self-transcendence. They identified three critical attributes for spirituality as connectedness, belief, and creative energy. The spiritual dimension does not exist in isolation from the psyche and the soma. It affects and is affected by our physical state, feelings, thoughts and relationships’ [16]. This is a very broad definition that seems to have no parameters; however, eight dimensions as stated may lead us to conclude; 1) Spiritual Connection; 2) Meaning and purpose in life; 3) Experiences of awe and wonder; 4) Wholeness and integration; 5) Spiritual strength; 6) Inner peace; 7) Hope and optimism; 8) Faith.

With the dawn of a new century, spirituality has received increased coverage in the media and more discussion in the workplace, in politics and in education [17]. Spirituality has also become more apparent in health care, with increasing evidence that spiritual factors are important components of health and well-being [18]. The need for health care providers to effectively address the connection between spirituality and health is becoming widely recognized as more people want the spiritual content to their health care. As the information age gives way to the intuition age and more people become spiritually centered, health care professionals will need to focus less on logical, linear, mechanical thinking, and more on creative, lateral and emotional thinking [19]. This shift in focus will require the provision of care to encompass a more holistic perspective - one that attends to all aspects of the mind, body and spirit. As Burkhardt and Nagai-Jacobson [20] so aptly writes in their books, Spirituality, “Spirituality is at the heart of caring for the whole person”. Yet the lack of a clear definition or a concise conceptual framework, coupled with limited opportunities for spiritual training and professional development of health care providers, has resulted in the neglect of this aspect of client care. For health care providers, this course will attempt to help fill that gap. For the non-healthcare student, the course will help provide an understanding of spirituality.

No discussion of spirituality would be complete without referring to the concept of a higher power or creator. This being is known throughout the world by many different names, including God, Goddess, higher power, Divine Spirit, Ultimate Being, the Absolute, Lord, inner light, life source, Allah,

Tao, Spirit, the way, and universal love. Because it would be too cumbersome to try to include all the different names on every use, we will most often use the term God throughout this course. We mean no disrespect to anyone, and sincerely hope none is taken.

Spirituality encompasses all aspects of being human and is a means of experiencing life. Spirituality has also been defined as an integral dimension of the health and well-being of every individual [21]. By caring for clients in a way that acknowledges the mind-body-spirit connection, health care providers acknowledge the whole person [22]. In the past, spiritual care was synonymous with religious care. Although spirituality may include traditional religious beliefs and practices, spirituality is a much broader concept that also includes nonreligious beliefs and expressions [23].

Today's multicultural society, with its many secular and religious beliefs, requires spiritual care that respects the integrity of different faith communities as well as that of individuals outside the faith communities [22]. Enblen [24] examined the literature to determine the differences in definition regarding the concept of spirituality and religion. He found that the following six words appeared most frequently when describing religion: system, beliefs, organized, person, worship and practices. In descriptions of spirituality, the following nine words appeared most frequently: personal, life, principle, animator, being, God/god, quality, relationship and transcendent. In the holistic perspective of health care, the body, spirit, and mind are interconnected and interact in a dynamic way in the "whole person," making it difficult and artificial to try to separate these three dimensions. However, health care providers find it useful to distinguish between them for purposes of assessment and treatment. They can be differentiated by three categories which are 1) physical dimension (body); 2) psychological dimension (mind); 3) spiritual dimension (spirit) [25-26].

Until recently, contemporary medicine has historically given little attention to the spiritual dimension, despite its importance in the fundamental goal of healing. However, medicine now focuses increased attention on exploring the relationship between clients' spiritual needs and more traditional aspects of their medical care. Medical schools have begun offering courses in spirituality, religion, and health, with many schools receiving grants from the National Institute for Healthcare Research to develop curricula in spirituality and medicine [14], [27]. Trends that appear to be driving this new interest in spirituality include the many studies that have demonstrated a strong connection between spirituality and improved health, client demand for greater personal attention from their physicians, the growing importance of end-of-life care, and the increasing dissatisfaction among physicians with what they view as an increasingly depersonalized practice [28].

Nursing incorporates all the aforementioned perspectives (theology, psychology, sociology, and medicine) while also examining spirituality quantitatively from other perspectives, including spiritual health, spiritual well-being, spiritual perspective, self-transcendence, faith, quality of life, hope, religiousness, purpose in life, and spiritual coping [29]. Traditionally, nursing has always been concerned with the health care of the whole person, including the physical, psychological, social, cultural, environmental, and spiritual dimensions [30-31]. Nursing theoretical models in which spirituality is a major concept include Betty Neuman's Neuman systems model, Margaret Newman's theory of health, Rosemary Parse's theory of human becoming, and Jean Watson's theory of human caring.

The religious and moral systems of Asia Pacific Muslims vary and are historically influenced by Buddhism, Hinduism, Shamanism, Confucianism, and Taoism; Christianity as well as Islam has had a significant contemporary influence. Through the travel of merchants navigating the spice routes to South Asia and Southeast Asia, Islam was spread. Moreover, these exchanges of goods and services along with religion and ideas have continued from antiquity up to the present day. Current individuals who are Muslims and of South Asian descent are employed worldwide, as computer programmers,

doctors, scientists, seafarers, etc., [32]. Although their culture is Asian influenced, their spirituality in the form of Islam has a significant impact upon their lives.

Spirituality manifested via Islam is by far the prevailing life force among Asia Pacific Muslim populations. As previously mentioned Asia Pacific Muslims are born into Islam and expected to remain committed to its rituals and traditions for life. Their spiritual commitment to Islam is so old and deep-rooted that it has permeated all aspects of family life [33]. It is most evident in the belief system held by persons dedicated to the faith. These beliefs are considered canons and not subject to debate. Perhaps foremost in importance among such canons is a belief in the oneness of Allah (God); that belief is associated with the prophet Muhammad and, according to Muslim tradition, Muhammad is the Messenger of Allah. While the Al-Quran regards Him as an ordinary human being, in the Muslim belief system Muhammad has been accorded the status of a divine entity [34].

Akin to Muhammad in status is the spiritual canon that takes the Al-Quran to be the literal word of Allah. The Al-Quran is the holy literature that exemplifies the final revelations of mankind and it holds the directives for life to which all Muslims must submit. Not to be minimized in context, its recognition of Jibrail. Jibrail is the most spiritually prominent among angels and considered bearer of the revelation and the force of holiness. Belief in 'Malaikat' is essential because it enables the last spiritual canon, which is life after death. Dependent upon how one lives, reward or punishment will await them in the hereafter [35].

### **3. Methodology**

In this study, interviews serve as an essential method to reveal implications of drugs in our respondent lives. All interviews with respondents were made at concurred time. One of the fundamental difficulties interviewing former drug addict is building an agreeable relationship, so that the members will not hesitate to discuss such kind of topic. Examining transformative and spiritual experience may be troublesome since the fact that, for a most people, spiritual issues are an exceptionally private. In spite of that, we succeed to convince them to be part of this study and this is their opportunities to help others.

Being addicted with drug is a disgrace for most of people and it does make people feel inferior. Therefore, a drug addict or a former drug addict will not reveal themselves. Hence, the respondents actually suggested by the person in charge at the 3 institutions which are AADK, AADK-i and Pondok Inabah. Every institutions provide three volunteer who would have experience more than one year in that institutions and will go out in near time. In this study, those volunteered to participate in the interview session, where they met the essential criteria for the study: members more likely not reported in a verbal correspondence with the researcher about the significance of spirituality in their lives after involved in drug addict problems.

### **4. Finding**

This section will discuss on the finding based on the in-depth interview done with three respondents from AADK, AADK-i and Pondok Inabah. AADK is a rehabilitation institutions which established buy Malaysia Government to rectify the drug addict by using conventional approach. AADK can be found everywhere in every state of Malaysia. While, AADK-i is similar institutions as AADK but implement more Islamic teaching and culture. This kind of AADK-i is just established in last five years and can only found in some states in Malaysia. Pondok Inabah is a rehabilitation institution to rectify the drug addict by using spirituality approach. Inabah located at Kuala Nerang which is small part of Kedah state located at northern part of Peninsular Malaysia. Malaysia is located at a central

of Southeast Asia, with Thailand in the North, Singapore and Indonesia to the South and the Philippines to the east. Malaysia also famous with its uniqueness where it has multi-ethnic comprised of three major ethnic groups which are Malay, Chinese and Indian.

The discussion of finding will be divided into five sub topics which are 1) Basic method of treatment used; 2) Special treatment used; 3) Feeling during treatment; 4) Preparation to face community; 5) Successful rate. The detail explanation can be referred to Table 3. In term of basic method of treatment used, AADK used physical treatment which is focus more on discipline (akhlaq) and their client called as 'Pelatih'. While in AADK-i, they use physical and soul treatment which focuses on discipline (akhlaq), syariah (law) and aqidah (believe). In Islam these three elements – aqidah, syariah & akhlak is the tools that Muslims have to have. However in AADK-i these three elements is only touch on surface and they more focus on Akhlaq and Syariah. They also call their client 'Pelatih' means trainee. They are been trained to be a good person.

In term of special treatments and Ibadah have been implement in the three institutions also different. AADK implement at least basic compulsory of Ibadah like perform prayer 5 times a day together, and they also ask their 'Pelatih' to marching (Kawad) every day. While AADK-i, the 'Pelatih' have a special treatment which is 'Mandi taubat' once a month after perform Solat Jumaah on Friday. This 'Mandi Taubat' is one of the treatments to purify drug addict soul since be drug addicted is a big sins. Not only that, they also perform 5 times Solah together, they have halaqah where they sit together in group and they perform zikir, selawat, read al-quran, and tazkirah. They also have to marching (Kawad) every day, and sometimes they also perform Qiamulail. However, in Pondok Inabah, the 'Anak Bina' also have 'Mandi Taubat' as a special treatment and the do it every day early in the morning around 4 o'clock. Beside all of that general and compulsory ibadah, they also perform Zikir for more than thousand times every day for purification and strengthening their soul. They also have another special ibadah which is 'Selawat Bani Hashim'. This ibadah make them calmer and feel closer to Allah.

While discussing about their feeling during the treatments period, the 'pelatih' at AADK feel better and comfortable be in AADKI. This is because they can be far from their bad friend at outside as well as far from the drug addict habit. But at the same time, they also wanted to go out even though they scared to face community. A bit different to 'pelatih' from AADK-i, they feel calm, comfortable and prefer to stay in the AADK-i for longer time. This is because they confirm that they can only be better if they are in the AADK-i. 'Anak Bina' in Pondok Inabah feel very calm and believe that Allah alone enough for them to survive in this world. They still have hope as long as Allah with them. They also always reminded that Allah knows what they did and felt. These feeling actually treat them to 'Tawakkal' to Allah.

When asking about their preparation to face community, their feelings are totally different. 'pelatih' in AADKI are not ready to face community because they confirm that they will back to the bad habit of drug addicted as previous. They need to consume methadone (medicine) to control their addiction. While 'pelatih' in AADK-i said that they are not really ready because they feel afraid that they could not maintain their goodness as in the AADK-i.

They also really depend on environment and family acceptance or treatment. Different to 'Anak Bina' in Pondok Inabah, they are ready to go out and face community because they know Allah always with them. Just thinking about how Allah looks at them rather than how do people look at them. They also feel enough as long as Allah with them. They also very happy that they will be 'ikhwan' to the other 'anak bina' after they go out, so meaning that they are part of the community and they can serve their community in their own way. Not only that, they are also very happy to be part of the big family of Pondok Inabah because 'ikhwan' will be invited to joint activity which is special 'ibadah'

every month and this make them feel comfortable and can be always reminded to doing good things and be a good Muslim.

All those different treatments, feeling and preparations that gone through by the former drug addicted, actually also portrayed in the successful rate of drug addict that can survive after go out from the treatment institutions. For AADKI, the 'pelatih' only can survive without consume drug mostly up to 1 month and later they will back to their bad habit. In term of percentage of the successful 'pelatih' that can leave without drug is only below 20%. While, AADK-i, the 'pelatih' can control their own self from consuming of drug mostly up to 3 months only and later they will back to their bad habit. In term of percentage of the pelatih that can leave without drug is only up to 30%. Different finding from 'Anak Bina' Pondok Inabah, where they can control their own self to not consume drug for more than a year and mostly turn to be a good person if they continue and actively joint 'ikhwan' activity. This special treatment provided by Pondok Inabah can train more than 70% of 'Anak Bina' success to leave without drug or fully recovered.

**Table 3**

Experiences of former drug addicted from AADK, AADK-i and Pondok Inabah

No	Theme	AADK	AADK-i	Pondok Inabah
1	Basic Method of treatment used	Physical treatment - focus more on discipline (akhlaq) 'Pelatih'	Physical and soul treatment - focus on discipline (akhlaq), syariah (law) and aqidah (believe) 'Pelatih'	Soul treatment - focus on aqidah (believe) discipline (akhlaq), and syariah (law) 'Anak Bina'
2	Special treatment – <i>mandi taubat</i> & Special Ibadah	No ' <i>mandi taubat</i> ' At least basic compulsory Ibadah like perform prayer 5 times a day together, marching (Kawad) everyday	Mandi taubat once a month after perform Friday Solat Jumaah. Perform 5 times Solah together, halaqah - zikir, selawat, read al-quran, tazkirah. Marching (Kawad) everyday, sometimes Qiamulail	Mandi Taubat everyday early in the morning (4am) Beside all of that general and compulsory ibadah, they also perform Zikir for more than thousand times for purification and strengtnering. 'Selawat Bani Hashim'
3	Feeling during treatment	Feel better and comfortable because can be far from their bad friend at outside. But they also wanted to go out but they scared to face community.	Feel calm, comfortable and prefer stay in the AADK-i longer. Confirm that they can only be better if they are in the AADK-i.	Feel very calm and believe that Allah alone enough for them to survive in this world. Still have hope as long as Allah with them. Always reminded that Allah knows what we did and feel. Tawakkal
4	Preparation to face community	Not ready because he will confirm back to the bad habit of drug addicted as previous. Need metadon (medicine) to control their addiction	Not really ready because they feel afraid that they could not maintain their goodness as in the AADK-i. Really depend on environment and family acceptance or treatment.	Ready and know Allah always with them. Just thinking about how do Allah look at them rather than how do people look at them. Enough as long as Allah with them and they are 'ikhwan' to the other anak bina.
5	Successful rate	Mostly up to 1 month – below 20%	Mostly up to 3 months - 30%	More than year and mostly turn to be good person and success in their life - 70%

## 5. Discussion and Conclusion

Life-threatening disease such as drug addiction may become a spiritual encounter and a deep emotional experience for drug addict as they cope and find a path to healing. Based on the finding discussed above, spirituality had become greatest source of knowing and learning for 'Anak Bina' Pondok Inabah. Initially, there were experiencing self-doubt regarding their relationship with Allah—what Allah had planned for them and whether they were being punished by Allah. This confrontation with their own vulnerability prompted the turn to spirituality and makes them to open themselves more deeply to Allah.

It is important to note that in this context, the disorienting dilemma not from the power of rational thinking as commonly understood, but from the deep reflection of one's place in the world in relationship to Allah. As a result, the three participants from Pondok Inabah had a very positive acceptance of their recovery from drug addiction, and they believe that they can go through that moment by the help of Allah. They valued their drug addiction experience as a life-awakening experience that made them appreciate the simple joys of life that were unrecognized before. Their suffering of drug addiction became the turning point that brought them to a profound engagement with their own essential selves and the experience of the power of hope. In this experience, all three respondents also came to the realization of their own resources through their deepening awareness of Allah as the loving power sustaining them in the adversity of suffering drug addict. As a result, they regained new strength in the form of not being easily disappointed by difficulties in life. As life was newly appreciated as a trial in preparation for life in the hereafter, this perspective became their greatest motivator to continue surviving and being committed to continue self-development.

This optimism for life is consistent with the latest studies of people with advanced cancer, which found that patients who turn to religion to cope with cancer are more likely to have desire life-saving measures to prolong their life [36]. For the former drug addicted, as life constitutes a trial for human beings and death is the return of the soul to its Creator, this view serves to keep all their challenges with drug addict in proper perspective as they tried their best to live in preparedness for what is to come under Allah's sovereignty and knowledge—a prolonged life or a good death. This study has made visible how spiritual ways of knowing contribute to learning in a life-threatening suffer and Muslim cultural context. Spirituality became the centering process as the people turned inward and became conscious of their souls [37] and thus found meaning in their predicament. Learning through spirituality is learning through one's heart or what Islam calls the 'spiritual heart'. The spiritual heart or the qalb is the same as the spirit and the psyche of the human being. It is the seat of human perception that is able to receive Divine inspiration and witness the epiphanies of the Truth. It is the center of human emotions, intentions and aspirations [38].

These findings also support others that found that spirituality is an important dimension for drug addicted, emanating positive feelings toward health and life [39] and that spirituality is culturally determined [40]. Patients' experience of people trust and their coping strategies must be understood within the appropriate cultural context. In the case of the former drug addicted, religion and spirituality significantly influenced how they coped with life-threatening illnesses [41]. Although it was surmised that religious beliefs may influence Muslim man to stop life-saving treatment and rely more on faith [42], evidence from this research paints a rather optimistic and beneficial picture of spirituality and religion to Muslims.

The concept of spirituality revealed in this study is in line with the common notion of spirituality as making a connection with God [43]. Spirituality is returning to the essence of all things of self, of life and of death. For Muslims, it involves connectedness with Allah through remembering and



surrendering oneself to the Will of Allah. This conscious realization becomes a powerful motivator in coping beyond the suffering. Findings from this study also underscore that although conventional treatment guides important interventions for drug addict, it is not sufficient to understand the breadth and depth of issues and challenges faced by drug addict. Healthcare practitioners and educators should remain attentive to spiritual resources as integral support. Such efforts could improve the quality of life of survivors. These findings can guide further studies to investigate the contribution spirituality makes to effective coping with serious illness and the maintenance of spiritual well-being in the lives of drug addicted people. As words from the Tok Guru of Pondok Inabah-founder of Pondok Inabah, "We have to love people who hate us and make them a part of our families since communities and families is part of the recovery."

### Acknowledgements

This research was supported by Niche Research Grant Scheme (NRGS) provided by MOSTI with S/O Code: 12957. We are thankful to our colleagues who provided expertise that greatly assisted the research, although they may not agree with all of the interpretations provided in this paper.

### References

- [1] National Anti-Drug Agency (NADA), 2013
- [2] MacDonald, Douglas A. "Spirituality: Description, measurement, and relation to the five factor model of personality." *Journal of personality* 68, no. 1 (2000): 153-197.
- [3] Nasel, Dagmar D., and Wdavidg Haynes. "Spiritual and religious dimensions scale: Development and psychometric analysis." *Australian Journal of Psychology* 57, no. 1 (2005): 61-71.
- [4] Hall, Ronald E., and Jonathan N. Livingston. "Mental health practice with Arab families: The implications of spirituality vis-a-vis Islam." *The American Journal of Family Therapy* 34, no. 2 (2006): 139-150.
- [5] Ahmad, Farizah, Mazanah Binti Muhammad, and Amini Amir Abdullah. "Religion and spirituality in coping with advanced breast cancer: perspectives from Malaysian Muslim women." *Journal of religion and health* 50, no. 1 (2011): 36-45.
- [6] Hall, Ronald E., Jonathan N. Livingston, Camille J. Brown, and Jessica A. Mohabir. "Islam and Asia Pacific Muslims: The implications of spirituality for social work practice." *Journal of Social Work Practice* 25, no. 02 (2011): 205-215.
- [7] Hall, Ronald E., and Alfiee Breland-Noble. "Spirituality vis-a-vis Islam as prerequisite to Arab American well-being: The implications of eurocentrism for mainstream psychology." *American journal of psychotherapy* 65, no. 2 (2011): 151-162.
- [8] Berry, Devon M., Colleen P. Bass, Wadida Forawi, Michelle Neuman, and Nagah Abdallah. "Measuring religiosity/spirituality in diverse religious groups: A consideration of methods." *Journal of religion and health* 50, no. 4 (2011): 841-851.
- [9] Dictionary, Merriam-Webster. "Pocket Books." *New York* 604 (1974).
- [10] Laukhuf, G., & Werner, H. "Spirituality: the missing link." *Journal of Neuroscience Nursing*, 30, no. 1 (1988): 60-67.
- [11] Labun, Evelyn. "Spiritual care: An element in nursing care planning." *Journal of Advanced Nursing* 13, no. 3 (1988): 314-320.
- [12] Moberg, David O. "Spiritual Well-Being; Background [and] Issues." (1971).
- [13] Allport, Gordon W., and J. Michael Ross. "Personal religious orientation and prejudice." *Journal of personality and social psychology* 5, no. 4 (1967): 432.
- [14] Hiatt, John F. "Spirituality, medicine, and healing." *Southern medical journal* 79, no. 6 (1986): 736-743.
- [15] Haase, Joan E., Teri Britt, Doris D. Coward, Nancy Kline Leidy, and Patricia E. Penn. "Simultaneous concept analysis of spiritual perspective, hope, acceptance and self-transcendence." *Journal of Nursing Scholarship* 24, no. 2 (1992): 141-147.
- [16] Gersony, Welton M., George J. Peckham, R. Curtis Ellison, Olli S. Miettinen, and Alexander S. Nadas. "Effects of indomethacin in premature infants with patent ductus arteriosus: results of a national collaborative study." *The Journal of pediatrics* 102, no. 6 (1983): 895-906.
- [17] Messikomer, Carla M., and Willy De Craemer. "The Spirituality of Academic Physicians: An Ethnography of a Scripture-based Group in an Academic Medical Center." *Academic Medicine* 77, no. 6 (2002): 562-573.
- [18] Dossey, Larry. *Healing beyond the body: Medicine and the infinite reach of the mind*. Shambhala Publications, 2003.
- [19] Reynolds, C. *Spiritual Fitness*. London: Thorsons, 2001.

- [20] Burkhardt, Margaret A., and Mary Gail Nagai-Jacobson. *Spirituality: Living our connectedness*. Cengage Learning, 2002.
- [21] Skokan, L., & Bader, D. "Spirituality and healing. Health progress (Saint Louis,Mo)." 81, no. 1 (1999); 38-42.
- [22] Cobb, Mark, and Vanessa Robshaw, Eds. *The spiritual challenge of health care*. Elsevier Health Sciences, 1998.
- [23] Thomason, Clayton L., and Howard Brody. "Inclusive spirituality." *The Journal of family practice* 48, no. 2 (1999): 96.
- [24] Emblen, Julia D. "Religion and spirituality defined according to current use in nursing literature." *Journal of professional nursing* 8, no. 1 (1992): 41-47.
- [25] Mansen, Thom J. "The spiritual dimension of individuals: Conceptual development." *International Journal of Nursing Knowledge* 4, no. 4 (1993): 140-147.
- [26] Taylor, Elizabeth Johnston. *Spiritual care: Nursing theory, research, and practice*. Prentice Hall, 2002.
- [27] Koenig, Harold G., Ellen Idler, Stanislav Kasl, Judith C. Hays, Linda K. George, Marc Musick, David B. Larson, Terence R. Collins, and Herbert Benson. "Religion, spirituality, and medicine: a rebuttal to skeptics." (1999): 123-131.
- [28] Moran, Mark. "What is the Role of Spirituality in Medicine?" *American Medical News* 42, no. 14 (1999): 1-3.
- [29] Meraviglia, Martha G. "Critical analysis of spirituality and its empirical indicators: Prayer and meaning in life." *Journal of Holistic Nursing* 17, no. 1 (1999): 18-33.
- [30] Bergquist, Sandra, and Jean King. "Parish nursing: A conceptual framework." *Journal of Holistic Nursing* 12, no. 2 (1994): 155-170.
- [31] Martsolf, Donna S., and Jacqueline R. Mickley. "The concept of spirituality in nursing theories: Differing world-views and extent of focus." *Journal of advanced nursing* 27, no. 2 (1998): 294-303.
- [32] Vaughn, Bruce. "Islam in South and Southeast Asia." LIBRARY OF CONGRESS WASHINGTON DC CONGRESSIONAL RESEARCH SERVICE, 2005.
- [33] Al-Krenawi, Alean, and John R. Graham. "Culturally sensitive social work practice with Arab clients in mental health settings." *Health & Social Work* 25, no. 1 (2000): 9-22.
- [34] Wasfi, Atif Amin. "Dearborn Arab-Moslem community: A study of acculturation." PhD diss., Michigan State University, 1964.
- [35] Siegel, Ronald K. "The psychology of life after death." *American Psychologist* 35, no. 10 (1980): 911.
- [36] Phelps, Andrea C., Paul K. Maciejewski, Matthew Nilsson, Tracy A. Balboni, Alexi A. Wright, M. Elizabeth Paulk, Elizabeth Trice et al. "Religious coping and use of intensive life-prolonging care near death in patients with advanced cancer." *Jama* 301, no. 11 (2009): 1140-1147.
- [37] Dirkx, John M. "The power of feelings: Emotion, imagination, and the construction of meaning in adult learning." *New directions for adult and continuing education* 2001, no. 89 (2001): 63-72.
- [38] Al-Ghazali, A. H. "Wonders of the heart (Trans: Skellie, W. J.)." Kuala Lumpur: Islamic Book Trust, 2007.
- [39] Narayanasamy, Aru. *Spiritual care: A practical guide for nurses and health care practitioners*. Quay Books, 2001.
- [40] McSherry, Wilfred. *Making sense of spirituality in nursing and health care practice: An interactive approach*. Jessica Kingsley Publishers, 2006.
- [41] Mazanec, Polly, and Mary Kay Tyler. "Cultural Considerations in End-of-Life Care: How ethnicity, age, and spirituality affect decisions when death is imminent." *AJN the American Journal of Nursing* 103, no. 3 (2003): 50-58.
- [42] Hisham, Abdullah Noor, and Cheng Har Yip. "Spectrum of breast cancer in Malaysian women: overview." *World journal of surgery* 27, no. 8 (2003): 921-923.
- [43] Pargament, Kenneth I., Harold G. Koenig, and Lisa M. Perez. "The many methods of religious coping: Development and initial validation of the RCOPE." *Journal of clinical psychology* 56, no. 4 (2000): 519-543.