

# Dhikr Therapy in Mental Recovery of Drug Addicts: An Islamic Psychospiritual Case Study

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## ABSTRACT

Drug addiction is an ongoing public health issue in Malaysia and requires a more comprehensive approach to recovery, especially involving the spiritual dimension. Dhikr therapy, practiced at Pondok Remaja Inabah (1) Malaysia, supplements the conventional treatment that mainly targets physical and behavioral issues. Although the effectiveness of recovery at this institution is often reported, empirical studies that describe in depth the mental experiences of trainees and the Islamic psychospiritual mechanisms that support recovery are still not widespread and systematically explained. Accordingly, this study aims to examine the mental state of trainees before and after dhikr therapy, the patterns of change that occur, and the Islamic psychospiritual mechanisms that contribute to mental recovery. This study uses a qualitative approach through a case study involving two drug trainees at PRI (1) Malaysia. Data were collected through semi-structured interviews, participant observation, and literature review, then analyzed thematically. The study findings indicate that prior to dhikr therapy, the trainees exhibited an unstable mental state, addiction, cognitive impairment, and a sense of spiritual emptiness. After therapy, there was a gradual mental change towards stability of thought, self-awareness, and repentance. This pattern of change shows a transition from a state of addiction and loss of direction in life to the building of internal stability that focuses on clarity of thought and meaning in life based on Islamic values. The mental recovery of the trainees is driven by Islamic psychospiritual mechanisms in dhikr therapy, encompassing the construction of meaning in life, emotional stabilization, the formation of a new identity, and inner spiritual monitoring. This study contributes to the development of a mental recovery model based on Islamic psychospirituality and emphasizes the potential of dhikr therapy as a systematic guide in drug recovery.

**Keywords:** Dhikr Therapy, Mental Recovery, Drug Addiction, Islamic Psychospiritual, Inabah

## INTRODUCTION

Drug addiction is a dangerous and worrying problem and threat that has attacked all countries in the world to this day due to its widespread impact on the mental, social, and moral well-being of individuals and society. All countries must specifically address this issue with various effective recovery strategies and approaches that align with current needs. The increase in drug addiction cases has prompted researchers and health practitioners to re-evaluate the effectiveness of conventional treatment approaches that usually focus solely on physical and behavioral aspects, without giving sufficient emphasis to the internal dimension. According to Ismail et al. (2022), Islamic psychospiritual-based drug rehabilitation treatment has a significant impact by increasing perseverance in charitable deeds after the recovery process. Bensaid et al. (2021) view Islamic spiritual approaches as an alternative and effective tool for drug rehabilitation.

In the Malaysian context, according to the Drug Addicts (Treatment and Rehabilitation) Act 1983, drug addicts are defined as individuals who experience psychological and sometimes physical disorders due to the use of dangerous drugs, which subsequently affect their behavior and reactions (*Drug Information Book*, 2016). The National Anti-Drug Agency (AADK) reported an increase in the number of drug addicts from 145,526 cases in 2023 to 192,857 cases in 2024, showing an increase of 47,331 cases in a year (*Drug Information Book*, 2024). This significant increase points out the importance of a recovery approach that is not only effective from a physical and behavioral perspective but also touches on the mental and spiritual dimensions of drug addicts.

To address this problem, various rehabilitation approaches have been implemented, including Institutional Rehabilitation Services and Community Rehabilitation Services by the National Anti-Drugs Agency (AADK), in addition to the role of Private Drug Rehabilitation Centers (PPDP). The *Drug Information Book* (2024) reports that 88 active PPDPs and 55 registered PPDPs are currently conducting voluntary drug treatment and rehabilitation activities. Meanwhile, the types of treatment approaches highlighted by PPDPs are spiritual (Islamic-based), bio-psycho-social-spiritual, guidance & counseling, psycho-spiritual, psycho-social, therapeutic community, occupational therapy, and medication-assisted treatment. Among the private drug rehabilitation centers that use spiritual (Islamic-based) and psycho-spiritual approaches as the main method in rehabilitating trainees is Pondok Remaja Inabah (1) Malaysia.

PRI (1) Malaysia is a drug rehabilitation institution that incorporates a psychological approach through an Islamic psychospiritual framework, which is based on Sufism and the practices of the Tarekat Qodiriyah Naqsyabandiyah (TQN) from Pondok Pesantren Suryalaya, Indonesia. This approach aims to build and guide drug abuse victims (trainees) back to the path that is pleasing to Allah SWT, in line with the philosophy of treatment and rehabilitation of Inabah, which focuses on the development and well-being of the spirit, heart, intellect, and desires (Mansor et al., 2024). The main method of treatment at PRI (1) Malaysia is to use TQN dhikr therapy systematically, including *jahar* dhikr and *khafi* dhikr. In Arifin (1983), it is stated that TQN dhikr (both *jahar* and *khafi* dhikr) can protect a person's body and spirit from the temptations of the devil and desires, and it also plays a role in helping individuals, especially teenagers, avoid falling into harmful paths such as drug abuse.

Previous studies have shown that the recovery approach at PRI (1) Malaysia has a positive effect on trainees undergoing treatment. For example, a study by Abd Ghani et al. (2017) found that 7,000 teenagers involved in drug addiction have undergone treatment at PRI (1) Malaysia, with a recovery rate of around 70%. Ibrahim et al. (2018) found that PRI (1) Malaysia has successfully rehabilitated 11,000 drug addicts. A study by Alba et al. (2020) showed that most trainees at PRI (1) Malaysia achieved recovery in a relatively short period of time, around six months. Furthermore, Ibrahim et al. (2021) suggested that the spiritual approach through the TQN method at PRI (1) Malaysia functions as an alternative treatment and complements existing treatment. A study by Mansor et al. (2023) showed that the continuous practice of dhikr therapy provides positive changes in the physical, behavioral, and emotional aspects of trainees. This success shows that dhikr therapy in PRI (1) Malaysia has a clear psychospiritual effect, especially on the mental recovery of drug addicts.

However, empirical studies on the actual mental experiences of trainees in PRI (1) Malaysia before and after practicing dhikr therapy from a psychospiritual perspective are still limited. Most previous studies focus on evaluating the effectiveness of rehabilitation based on outcomes, such as recovery rate, success, and duration of treatment, without describing in detail the mental changes of trainees throughout the intervention process. As a result, the mental state of trainees before dhikr therapy, the form of change after the intervention, and the pattern of psychospiritual changes that occur in stages are not systematically explained. In addition, the existing literature does not clearly describe the Islamic psychospiritual mechanisms that function in dhikr therapy and its relationship with the mental recovery of drug trainees in PRI (1) Malaysia. The lack of analysis based on the subjective experiences of these trainees limits the understanding of the relationship between the practice of dhikr therapy and mental recovery from an Islamic psychospiritual perspective and makes it difficult to develop a recovery model that can explain the process of mental transformation in a comprehensive and gradual manner.

In this regard, this study presents a different perspective from previous studies by examining the in-depth experiences of two PRI (1) Malaysia trainees who underwent dhikr therapy. This study focuses on “dhikr therapy in mental recovery of drug addicts: an Islamic psychospiritual case study”. Specifically, the objectives of the study are to (i) identify the mental state of the trainees before the practice of dhikr therapy at PRI (1) Malaysia;

(ii) identify the mental changes of the trainees after the practice of dhikr therapy at PRI (1) Malaysia; (iii) examine the pattern of changes in the mental state of the trainees before and after the practice of dhikr therapy; and (iv) analyze the Islamic psychospiritual mechanisms in dhikr therapy that contribute to the mental recovery of the trainees. The findings of this study are expected to contribute to the development of a conceptual model of drug recovery based on dhikr therapy within a more structured Islamic psychospiritual framework, in addition to strengthening drug treatment and recovery practices at AADK-run institutions and private drug rehabilitation centers.

## METHODOLOGY

### Research Design

This study employs a qualitative approach through exploratory case studies, enabling a deep exploration and understanding of the respondents' internal experiences. This approach focuses specifically on exploring the experiences of trainees undergoing dhikr therapy as a method of mental recovery from a psychospiritual perspective. This method is in line with Silverman's (2011) view that case studies are suitable for understanding complex phenomena involving individual experiences in their social context. Exploratory case studies are also suitable for exploring new or poorly understood matters and identifying important issues that require attention (Chowdhury & Shil, 2021; Ponelis, 2015).

### Research Location and Respondents

The study was conducted at Pondok Remaja Inabah (1) Malaysia, Kedah, Malaysia, a rehabilitation institution practicing Inabah treatment based on the dhikr therapy of the Tarekat Qodiriyah Naqsyabandiyah, which includes *jahar* dan *khafi* dhikr. The study respondents consisted of two trainees, namely the first respondent and the second respondent, who were selected through purposive sampling as recommended by PRI (1) Malaysia based on trainee records. The selection met several criteria, namely, undergoing treatment, being willing to share experiences, giving permission for interview recording, being of legal age, and having completed eight months of treatment. The selection of two respondents was intended to gain an in-depth understanding of the experiences and changes in mental recovery before and after dhikr therapy and was not intended to produce statistical generalizations. The use of this limited number of respondents is in line with the in-depth qualitative research approach, which emphasizes the richness and depth of data over the quantity of respondents. According to Moser and Korstjens (2018) & Crouch and McKenzie (2006), a small sample size of two respondents is acceptable in a qualitative case study, as long as the data obtained is rich and relevant.

### Data Collection Methods

The study data was collected through three main methods. First, semi-structured interviews aimed to identify the issues and problems of the study. The interviews involved two respondents to obtain information about their experiences before dhikr therapy, changes during the implementation of therapy, dhikr experiences, and reflections after undergoing it. The interview sessions were recorded and transcribed in full. Second, the observation method was also used to examine the behavior of the trainees during the dhikr session, their daily interactions, and their physical conditions, with field notes recorded for the purpose of triangulation. Third, the literature study involved references to Sufi and religious books and orders, in addition to journal articles related to dhikr, drug rehabilitation, and mental and psychospiritual rehabilitation in Islam. Triangulation of data through these various methods produces rich, complementary information and increases the validity of the findings. According to Chand (2025), triangulation of data collection methods reduces researcher bias, provides a more comprehensive picture of the phenomenon, and increases the credibility and validity of the study findings.

### Data Analysis

Data were analyzed using thematic content analysis involving five steps, namely (i) repeated reading of transcripts to identify patterns; (ii) initial code marking to identify important features of the data; (iii) code refinement and formation; (iv) merging codes into sub-themes and themes; and (v) construction of main themes

that describe mental changes before and after dhikr therapy. The procedure is as suggested by Naeem et al. (2023) and Kiger and Varpio (2020), who say that the thematic analysis process includes repeated reading, code marking, code formation, merging codes into themes, and theme construction.

### Validity, Reliability, and Ethics

Data triangulation, which combined interviews with both respondents, participant observation at PRI (1) Malaysia, and library sources, strengthened the validity of the study. According to Donkoh and Mensah (2023), this approach increased the credibility of qualitative findings and reduced individual bias. The reliability of the study was ensured through member checking, where respondents reviewed the interview transcripts to ensure the accuracy of the information, in line with the recommendations of Busetto et al. (2020). In addition, reliability was also strengthened through an audit trail that involved the systematic storage of interview transcripts, field notes, coding results, and researcher reflections, thus ensuring the transparency of the analysis process and increasing the validity of the study findings. In line with Othman Lebar (2018), the audit trail helps ensure the consistency of the study results.

From an ethical perspective, informed consent was obtained from both respondents, while their identities were kept confidential to ensure confidentiality and emotional well-being, especially since the trainees were former drug users. According to Yousiph et al. (2025) and Star et al. (2025), ethical compliance, including informed consent, is an important requirement in case studies.

## RESEARCH FINDINGS

The study findings are divided into two main categories: (1) the trainee's mental state before practicing dhikr therapy and (2) mental changes in trainees after practicing dhikr therapy. This section also focuses on the first and second objectives of the study. The study findings can be traced as follows:

### First, the Trainee's Mental State Before Practicing Dhikr Therapy

The results of the study found that before practicing dhikr therapy, the trainees experienced a profound desire to become addicted to drugs. Their thoughts were focused on trying to get money and obtain drug supplies. This situation was caused by the emptiness of the soul, the weakness of religious beliefs, and the absence of a clear purpose in life. This can be seen through interviews with the first and second respondents at PRI (1) Malaysia:

(In Malay) ... *"Oi memang ada, memang kuat. Dalam pemikiran tu ada dua je, dadah dan duit. Tak de pikir nak shopping ke. Mana nak cari duit, mana nak cari barang. Memang perasaan tu kuat la, sebab kita jiwa kosong"...*

... *"Yes, it was there and very strong. In my mind, I only focused on two things, drugs and money. I didn't even think about shopping. Where to get money and obtain supplies (drugs). The feeling was very strong because my soul felt empty"...* (First respondent)

(In Malay) ... *"Kuat perasaan tu. Dia mari gak fikiran duk fikir ke benda tu je lah. Caro ko nok cari bare jah"...*

... *"The feeling was so strong. My mind kept focusing on it, thinking about how to obtain the supplies (drugs)"...* (Second respondent)

In addition, trainees were reported to frequently experience symptoms of "gian" (withdrawal pain), addiction, and anxiety while under the influence of drugs before undergoing dhikr therapy treatment at PRI (1) Malaysia. Symptoms of "gian" (withdrawal pain) especially arise when they do not use heroin, causing physical pain and weight loss. The use of syabu drugs also causes hallucinations, mental damage, and disruption of the ability to think normally. Both respondents' statements confirm this finding:

(In Malay) ... *"Aii gian selalu, ketagih kan. Ada masa ketagih ada masa dia gian. Gian ni bila dalam kita tak kena barang, nak marah. Gian ni heroin je. Bagus satu je heroin ni, dia tak merosakkan akal kita. Tapi syabu ni dia merosakkan akal. Kalau heroin merosakkan tubuh, jadi kering"...*

... “Gian (withdrawal pain) always, addicted, right. There are times when you are addicted, there are times when it causes pain (gian). 'Gian' occurs when we do not have a supply of drugs, causing anger. This 'gian' only occurs with heroin use. The good thing about heroin is that it doesn't damage our minds. But 'syabu' (methamphetamine) damages the mind. If heroin damages the body, it becomes dry”... (First respondent)

(In Malay) ... “Gelisah tu meme wajib lah kan, sebab dalam pengaruh dadah. Cuma gian tu tak ada, sebab ambik syabu. Halusinasi tu ada bila dalam pengaruh syabu”...

... “Feelings of restless do exist because of being under the influence of drugs. However, 'gian' does not occur because of taking 'syabu' (methamphetamine). Hallucinations appear when under the influence of syabu (methamphetamine)”... (Second respondent)

Overall, before attending dhikr therapy, the trainees were in an unstable mental state with a strong desire for drugs. They experienced “gian” (withdrawal pain), anxiety, hallucinations, and impaired thinking function, accompanied by an empty soul without a strong religious belief, thus affecting their mental well-being.

## Second, Mental Changes in Trainees After Practicing Dhikr Therapy

The results of the study showed that at the beginning of practicing dhikr therapy, between the second and third months, the trainees still experienced the desire to use drugs. However, by the fourth month, the desire had diminished and finally disappeared completely as a result of the continuous practice of dhikr. The trainees also said that they were now able to refuse drugs even when faced with their supply because they realized that they were of no benefit and only ruined their lives. According to the statements of the first and second respondents:

(In Malay) ... “Mula-mula amal zikir tu memang ada, tapi lama kelamaan tu dah tak de dah. Kalau nak kena dah lama dah kena. Saya anggap benda tu dah tak da apa dah. Antara rasa dua dan tiga bulan tu ada rasa nak kena lagi la. Tapi bila dah lama amal zikir. Perasaan tu dah tak ada. Kalau ada barang depan mata pun tak nak kena. Memang dulu kita anggap benda tu seronok, tapi bila kita dah mengamalkan zikir, baru kita sedar benda tu merosakkan”...

... “At first, the practice of dhikr still triggered the desire (to use drugs), but over time, it was gone. If I wanted to do it (take drug), it should have happened earlier. I considered it no longer a problem. During the first two to three months, I feel like doing it again (take drug). But after practicing dhikr consistently. That feeling was gone. Even if there is supplies (drugs) in front of my eyes, I don't want to do it. In the past, I thought it was fun, but after practicing dhikr, I realized that it was destructive”... (First respondent)

(In Malay) ... “Sekarang meme tak dak perasaan nak kena tu. Kalau dulu awal-awal memang ada. Lepas tiga bulan tu baru oke. Alhamdulillah lepas amal zikir tu. Perasaan nak kena tu makin lama makin hilang”...

... “Now I no longer have the feeling of wanting to take it (drugs). In the beginning, that feeling still existed. After three months, it was okay (began to decrease). Thank God, after practicing dhikr, the desire gradually disappeared”... (Second respondent)

The interview results also showed that the feeling of “gian” (withdrawal pain), hallucinations, and anxiety due to the influence of drugs disappeared within two weeks after stopping using drugs. The desire and addiction to drugs were completely overcome after the trainees underwent eight months of dhikr therapy treatment at PRI (1) Malaysia. In addition, the trainees reported feelings of regret for their past drug use, along with their mental recovery and normal thinking. They realized that the act was futile and had wasted time and money, in addition to violating the principles of Islam. This is in line with the statements of both respondents:

(In Malay) ... “Ada rasa menyesal dengan benda yang dulu. Bila pemikiran kita dah normal, kita menyesal sebab buang masa, banyak buang duit, banyak buat benda-benda yang tak elok, dilarang oleh agama. Bila fikiran kita normal, baru sedar hidup dulu salah. Lepas dua minggu gian tu hilang dah. Tapi rasa pulih sepenuhnya tu ambik masa dalam lapan bulan lepas amal zikir”...

... “I felt regret for things that happened in the past. When my thinking returned to normal, I regretted wasting time, spending a lot of money, doing many things that were wrong and forbidden by religion. When my mind became normal, I realize that my previous life had been wrong. After two weeks, the feeling of ‘gian’ (withdrawal pain) is disappeared. But, full recovery took up to eight months after practicing dhikr.”... (First respondent)

(In Malay) ... “Perasaan halusinasi tu meme hilang lah lepas dua minggu. Gelisah pun tak dak. Lepas lapan bulan baru raso pulih betul. Menyesal la. Dulu sebab tak tahu. Loni dah normal boleh pikir mana baik buruk”...

... “The hallucinatory feeling disappeared after two weeks. The feeling of anxiety also disappeared. It took eight months to feel truly recovered. I feel regret it. I didn't know before. Now it's normal to think about what is good and what is bad”... (Second respondent)

Dhikr therapy has been found to gradually assist in the mental recovery of the trainees. Initially, there was still a desire for drugs; however, this desire diminished over time with consistent practice of dhikr. Symptoms of “gian” (withdrawal pain), hallucinations, and anxiety decreased. Thoughts became more stable, and feelings of self-awareness and regret regarding drug use emerged. In summary, the findings of this study can be understood through the following Table 1.

Table 1: Summary of Research Findings Before and After Dhikr Therapy

| Aspect            | Before Dhikr Therapy                         | After Dhikr Therapy              |
|-------------------|--|----------------------------------|
| Physical symptoms | "Gian" (withdrawal pain), body pain (heroin) | Disappeared after 2 weeks        |
| Mental disorders  | Hallucinations (methamphetamine)             | Disappeared after 2 weeks        |
| Drug cravings     | Very strong                                  | Disappears after 4 months        |
| Mental state      | The soul is empty, unstable, restless        | More calm, self-aware, regretful |
| Full recovery     | -  | After 8 months                   |

## DISCUSSION

In this section, the discussion focuses on four main themes to address the third and fourth objectives. These four themes are analyzed through thematic methods, and the analysis and discussion can be thoroughly explored as described below:

### First, the Pattern of Changes in the Trainee's Mental State Before Dhikr Therapy

Thematic analysis revealed several dominant themes that describe the pattern of changes in the trainee's mental state before dhikr therapy treatment, which include (i) spiritual emptiness and weak religious commitment, (ii) obsessive focus on drugs and money, (iii) addiction and cognitive function impairment, and (iv) loss of direction in life.

#### i. Spiritual Emptiness and Weak Religious Commitment

Most narratives indicate that “soul felt empty” is the dominant Islamic psychospiritual factor in pushing individuals to become dependent on drugs. The first respondent expressed his experience by stating, “The feeling was very strong because my soul felt empty.” The expression “empty” in this context refers to the absence of a positive outlook on life, loss of meaning, and weakness of spiritual support. From an Islamic psychospiritual perspective, an empty soul is often associated with the loss of meaning in life, which in turn pushes individuals

to seek temporary substitutes, including the use of drugs that offer illusory and impermanent imaginary sensations.

## **ii. Obsessive Focus on Drugs and Money**

The trainee stated that there is an obsessive thought pattern that hovers only around two main things, namely *“drugs and money.”* This picture shows a cognitive change that leads to the search for a source of short-term satisfaction without considering the long-term consequences. Such a focus on obsession shows a cognitive mechanism that reinforces addictive behavior through mental priorities that are always inclined toward the pursuit of drug supplies.

## **iii. Addiction and Cognitive Function Impairment**

The difference in the type of drug affects the symptoms experienced by the trainees. Heroin use is typically linked to *“gian”* (withdrawal pain) and physical discomfort, whereas methamphetamine commonly leads to hallucinations and cognitive impairment. The first respondent explained, *“This ‘gian’ only occurs with heroin use... If heroin damages the body, it becomes dry.”* The second respondent also stated that *“Hallucinations appear when under the influence of ‘syabu’ (methamphetamine).”*

## **vi. Loss of Direction in Life**

This collection of experiences shows that drug addiction is not just a physiological or biological issue but also involves the psychospiritual dimension of Islam. It includes the absence of meaning in life, the collapse of self-identity, and the loss of spiritual connection. In this regard, conventional drug recovery approaches such as detoxification, Therapeutic Community (TC), Methadone Maintenance Therapy (MMT), counseling programs, Brief Cognitive Behavioral Therapy (CBT-B), and counseling are considered inadequate if not accompanied by recovery efforts at the spiritual and psychological levels. This context views dhikr-based therapy as a complement that enhances internal recovery.

## **Second, Patterns of Changes in the Trainee's Mental State After Dhikr Therapy**

The second theme that emerged clearly was the pattern of changes in mental state after continuous practice of dhikr therapy. The discussion detailed several phases of change as follows:

### **i. Initial Phase**

In the initial phase of treatment, after two weeks, the trainee reported that the feelings of *‘gian’* (withdrawal pain) and hallucination symptoms had disappeared. However, the trainee also indicated that at the beginning of treatment, the desire to return to using drugs remained. They faced an internal struggle between the urge to *“obtain drugs”* and their new experiences in dhikr therapy activities. The first respondent stated that *“during the first two to three months, I feel like doing it again (take drug), but after practicing dhikr consistently, that feeling was gone.”*

### **ii. Intermediate Phase**

By the fourth month, the continued practice of dhikr showed a significant decrease in the instinct of addiction. The trainees reported that even when in front of the drug, they were able to resist it. The experience of resistance was not just due to the ability to resist the urge but a change in the drug's meaning, from enjoyable to destructive and valueless. In line with the statement of the first respondent, *“Even if there are supplies (drugs) in front of my eyes, I don't want to do it.”*

### **iii. Comprehensive Recovery Phase**

After eight months, the trainees reported a more comprehensive recovery, namely the disappearance of addiction and craving for drugs, the recovery of remorse, and the return of normal cognitive processes. The first respondent stated, *“But full recovery took up to eight months after practicing dhikr.”* In line with the statement of the second

respondent, “*It took eight months to feel truly recovered.*” This narrative shows the dimension of recovery, which is not just about stopping taking drugs but a change in the structure of the meaning of life.

Based on the discussion of themes one and two, this study found that before therapy, the trainee's mental state was characterized by emptiness of soul and weakness of religious beliefs, concentration of thoughts on drugs and money, addiction and cognitive dysfunction, and loss of direction in life. On the other hand, the continuous practice of dhikr therapy has triggered gradual mental changes, starting with internal conflict in the early phase, followed by a reduction in drug cravings in the intermediate phase, and comprehensive mental recovery in the final phase. This pattern of change shows an increasingly solid internal construction, manifested through clarity of thought, recovery of cognitive function, and the reshaping of the meaning of life based on spiritual values. In conclusion, this pattern of change emphasizes that dhikr therapy plays an important role, from an Islamic psychospiritual perspective, in strengthening the trainee's mental transformation from a state of addiction to a more stable state of recovery.

### **Third, the Islamic Psychospiritual Mechanisms in Dhikr Therapy Contribute to Recovery**

Based on the findings of interviews, observations, and literature review, there are several Islamic psychospiritual mechanisms found in dhikr therapy that contribute to the mental recovery of the trainee. These mechanisms do not function in isolation but rather complement each other in forming a gradual and continuous mental recovery process. These mechanisms are formulated as the third theme of the study and analyzed based on the Islamic psychospiritual framework.

According to Sa'ari and Borhan (2006), Islamic psychospirituality refers to the integration of human psychological and spiritual dimensions based on the Quran and Hadith, the practices of the righteous predecessors, and knowledge based on Islamic law. This approach is closely related to the issues of the soul, behavior, and human happiness, with the main goal of achieving true happiness (Sa'ari, 2019). Within this framework, Islamic psychospirituality embraces the teachings of Sufism, particularly the insights of al-Ghazali, who highlights the psychological and spiritual dimensions as essential to shaping a balanced individual (Mansor et al., 2024). This approach also emphasizes the aspects of forming, strengthening, and prospering the four main elements in the structure of human spirituality, namely *al-nafs* (desires), *al-qalb* (heart), *al-ruh* (spirit), and *al'aql* (intellect), all of which play an important role in shaping the spiritual balance, personality, morals, and ethics of the individual according to the Islamic perspective (Mansor et al., 2025). Through this approach, individuals are guided to manage physical suffering, spiritual anxiety, psychological stress, and social challenges, ultimately achieving well-being in this worldly life and the hereafter (Sa'ari et al., 2025). In this regard, further discussion of the psychospiritual mechanisms of Islam can be explored, as described below:

#### **i. The Construction of Meaning in Life**

Dhikr therapy functions to assist trainees in building a deeper meaning of life by shifting the focus from temporary pleasures achieved through drugs to spiritual goals and devotion to Allah SWT, thus making it an Islamic psychospiritual mechanism in recovery. Interview and observation findings show that consistent practice of dhikr enables trainees to abandon drug dependence and build a new meaning of life, thereby forming a clear life purpose. This phenomenon occurs when the process of searching for the meaning of life restructures the trainee's existential perspective by interpreting their experiences of suffering and life trials, thereby guiding them towards a true life focused on spiritual devotion instead of temporary fulfillment, which supports long-term mental recovery. This process aligns with al-Ghazali's (1967) concept of *tazkiyat al-nafs* (purification of the soul), which emphasizes that the purification of the soul through spiritual practices, particularly dhikr, can help individuals establish a life direction grounded in Islamic moral and spiritual values. In this context, the experience of spiritual pleasure during dhikr can overcome the imaginary experience achieved through drugs (Jajat & Baedowi, 2003), thus directing the trainee's mind toward positive thoughts and behavior. In line with Ghazali (1996), the practice of dhikr also plays a role in softening the heart and facilitating acceptance of the truth of Islam. As explained in the Quran, Surah Al-Nahl verse 97, regarding the reward of a good life for those who do good deeds. Allah SWT says, which means:

Translation: “*Whoever works righteousness, man or woman, and has faith, verily, to him will We give a new life, a life that is good and pure*” (al-Nahl: 97).



According to Al-Qurtubi (2009), the expression “*good life*” means that Allah SWT guides His servants toward obedience and pleasing practices. On the other hand, whoever turns away from remembering Allah SWT, does not believe, and abandons righteous practices, then his life is filled with narrowness and difficulties without blessings. Al-Thabari (2000) added that “*good life*” also includes an abundance of sustenance and goodness in the world throughout their lives. In the context of recovery, practicing dhikr therapy as a form of righteous practice helps trainees achieve a positive life through mental recovery and the formation of a more directed and structured life orientation.

## ii. Emotional Stabilization

Consistently practicing dhikr therapy also helps stabilize emotions by reducing anxiety, tension, and internal stress that are usually triggers for drug use; thus, emotional stabilization is one of the Islamic psychospiritual mechanisms found in dhikr therapy. Interview and observation findings show that trainees who consistently practice dhikr are able to achieve peace of mind, thus reducing the risk of relapse. This scenario occurs when the process of emotional stabilization creates an atmosphere of peace of mind (*sakinah*) and strengthens the relationship and closeness (*taqarrub*) with Allah SWT, which continuously functions to reduce anxiety and internal stress, thus supporting the trainee's mental recovery in phases. According to al-Jailani (2010), practicing dhikr plays a role in cleansing the heart from darkness and bringing a person closer to Allah SWT. Dhikr that is done with *istiqamah* (consistency) and full awareness (*hudhur al-qalb*) is also able to calm the mind, purify the soul, and bring a person closer to Him (Al-Sya'rani, 1996). This phenomenon is in line with the Quran, Surah al-Rad verse 28, regarding the tranquility that will exist when someone remembers Him. Allah SWT says, which means:

Translation: “*Those who believe, and whose hearts find satisfaction in the remembrance of Allah. for without doubt in the remembrance of Allah do hearts find satisfaction*” (al-Rad: 28).

In Al-Qurtubi (2009), the verse emphasizes the importance of dhikr as a source of inner peace and tranquility, because remembering Allah SWT involves various forms of worship and obedience. Individuals who always remember Him will feel at peace in their souls, calm in the presence of Allah SWT, and content to make Him their protector and helper (Ibn Katsir, 1999). In the context of recovery, practicing dhikr therapy not only provides peace of mind but also supports emotional stability and stress reduction.

## iii. Formation of a New Identity

The practice of dhikr therapy at PRI (1) Malaysia also supports the formation of a new self-identity, where trainees build an identity as a responsible servant of Allah SWT, thus shifting their self-perception from an identity as an addict, and making the construction of a new identity one of the important Islamic psychospiritual mechanisms in dhikr therapy. Interview and observation findings show that trainees who consistently do dhikr experience changes in self-perception and increased confidence in making healthy decisions. This phenomenon occurs when the process of building a positive identity based on spiritual values functions to restructure the trainee's self-orientation, thus increasing the stability of mental health, opening space for clear and rational thinking, and subsequently encouraging trainees to overcome the stigma and shadows of past lives. According to Abdul Malik (2015), a healthy soul enhances both intellectual capacity and mental intelligence. The formation of this new identity also results from the formation of praiseworthy morals as a result of the unity between dhikr spoken (*jahar*) and lived in the heart (*khafi*) (Arifin, 1983), such as dhikr therapy practiced at PRI (1) Malaysia. This process results from the continuous efforts of the trainees in dhikr, when their determination in obeying Allah SWT guides them towards the formation of a positive identity, in line with the Quran, Surah Al-Ankabuut, verse 69. Allah SWT says, which means:

Translation: “*And those who strive in Our (cause)—We will certainly guide them to our Paths, for verily Allah is with those who do right.*” (al-Ankabuut: 69).

According to Al-Qurtubi (2009), this interpretation means that people who are sincere in obeying Allah SWT will be guided to the path that leads to His reward. Meanwhile, people who strive (struggle) in the path of Allah SWT to seek His pleasure will always be given help and guidance by Him, and indeed Allah SWT is always with those who do good (Al-Mahalli & As-Sayuti, 1989). In the context of recovery, the trainee's sincerity in

dhikr guides them in thinking and mental recovery so that they can change their self-perception towards a new identity.

#### iv. Inner Spiritual Monitoring

Furthermore, the dhikr therapy practiced by the trainees functions as a form of inner spiritual monitoring or inner spiritual awareness, increasing self-awareness and strengthening moral discipline, thus making it one of the Islamic psychospiritual mechanisms that supports the trainees' mental recovery process. Interview and observation findings show that trainees who consistently practice dhikr are able to assess their state of mind, control their emotions, and release internal stress related to the experience of addiction. This improvement occurs when this practice (inner spiritual monitoring) allows them to restructure their way of thinking and maintain behavior that is consistent with Islamic religious values. In line with Al-Ahmad's (2013) view, the practice of dhikr can instill an attitude of "*muraqabah*" (awareness that Allah SWT is always watching) and bring a person to the level of "*ihsan*," which is worship as if seeing Allah SWT.

The inner spiritual monitoring mechanism in dhikr therapy in PRI (1) Malaysia is formed through the integration of the practice of *jahar* dhikr and *khafi* dhikr in an integrated manner. In the early recovery phase, *jahar* dhikr plays a role in strengthening self-awareness, especially in building the foundation of faith. The verbal repetition of the word of tauhid (*jahar* dhikr) awakens awareness of the oneness of Allah SWT and strengthens the mental motivation of the trainee to resist the urge to addiction. The role of *jahar* dhikr is in line with al-Hadith, which emphasizes the importance of dhikr practice, especially the word of tauhid "*Lailahaillallah*," as a medium for renewing faith. As narrated by Al-Hakim (1990), the Messenger of Allah (PBUH) said, which means:

Meaning: "*Renew your faith! The companions asked, How do we renew our faith, O Messenger of Allah? The Prophet replied, "By frequently saying Lailahaillallah".*" (HR. Hakim. Al-Mustadrak Ala al-Sahihin, Bab Kitab

al-Taubah Wa al-Inabah. No. 4/256)

In addition to *jahar* dhikr, the practice of *khafi* dhikr in PRI (1) Malaysia also functions as a mechanism of inner spiritual monitoring that supports the mental recovery of the trainee. The practice of *khafi* dhikr silently and consistently increases awareness of the supervision of Allah SWT, where the trainee is trained to observe the impulses of the heart, the trajectory of thoughts, and the inclinations of the desires related to the desire to indulge. In line with Al-Kurdi (2013), *khafi* dhikr is practiced by glorifying Allah SWT and supervising the heart without pronouncing it verbally, namely by using the feeling (*zawq*) and its place in the heart, which strengthens internal awareness and the ability to reflect. The Quran, Surah al-A'raf, verse 205, illustrates the concept of inner spiritual monitoring through *khafi* dhikr. Allah SWT says, which means:

Translation: "*And do thou (O reader!) Bring thy Lord to remembrance in thy (very) soul, with humility and in reverence, without loudness in words, in the mornings and evenings; and be not thou of those who are unheeding.*" (al-A'raf: 205)

Ibn Katsir (1999) interpreted this verse as ordering humans to remember Allah SWT with humility and devotion, especially in the early morning and evening, without raising their voices, as a sign of sincerity and complete dependence on Allah SWT. Sayyid Qutb (2000) expanded on this interpretation by suggesting that one should experience dhikr in a state of awareness, fear, and without raising one's voice. In the context of recovery, silently and fully appreciatively remembering Allah creates spiritual awareness that acts as an inner guard for the trainee against the risk of relapse into addiction.

In conclusion, the entire third theme discusses the Islamic psychospiritual mechanisms in dhikr therapy, which include the construction of meaning in life, emotional stabilization, the formation of a new identity, and inner spiritual monitoring, demonstrating the effectiveness of a comprehensive approach in the rehabilitation of drug addicts. This transformation strengthens mental recovery, builds a positive identity, and increases the self-confidence of the trainee. This study also contributes to the drug rehabilitation literature by introducing an integrated Islamic psychospiritual mechanism through *jahar* and *khafi* dhikr therapy in the context of Islamic rehabilitation institutions in Malaysia.

## Fourth, the Dhikr Therapy Model for the Mental Recovery of Drug Abusers

Based on the findings and discussion of the study, this fourth theme produces a conceptual framework model for the mental recovery of trainees. This model is designed inductively based on empirical data from a case study in PRI (1) Malaysia, with the aim of explaining how dhikr therapy (*jahar* and *khafi* dhikr) functions through Islamic psychospiritual mechanisms to support the mental recovery process of drug trainees in a gradual and effective manner. The model is presented in Figure 1:

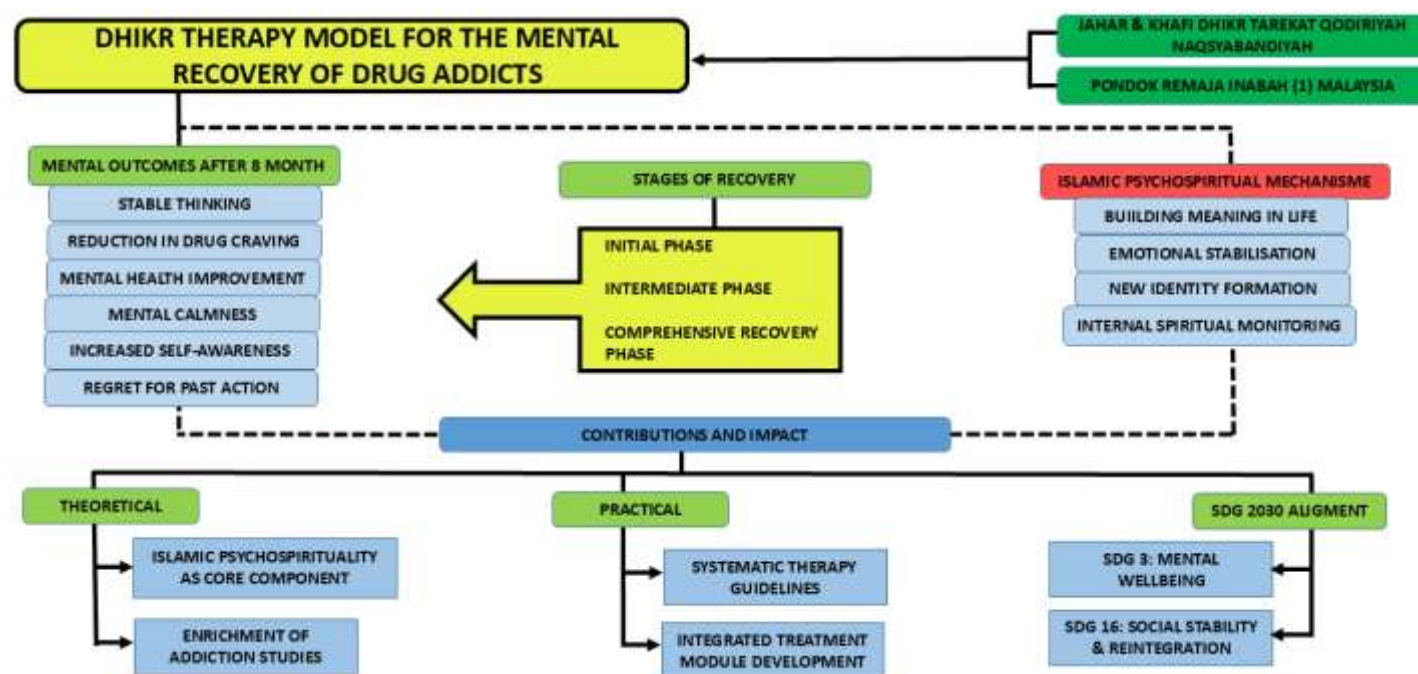


Figure 1: Dhikr Therapy Model for the Mental Recovery of Drug Addicts (Source: Study Analysis)

This model demonstrates that dhikr therapy (*jahar* and *khafi* dhikr) at PRI (1) Malaysia effectively facilitates the gradual restoration of trainees' mental health, commencing with the initial phase, progressing to the intermediate phase, and ultimately advancing to the comprehensive recovery phase. After eight months, trainees showed stabilized thinking patterns, a reduction in drug craving, alleviation of mental health symptoms, a state of mental calmness, increased self-awareness, and reflective regret over past behaviors. Dhikr therapy acts as the main catalyst for the mental recovery of trainees when the Islamic psychospiritual mechanisms, which include the construction of meaning in life, emotional stabilization, the formation of a new identity, and inner spiritual monitoring functions, complement each other to form continuous internal changes. Therefore, this model also offers a new perspective in the study of drug rehabilitation by presenting Islamic psychospirituality as an internal mechanism that explains mental changes in stages and continuously.

From a theoretical perspective, this model contributes to enriching the framework of understanding in the field of drug addiction studies by placing Islamic psychospirituality as a core component of mental recovery, not just a supporting element. From a practical perspective, this model provides clear guidance to drug rehabilitation institutions to implement dhikr therapy in a systematic and structured manner. This model can be used as the basis for developing an integrated treatment module that combines physical, psychological, and spiritual aspects in a balanced manner. In addition, this model is also in line with the Sustainable Development Goals (SDG) 2030, especially goal 3 (Good Health and Well-being), which emphasizes mental well-being, and goal 16 (Peace, Justice, and Strong Institutions), through efforts to support social stability and the reintegration of former addicts into society.

## CONCLUSION

In conclusion, before practicing dhikr therapy at PRI (1) Malaysia, the trainees had an unstable mental state that was seriously affected by emotional, cognitive, and self-control disorders resulting from drug dependence. Meanwhile, after the practice of dhikr therapy, significant and gradual changes were observed, from an unstable

mental state to a more controlled internal stability, thus reflecting the reduction of mental dependence on drugs and the formation of self-awareness and self-realization as an important basis for mental recovery.

Next, the pattern of changes in the trainee's mental state shows a clear transition from a state of addiction characterized by emptiness of the soul, obsession with drugs, addiction and cognitive disorders, and loss of direction in life to the construction of internal stability that focuses on clarity of thought and meaning of life that is more based on spiritual values after practicing dhikr therapy. The main finding of the study is that the Islamic psychospiritual mechanism in dhikr therapy at PRI (1) Malaysia contributes significantly to the mental recovery of the trainee through the construction of meaning in life, emotional stabilization, the formation of a new identity, and inner spiritual monitoring, thus strengthening the trainee's thinking structure and mental recovery.

This study emphasizes a unique contribution to the development of a conceptual framework model for mental recovery by explaining how integrated dhikr therapy based on TQN dhikr practices in PRI (1) Malaysia functions through Islamic psychospiritual mechanisms, supporting the mental recovery of drug addicts in a gradual and effective manner, thus filling the knowledge gap on Islamic psychospiritual-based recovery interventions. In practical terms, this study provides guidance to AADK and PPDP to develop dhikr therapy guidelines from an Islamic psychospiritual perspective systematically in recovery centers. Further research is recommended to evaluate the effectiveness of the dhikr therapy model on a larger scale, the long-term impact of psychospiritual mechanisms, and its integration with conventional clinical approaches.

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