The Psychological Impact of the Spiritual Experience of Drug Abuse Patients in Pondok Inabah XX Suryalaya

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Abstract

The present study was aimed to describe the impact of psychological changes of spiritual experience therapy among drug abuse patients in Pondok Inabah XX Suryalaya. The present study was a field study with phenomenological-psychological approach on drug abuse patients. Data was collected through in-depth interview with drug abuse patients and counselors to observe any psychological change. Observation was used to explore the patients’ attitude change through notes of emotional changes during therapy on drug abuse patients. Meanwhile, the data analysis technique was inductive analysis with going, simultaneous, and cyclical processes. The research result showed that the psychological conditions of drug abuse patients before the therapy showed emotional disorders, e.g. aggressiveness, anger, sadness, disappointment, pessimism, and disheveled and dirty physical condition. After the patients underwent spiritual experience, they had positive psychological conditions, e.g. feeling close to God, calm, comfortable, happy, and optimistic, wanting to be successful, wanting to make their parents happy, and regretting being addicted to drugs.

Keywords: Spiritual Experience, Therapy, Psychology, Drugs.

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INTRODUCTION

Narcotics, Psychotropic, and other Addictive Substances (NAPZA) abuse in the society is very concerning. Based on a survey in 2016 by the National Narcotics Agency (BNN) and health research center of Universitas Indonesia (UI), the prevalence of drug abuse and distribution among students was 1.9%. Based on the survey result, the prevalence lowered from 2.2% in 2015 to 1.9% in 2016 (Ministry of Health of RI, 2017).
In 2017, a survey on drug abuse among workers found that the prevalence of drug abuse in the past year (current users) among workers lowered from 4.7 (2012) to 2.9 (2017). Drug abuse of male workers in 2009 to 2017 drastically lowered, while among female workers it increased from 2009 to 2012, but significantly lowered in 2017.

By drug type, in 2017, there was a trend of increased overall drug cases. The highest increase was in psychotropic cases with 137.14% increase, i.e. from 1.540 cases in 2016 to 3,652 cases in 2017. By the number drug case suspect, in 2017, there was a trend of increased narcotic and psychotropic case suspects, in which the highest increase happened to psychotropic case suspects by 135.85% from 1,771 suspects in 2016 to 4.177 suspects in 2017.

Meanwhile, drug addicts who receive therapy and rehabilitation across Indonesia in 2017, according to the data of the Deputy of Rehabilitation of Department of BNN, were 16,554 people. There were 9,280 AIDS cases reported by the Ministry of Health of RI in 2017. Most cases happened to 30-39 years old age group, i.e. 3,294 cases or 35.49%, followed by 20-29 years old age group, i.e. 2,830 cases or 30.49% (BNN, 2018).

Today, the government has made various efforts to tackle drug abuse through BNN, e.g. (1) new paradigm to prevent and eradicate drug abuse and distribution (P4GN) which is balance between prosecution (supply reduction) and rehabilitation (demand reduction). It means eradicating drug distributors, dealers, and producers massively and strictly while rehabilitating drug addicts and users as a form of health approach because the addicts are essentially ill. (2) provision of rehabilitation places for drug addicts and users consistent with article 54 of Law Number 35 of 2009 that mandates the state to rehabilitate drug addicts and users, so that the state must provide human resources, rehabilitation programs, and rehabilitation facilities (Poernamasari, 2014).

One of the private institutions which provide rehabilitation therapy for drug users is Inabah XX Islamic Boarding School, Suryalaya, Tasikmalaya, West (Pondok Inabah XX Suryalaya). The therapy facility on offer is spiritual experience using *Thariqah Qadiriyyah Naqsabandiyah* (TQN) *tazawwuf* approach. The spiritual experience is undergone through various religious rituals such as repentance bath (*hydrotherapy*), praying, and dhikr, and fasting.
Drug users in Pondok Inabah XX Suryalaya go through spiritual experience therapy and rehabilitation to return to the path of God. This approach was introduced by KH. Ahmad Shohibulwafa Tajul Arifin or also known as Abah Anom, the mursyid of TQN. Born in 1 January 1915, he was the fifth child of Syeikh Abdullah Mubarok bin Nur Muhammad or Abah Sepuh, the founder of Pondok Pesantren Suryalaya, Tasikmalaya, West Java (Writing team of UIN Syarif Hidayatullah in Alhamuddin, 2015: 3).

The research type was field research. The research approach was qualitative approach with potpositivism phenomenology-interpretative paradigm. The research design was case study. The data collection techniques were in depth interview with drug user patients and the counselors to determine any psychological change, participation to determine the activities of drug user patients, observation to see the spiritual experience of drug user patients, document or journal analysis to explore the patients’ attitude change through notes of emotional changes during the therapy of drug user patients, and self-reflection. Meanwhile, data analysis technique used inductive analysis with ongoing, simultaneous, and cyclical process between data collection and data analysis from the beginning to the end of the study in Pondok Inabah XX Suryalaya.

Psychological impact of spiritual experience on drug users, as far the research is aware, hasn’t received much attention and focus from other researchers. Some existing studies are: first, the study by Moh. Toriqul Chaer titled “Terapi Inabah dan Pecanda”, which shows that: (1) fostered children in Pondok Inabah VII are treated through various processes, including repentance bath, prayer therapy, TQN dhikr therapy, fasting, completing reading Quran, and manaqiban; (2) fostered children have their own perspective on the therapy they undergo. Generally, the views on inabah therapy consist of three stages: rejection, acceptance, and habituation (Chaer, 2014: 60).

Second, the study by Marhaban titled “The Implication of Abah Anom’s Dhikr on Religious in Modern Life”, which explains that Abah Anom was a modern sufi and ambassador of tariqa at the end of the 20th century and beginning of the 21st century who gave inclusive, open, and tolerant interpretation of faith. Mi’shtabus Shudur (key to open chest) is a dhikr practice and method developed by Abah Anom and contains day-to-day faith, worship and moral practices based on Quran and hadith. Abah Anom’s dhikr implies

Third, the study by Aris Try Andreas Putra titled “Metode Psikoreligious dalam Reabilitasi (Pendidikan dan Pembinaan Korban NAPZA)”. The research result reveals that drug and alcohol abuse patients in Pondok Inabah XX undergo religious therapy (psychoreligious) based on the established curriculum. The psychoreligious method is performed by: (1) repentance bath; (2) sunah prayer; and (3) dhikr. The counseling applies: (1) approach stage; (2) initial counseling stage; (3) attitude development stage; and (4) final stage (Andreas, 2016: 67).

The studies above have a certain limitation. Previous researchers focus on the method to treat drug abuse, but don’t study the psychological impact of spiritual experience. The present study was aimed to describe the psychological impact of spiritual experience of drug use patients in Pondok Pesantren Inabah XX Suryalaya. Therefore, the present study has significant contribution because spiritual experience could have positive psychological impact which could treat drug users.

DISCUSSION

Before joining inabah therapy, candidate drug abuse patient was observed and interviewed by the counselor of Pondok Inabah XX Suryalaya. This was performed as an initial diagnosis. Then, special observation was performed for at least seven days. Within that person, the counselor determined the type and category of the mental disorder. There are two types of mental disorders which are mild and severe mental disorders.

If the mental disorder was mild, e.g. lying, drinking low-alcohol drinks, and skipping school, within seven days, they were usually given talqin dhikr. They might even be emotionally touched by counselor so that they realized their mistakes and repent. However, if the mental disorder was severe, i.e. drug addiction, it would take at least seven day to affect them emotionally before they were given talqin dhikr and the therapy takes over six months. Patients at this stage seemed emotionally unstable, disheveled, dirty, and scared of water.
After the patient stayed in Pondok Inabah XX Suryalaya, they started on inabah therapy with the guidance of mursyid, although the therapy was sometimes forced on them. Repeated therapy would slowly affect the patient and create awareness to adjust and adapt to the therapy. This was the initiation stage of the therapy. The patient regularly underwent therapy in accordance with the religious rituals in TQN teaching.

Inabah therapy on drug abuse patients in Pondok Inabah XX Suryalaya started from 2 AM to 10 PM, consistent with the daily amaliyah schedule of inabah therapy. Inabah therapy was guided by counselor and vice-counselor who patiently guided the patient to undergo inabah therapy optimally. The counselor and vice-counselor’s understanding on the patient played a rather significant role on drug users who should be treated well. The patient was emotionally touched by Islamic teaching through simultaneous and ongoing TQN amaliyah so that the patient’s awareness grew along with the frequency of inabah therapy.

Inabah therapy for drug users made them undergo various amaliyah in TQN. The TQN amaliyah included repentance bath, prayer (mandatory and sunah), dhikr, and fasting. Those amaliyah were a series of spiritual experience which should be performed by drug abuse patients. According to Maslow, religious spiritual experience is an individual religious dimension. This spiritual experience is sought by nearly everyone on earth regardless of faith. In this case, Abraham Maslow states that religious spiritual experience is one of the peak experiences of human life (Maslow, 1964). Figure 1 below is the series of spiritual experiences of drug abuse patients in Pondok Inabah XX Suryalaya.

![Figure 1. Spiritual Experience of Drug Abuse Patient](image-url)
The first spiritual experience was repentance bath. Before repentance bath, patient must repent first. Repentance was the basic and main foundation for patients contaminated with drugs to return to Allah Swt. They were guided by counselors to totally repent (taubatan nasibah) from minor and major sins. After the repentance, patients underwent repentance bath ritual. However, before the repentance bath ritual, patients were given talqin dhikr. Talqin dhikr is defined as a door to patient’s repentance for their mistakes which is then realized by no longer consuming drugs.

Repentance bath was performed with the intention to repent to remove all sins from the whole body. Based on the researcher’s observation, at around 2 AM, all patients were woken up by counselors, then one by one they were undressed and washed by pouring water all over the body from top to bottom, head to toe. When washing, prayers were read for the patients’ recovery. The repentance bath could remove negative psyche, such as enervation, anxiety, stress, difficulty sleeping, etc..

This repentance bath was very effective in improving self-consciousness, as well as having meditative value, suggestion, and treatment of various diseases. Beside intention to repent to Allah, the patients were read special prayer during repentance bath: “O God, pace me in a blessed place, and You give the best placement”. This repentance bath was expected to remove drugs effects in the patients’ bodies.

The repentance prayer was considered a hydrotherapy or treatment using water. According to Masaru Emoto (2001; 2008) in The Hidden Message in Water water can record messages and memorize information. The information copied in water can be used to remove symptoms of toxins. The medical community has also revealed that water can be used to treat various diseases. These findings may explain why water which has been prayed on can treat the sick. It’s because the water molecules capture the prayer of wellness, save it, then the vibration spread to the water molecules on the sick person’s body (Haddade, 2019).

According to thrombocyte experts in London (Herawati, 2005), if someone always bathes or washes their body, they’ll repair and unblock blood circulation system. Water which contains electrolytes will make blood vessels experience vasodilatation (widening) thus making the circulation smoother. Moreover, water in the body could increase the
production of white blood cells which serve as body’s defense system. Flowing water produces calming noises which relax tense nerves and restore muscle works.

The second spiritual experience was prayer. Prayer was the main method to gain self-consciousness in Pondok Inabah XX Suryalaya, both mandatory and sunah prayers. To treat drug addiction, prayer was performed strictly. All mandatory and sunah prayers were included in inabah curriculum and were the obligations of all patients. Prayer was believed to create consciousness and had power which could affect patients to not do bad things such as drinking, gambling, committing adultery, etc. and forbidden things which were destructive or anarchic.

For an entire day, the patients performed mandatory and sunah prayers. The mandatory prayers were subuh, zuhur, asar, maghrib, and isya. Meanwhile, the sunah prayers were syukrul wudlu, tahiyyatul masjid, taubat, tahajud, tasbih, witir, lida’il balai, isyraq, isti’adah, istikharah, dhuha, qabliyah, ba’diyah, awwabin, birrul wālidain, lhidzfil iman, lisyukrinikmat, mutlaq, and hajat. For an entire day, all patients prayed no less than 82 rakaat. Someone who prays a lot will have transcendent awareness, or ma’rifat in Sufism. It means one is aware of God’s position. The psychological change is called self-discovery process.

According to Henry (2015), prayer can produce spiritual energy which has psychotherapy potential to heal and transform people who pray. Spiritual energy can be produced by two mechanisms. First, when praying, one can communicate directly with God. Second, prayers can produce spiritual energy from faith and obedience to God. Moreover, prayer is a catalyst which can make someone more optimistic in life, remove stress, and remove anxiety.

According to Ghazal Kamran (2018) in Physical Benefits of (Salah) Prayer – Strengthen The Faith & Fitness, movements in prayer from takbir to salam if performed well, correctly, and regularly can help therapeutic rehabilitation of various diseases. The benefits of prayer movements include: takbir can expand chest cavity (Elaine et al, 2003); standing gives body balance, activates muscles, and straightens the back (Winter, 1995); ruku maintains the health of the spine (Pescatello et al, 2014), helps minimizing risk of osteoporosis (Pope et al, 2000); sujud can increase blood supply to the brain because the head is lower than the
heart, stimulate brain cortex and frontal brain (imamoglu, 2016), increased blood supply to the brain has positive effects on memory, concentration, soul, and cognitive ability (Doufesh, 2012); sitting can help strengthening muscles (Akuthota, 2008), increase flexibility and strengthen ligaments (MacGroger, 2016); salam increase the range of neck motion, stretch trapezius fibers, stretch neck rotation, and reduce cervikogenic headache (Jull, 2002).

Similarly, Osman İmamoğlu (2016) states that prayer movement has many benefits, including: for health, fitness, happiness, and life harmony. Regularly praying can make one healthy and fit and can burn calorie, lower weight, control weight, stretch muscles, reduce stiffness, balance anabolic and catabolic biochemical processes, make the heart healthy, supply blood to brain, improve memory, enhance concentration, increase the strength of body structure, remove various diseases, prevent digestive issues, and increase oxygen supply to the body.

Meditative prayer readings are prayers to Allah Swt which are very beneficial for the health of the soul because they contain spiritual power which can revive self-confidence and optimism. Meanwhile, prayer movements, i.e. takbir, standing, ruku, sujud, sitting, and salam support the patients’ physical health very well.

The third spiritual experience was dhikr. Dhikr was the principal practice of TQN which had great benefits in cleansing the soul of drug user. Allah Swt says in Surah ar-Ra’d verse 28 of Quran: those who have believed and whose hearts are assured by the remembrance of Allah. Unquestionably, by the remembrance of Allah hearts are assured. In TQN practice, dhikr was read by patients in jahr (loudly) and khoji (internally) manners. Both dhikr were performed in every exhalation.

Drug abuse patients in Pondok Inabah XX Suryalaya read dhikr 1485 times an entire day. The schedule was reading 165 times at 2 AM-4 AM, 165 times at 4 AM, 165 times at 6 AM-7AM, 165 times at 9 AM-10 AM, 165 times at 12 PM-1 PM, 165 times at 3 PM-4 PM, 165 times at 7 PM-8 PM, and 165 times at 9 PM-10 PM. The psychological condition during dhikr was full of devotion, indicated by seven levels of awareness or also known as seven types of desire, which are ammarah, mulhimah, muthmainnah, radliyah, mardliyah, lawwamah, and kamilah.
According to Marhaban, the focus of TQN practice is dhikr by reading *La ilaha illa Allah* (There is no deity of Allah) to achieve higher awareness of the greatness of Allah. For TQN followers, dhikr is read in *khoji* manner (unclearly) continuously in the morning, day, night, and midnight when they’re sitting, standing, busy and not busy.

TQN followers perform *khoji* dhikr more often, but those who live with mursyid usually do it together twice a week on Thursday night and Monday night. However, some do it once a week or even longer. TQN has two types of dhikr:

a. *Ism al-Dzat* dhikr means remembering the names of Allah which are read many times, even thousands of times, using prayer beads.

b. *Tauhid* dhikr means remembering the oneness of Allah. This dhikr consists of *La ilaha illa Allah* with certain breathing regulation and by imagining drawing a line through the body. This is done by: (1) Reading *la* by drawing from the navel to the center of the head; (2) Reading *ilaha* by coming down to the right and stopping on the end of the right shoulder; (3) Reading *illa* starting from the chest to the heart. In the heart, the last word which is *Allah* is implanted. People who perform tauhid dhikr feel their heart throbbing when saying the name of Allah and all toxins in the heart may be removed (Marhaban, 2017: 75).

Beside the two types of dhikr above, TQN followers perform higher dhikr, which is *latha'if* dhikr. This dhikr requires focused consciousness and remembrance of the name of Allah which can move the soul and spread happiness (Marhaban, 2017: 75). According to Ary Ginanjar in Darmadi states that the keys to personal toughness and social toughness are *al-asmā al-husnā* (the names of Allah) as they measure the inner voice, neutralize internal voice, so the first step is strengthening the heart through dhikr (Darmadi, 2018: 35).

By regularly practicing *jahr* dhikr and *khoji* dhikr which are given *talqin* by mursyid, it shows one’s commitment to always calls and remembers Allah, cultivates an awareness that there is no deity but Allah. Moreover, dhikr can be autotherapy for drug addiction. Someone who reads dhikr seriously and regularly will feel cathartic (psychological canalization), insight (in-depth knowledge) and even peace.

The fourth spiritual experience was fasting. Patients in Pondok Inabah XX Suryalaya must get used to fasting to keep away from material life, e.g. fasting every Monday and Thursday or intermittent fasting. By fasting, the patient could be kept from the pleasure of the material world. Fasting is very important in cleansing the soul because it stops eating, drinking and sex. Fasting for Allah Swt will improve the quality of the soul and weakens animalistic desires and primitive potentials of the patients.

Patients who were addicted to drugs had strong desire to get drugs. Therefore, fasting was one of the appropriate methods to hold back the patients’ desire to consume drugs again. By fasting regularly, the patients would be psychologically trained to be discipline and have stronger self-control. With weakening physique, ambition and motivation to fulfill their desires would weaken, and they would reflect on meaning of life more than following their desires.

According to Tafsir (Majid, 2013), fasting increases abandonment of the material world. Not only forbidden from eating, drinking, and having sex, fasting people must also control their desires. The desires aren’t physical or material. The desires are wishes that must be controlled.

Medically, there are evidence that fasting is beneficial for health. For example, Sekizuka et al. (2018) reveal that fasting is the best option for micro surgery without scalpel. Fasting therapy can lower weight and visceral fat, increase hemoglobin, bone metabolism, accelerate bone absorption, control cancer growth (short- and medium-term fasting), genetic mutation of weak old cells which replicate themselves into new cells (long-term fasting).

Moreover, fasting treats diabetes (Ku, Ramos & Fung, 2017), treats skin diseases (Bragazzi et al., 2019), reduce obesity, hypertension, asthma, and arthritis, potentially prevent and treat diseases (Longo & Mattson, 2014), reduce inflammation, improve
circadian rhythm, improve autophagy, resilience against stress, and modulation of intestinal mirobiota (Paoli, Tinsley, Bianco & Moro, 2019), improve metabolism, slow aging, and slow the spread of disease (Anton et al., 2018).

Fasting, beside withholding the patients’ desire to consume drugs, is also medically beneficial. Medically, fasting removes toxins from the body, restore physical condition from the effects of drugs, and remove blood cells contaminated by drugs.

The real impact of the spiritual experiences of patients in Pondok Inabah XX Suryalaya was the desire to recover drug addiction, reunite with their families, be accepted by their families and communities. The patients’ greatest hopes were for health, safety in the world and afterlife, and closeness to God.

Hapold in Thanissaro (2015) states that spiritual experience describes awareness of non-physical power which transcends their own power. Spiritual experience shows effect which can’t be explained by anything worldly, regardless of faith. Spiritual experience is “mystical experience” in the world. Spiritual experience consists of prophetic dimension which enables us to understand humanity. Spiritual experience can be understood as trial which represents the central aspect of spirituality (Chițoiu, 2018) and may develop life intuition (Wiebe, 2015).

The non-physical power gained by patient from spiritual experience was the ability to have a new life from the treatment process. The new life was removed from drug addiction. One was happy and had clear mind, speech, and actions. They also became a good person, made their parents happy, was devoted to their parents, and was beneficial to others.

According to Willard and Norenzayan in Jerotijević and Hagovská (2019) spiritual experience is related to supernatural things and connected to the universe. Furthermore, Jerotijević and Hagovská (2019) explain that spiritual experience could have positive impacts on human and become social and emotional resilience. Spiritual experience could have positive effect on life, life satisfaction, and psychological comfort (Sánchez, Arocena & Ceballos, 2010), inner peace (Underwood, 2011), prevention from desire to look for and use drugs again (Farmawati, 2019) and mental health (Griffith, 2019). Even voice gives spiritual experience to the listeners a (Woods, 2019).
The psychological impacts on drug abuse patients in Pondok Inabah XX Suryalaya after the spiritual experiences were feeling close to God, grateful, feeling loved by Allah for being given life and opportunity to repent. Moreover, patients achieved inner peace and repentance for their sins and were more optimistic in life.

Most drug abuse patients in Pondok Inabah XX Suryalaya really regretted their actions. Therefore, they missed being with their family and friends, apologized to their parents, begged the Creator's forgiveness, and had noble hopes and dreams to be teachers, police, nurses, and had their own families, had better spirit in the future, and could pray with concentration and calmly.

CONCLUSION

In the beginning of inabah therapy, drug abuse patients generally refuse the therapy because they're not psychologically stable yet. This is the transition stage for patients who are affected by emotions, such as intense anger, sadness, aggressiveness, and depression, and who have no objective in life. This psychological condition is found in when drug abuse patients start being in Pondok Inabah XX Suryalaya.

Spiritual experiences of drug abuse patients in Pondok Inabah XX Suryalaya are parts of inabah therapy which is performed through amaliyah such as repentance bath, prayer (mandatory and sunah), dhikr, and fasting. Spiritual experience is a power which can activate positivity in patients to be free from the effects of drugs. Through the guidance of kyai, mursyid, counselor, and vice-counselor, the quality of the relationship between human and God can be improved to the highest spirituality. Repentance bath, prayer, dhikr, and fasting have positive energy and other dimensions which could change the psyche of drug abuse patients.

The psychological condition of drug abuse patients after receiving treatment, guidance and counseling through spiritual experiences changes significantly. Some patients have maximum result, i.e. being free from drugs, and some have no change. The positive psychological impact on drug abuse patients include feeling close to Allah, calmness, comfort, happiness, optimism, desire to be success and desire to make their parents happy. However, the patients’ conscience fluctuates, so consistency should be endeavored to maintain TQN amaliyah of drug abuse patients after leaving Pondok Inabah XX Suryalaya.
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