

Submission date: 24/07/2019

Accepted date: 11/10/2019

**COGNITIVE DISTORTION AND RESILIENCE AMONG FEMALE
MUSLIM CLIENTS AT A DRUG TREATMENT AND REHABILITATION
CENTRE IN KELANTAN***Pengherotan Kognitif dan Daya Resiliens dalam Kalangan
Penghuni Waniti Muslim di Sebuah Pusat Pemulihan Dadah di
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Abstract

The unhealthy style of thinking affects the behavior of an individual. Having low self-esteem is also one of the causes for many women getting caught up in drug addiction issues. It is particularly alarming that women's involvement in the issue of drug addiction in Malaysia is increasing. Hence, this quatitative study involving 123 subjects was conducted to examine the level of Cognitive Distortion and Resilience among Muslim female clients in a drug treatment and rehabilitation center in Kelantan. The findings of this study showed that clients who have cognitive distortion were low and moderate while self-esteem was at high and moderate levels. It was found that there was no significant mean difference of CDS and resilience based on Al-Quran reading competence and academic qualification. It was also found that there was an indirect insignificant correlation between cognitive distortion and resilience. It is hoped that this study will provide awareness to the community about the importance of choosing a healthy mindset in facing any challenge. It is hoped that this study will also inspire the drug treatment and rehabilitation centers to focus more on counseling towards positive thinking and enhancing resilience of clients in order to reduce their relapse rate.

Keywords: women, drugs, cognitive, distortion, resilience.

Abstrak

Gaya pemikiran yang tidak sihat tentang diri sendiri amat mempengaruhi tingkahlaku seseorang individu. Mempunyai daya ketahanan diri yang rendah juga merupakan antara penyebab ramai kaum wanita terjebak dalam isu penagihan dadah. Adalah amat membimbangkan apabila penglibatan kaum wanita dalam isu penagihan dadah di Malaysia semakin meningkat. Justeru itu, kajian kuantitatif melibatkan 123 subjek ini dilakukan untuk melihat tahap pengherotan kognitif dan ketahanan diri dalam kalangan klien wanita Islam di sebuah pusat rawatan dan pemulihan dadah di Kelantan. Dapatan kajian menunjukkan pengherotan kognitif klien berada pada tahap yang rendah dan sederhana manakala daya *resiliens* diri klien berada pada tahap yang tinggi dan sederhana, tiada perbezaan min yang signifikan untuk pengherotan kognitif dan daya resiliens berdasarkan tahap kemahiran pembacaan Al-Quran dan kelayakan akademik, dan terdapat korelasi songsang yang tidak signifikan antara pengherotan kognitif dan daya resiliens. Dapatan kajian ini dapat memberi kesedaran kepada masyarakat tentang pentingnya memilih gaya pemikiran yang sihat dalam menghadapi sebarang cabaran. Selain itu, dapatan kajian ini turut memberikan inspirasi kepada pusat-pusat rawatan dan pemulihan dadah untuk lebih memberikan tumpuan terhadap bimbingan ke arah pemikiran yang positif serta peningkatan daya *resiliens* diri yang mantap kepada klien agar dapat menghindarkan diri daripada penagihan berulang.

Kata kunci: Wanita, dadah, kognitif, pengherotan, resiliens

INTRODUCTION

Women are important assets of the community and country. Women have faced a lot of progress since ages. Back then, women did not have the right to vote and were told the only purpose in life is to entertain their husbands. Nowadays, things have changed. Women were given the right to have education, most of the classes are dominantly covered by them and they are so strong that they even have their own women empowerment movement. Despite the fact that they have undergone tremendous changes for the last few decades, there are still a high number of women issues that are worrying. This is because women's success or failure does not only leave an impact to the nation but also, the family institution. Women now, have duties more than just being mothers or wives as they also have duties to be responsible for the children future whether they are stay-at-home or working mothers.

Hence, the issues of women involving in social problems like misuse of drugs and prostitution are of concern to the related government agencies and non-government organizations.

The drug phenomenon and its ensuing problem have been a big challenge that can impede on the optimization of women's potentials. The involvements of women with drug abuse activities not only affect the social problems such as corrupt morality, prostitution and household destruction. This will lead to severe health problems like HIV/AIDS (Fauziah, Ezarina, Salina, Norulhuda, & Nor Jana, 2014).

Table 1: Total Number of Abusers Detected by Gender, 2012-2016.

Year	Man		Woman		Total	
	No. of Case	%	No. of Case	%	No. of Case	%
2012	14,662	97.09	439	2.91	15,101	100
2013	20,219	96.80	668	3.20	20,887	100
2014	21,078	96.79	699	3.21	21,777	100
2015	25,655	96.20	1,013	3.80	26,668	100
2016	29,660	96.16	1,184	3.84	30,844	100

Source: *Maklumat Dadah* 2016, AADK.

The involvement of women in drug addiction is alarming where according to The Director of Prevention Division of the National Anti Drug Agency (AADK), Abdul Rahman Hamid in 2013, only 0.1 per cent of the 20,887 drug addicts were women, but the figure continued to rise until 2015. Women will be the main focus of drug abuse this year as the increase is seen to have a major impact on the future generation development. Although drug addiction in women in the country is still under control, however, there is a general increase over the years. Table 1 shows such trends, the number of cases of drug addiction is 439 for 2012, 668 for 2013, 699 for 2014, 1,013 for 2015, and 1,184 for 2016 (AADK, 2016).

Some claim that the number of drug addiction among women in Malaysia is still considered a minority case. Nevertheless, it is better to start with small figure before the numbers grow bigger.

METHODS & MATERIALS

This study was conducted at Cure and Care Rehabilitation Center (CCRC), Bachok, Kelantan under the management of AADK. The sample of this study was selected only among female Muslim clients who were undergoing rehabilitation treatment in Cure and Care Rehabilitation Center, Bachok, Kelantan. The sample size was 123 out of more than 200 inmates. A brief profile of the sample is provided in Table 2.

A set of questionnaires made up of three sections was used in this study. Section A Demographic Information, Section B and Section C are the two instruments used, namely 'Cognitive Distortion Scale' and 'Resilience Scale' respectively.

The questionnaire was distributed to the sample on 30 November 2017. The respondents were gathered in a hall and it took them about one hour to complete the questionnaire. Prior to data collection, approval from AADK was sought. The data obtained would be kept confidential from administrative staff, parole and probation officers and fellow residents.

Table 2: Cross Tabulation of Job and Marital Status before Entering the Centre.

		Job Before Entering the Centre					Total
		Student	Permanent Work	Part time	Self Work	Not Working	
Marital Status	Single	5	9	13	11	11	49
	Married	0	6	3	17	9	35
	Widow	1	5	7	13	13	39
Total		6	20	23	41	33	123

RESULTS & DISCUSSION

The results and the discussion are presented accordingly to each objective. Roughly, there are 49 women involved in this study who are single, 35 of them are married and the rest are widows. Meanwhile, the reason of addiction with the highest number is the attitude of wanting to try with almost 47 women out of 123 in the sample. This is followed by influence of friends with 35 women and pressure with 25 women.

Summarily, the outcomes of the data according to the objectives are as follow:-

Objective 1: To measure the level of cognitive distortion among female Muslim clients at a drug treatment and rehabilitation center in Kelantan

The CD Scale has been divided into 5 domains, which is Self-Criticism Scale, Self-Blame Scale, Helplessness Scale, Hopelessness Scale, Preoccupation With Danger Scale. The five domains are further divided into three levels that are low, moderate and high. The finding on the Cognitive Distortion Scale (CDS) level among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed a low level of 53 people (43.1%), with 68 people (55.3%) moderate and the balance another 2 (1.6%) more at a high level.

The findings based on the 5 domains of the cognitive distortion are: 1. The level of self-criticism scale among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed a low level of 64 (52.0%), 49 (39.8%) moderate and the balance 10 (8.1 %) at high level. 2. The self-blame scale among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that there were 19 people (15.4%) at low level, 87 (70.7%) at moderate levels and the remaining 17 (13.8 %) at high level. 3. The level of helplessness scale among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that there were 47 people (38.2%) at a low level, 64 (52.0%) in moderate levels and the balance 12 (9.8% again at a high level. 4. The level of hopelessness scale among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 91 people (74.0%) were at low levels, 29 (23.6%) at moderate levels and the balance 3 (2.4%) again at a high level. 5. The level of Preoccupation with Danger Scale among female Muslim clients at a drug treatment and rehabilitation center in Kelantan, there were 43 people (35.0%) at a low level, 74 people (60.2%) at moderate level and the balance 6 (4.9 %) at high level.

Objective 2: To measure the level of resilience among female Muslim clients at a drug treatment and rehabilitation center in Kelantan.

The Resilience Scale consists of domains, that are Self-Guarantees, Personal Vision, Flexible And Customizable, Organized, Problem Solver, Interpersonal Efficiency, Socially Connected And Proactive. While overall in the study, the data shows that Resilience Scale score (mean = 124.65, SD = 15.12) among respondents is at resilience level.

It was found that level of Resilience among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed a total of 34 persons (27.6%) at a rather resilience level, 70 persons (56.9%) at resilience level and the balance 19 persons (15.4%) are at a very resilience level. The level of resilience was based on the score as prescribed in the manual and shown in Table 3.

Table 3: Resilience Score and Level

Score	n	Percentage	Level
32 until 60	0	0.0	Not so resilience
61 until 115	34	27.6	Rather resilience
116 until 140	70	56.9	Resilience
141 until 160	19	15.4	Very resilience
Total	123	100.0	

The findings based on the resilience domains are : 1. The level of self-guarantees among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 33 persons (26.8%) were moderate and the balance 90 persons (73.2%) were at high level. 2. The level of personal vision among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 29 persons (23.6%) were moderate and the balance 94 (76.4%) were at high level. 3. The level of flexible and customizable among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 1 person (0.8%) at low level, 47 (38.2%) at moderate level and the balance 75 (61.0%) at high level. 4. The level of organized among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 52 people (42.3%) were moderate and the balance 71 (57.7%) were at high level. 5. The problem solver among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 1 person (0.8%) at low level, 34 (27.6%) in moderate and 88 (71.5%) at a high level. 6. The level of interpersonal efficiency among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 47 people (38.2%) were moderate and the remaining 76 persons (61.8%) were at high level. 7. The level of socially connected among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that there were 5 people (4.1%) at a low level, 43 (35.0%) at a moderate level and the remaining 75 (61.0%) at a high level. 8. The proactive score among female Muslim clients at a drug treatment and rehabilitation center in Kelantan showed that 23 people (18.7%) were moderate and the remaining 100 (81.3%) were at high level.

Objective 3: To compare the cognitive distortion mean difference based on:

a) Al-Quran reading competence levels

The result of the *t*-test analyses showed that there was no significant difference in the cognitive distortion domains: Self-Criticism Scale ($t = -1.741$, $p = 0.084$), Self-Blame Scale ($t = -0.266$, $p = 0.791$), Hopelessness Scale ($t = -1.336$, $p = 0.184$), and Preoccupation with Danger Scale [$t = 0.456$, $p = 0.649$] among female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on Al-Quran reading competence.

However, there was a significant difference in the Helplessness Scale ($t = -2.160$, $p = 0.033$) among female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on Al-Quran reading competence.

For the overall Cognitive Distortion Scale, there was no significant difference ($t = -1.306$, $p = 0.194$) among female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on Al-Quran reading competence levels.

b) Academic qualifications

The results of the *t*-test analyses showed that there was no significant difference in the cognitive distortion domains: Self-Criticism Scale ($t = -1.662$, $p = 0.099$), and Self-Blame Scale ($t = 0.353$, $p = 0.725$) among female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on academic qualifications.

However, there is a significant difference in the Helplessness Scale ($t = -2.583$, $p = 0.011$), Hopelessness Scale ($t = -2.575$, $p = 0.011$), and Preoccupation with Danger Scale ($t = -2.575$, $p = 0.011$) female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on academic qualifications.

For the Overall Cognitive Distortion mean score, there was a significant difference between female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on academic qualifications ($t = -2.313$, $p = 0.022$).

Objective 4: To compare the resilience mean difference based on:

a) Al-Quran reading competence levels

The results of the *t*-test analyses showed that there was no significant difference in the domains of resilience: Self-Guarantees ($t = 0.449$, $p = 0.654$), Personal Vision ($t = 1.052$, $p = 0.295$), Flexible And Customizable ($t = -0.267$, $p = 0.790$), Organized ($t = 0.710$, $p = 0.479$), Problem Solver ($t = 0.502$, $p = 0.617$), Interpersonal Efficiency ($t = 0.377$, $p = 0.707$), Socially Connected ($t = -0.933$, $p = 0.353$) and Proactive ($t = 0.352$, $p = 0.725$) among female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on Al-Quran reading competence levels. For the overall Resilience mean score, there was no significant difference with Al-

Quran reading competence for female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on Al-Quran reading competence.

b) Academic qualifications

The results of the t-test analyses showed that there was no significant difference in the domains of resilience: Self-Guarantees ($t = 1.828$, $p = 0.070$), Personal Vision ($t = 0.927$, $p = 0.356$), Flexible And Customizable ($t = 0.789$, $p = 0.432$), Organized ($t = 0.766$, $p = 0.445$), Problem Solver ($t = 0.555$, $p = 0.580$), Interpersonal Efficiency ($t = 0.523$, $p = 0.602$) and Proactive ($t = 0.381$, $p = 0.704$) among female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on academic qualifications. For the overall resilience mean score, there were no significant differences between female Muslim clients at a drug treatment and rehabilitation center in Kelantan based on academic qualifications ($t = 1.207$, $p = 0.230$).

Objective 5: To study the relationship between cognitive distortion and resilience

To determine the relationship between cognitive distortion and resilience, the Pearson correlation was used. The results of the Pearson correlation analysis to identify the relationship between cognitive distortion and resilience among female Muslim clients at a drug treatment and rehabilitation center in Kelantan are shown in Table 4.

Table 4: The Correlation between Cognitive Distortion and Resilience.

		Cognitive Distortion	Resilience
Cognitive Distortion	Pearson Correlation	1	-.168
	Sig. (2-tailed)		.063
	N	123	123

The finding in Table 4 showed that there was no significant relationship between cognitive distortion and resilience ($r = -.168$, $p > 0.05$). The finding also showed that there is a negative relationship ($r = -.168$) between cognitive distortion and resilience. This means, the lower the cognitive distortion score, the higher the resilience score. Overall, the findings indicate a weak linear relation between cognitive distortion and resilience.

As presented earlier, the findings showed that the majority of respondents (98.4%) faced the cognitive distortion at the low and moderate levels and only some of

respondents (1.6%) reached the high level of cognitive distortion. The reason could be due to the respondents in this study are in a controlled environment where they are located in rehabilitation treatment center. Furthermore, from time to time, the respondents were provided effective counseling sessions or other programs that could have reduced their cognitive distortion level.

The study found that 8.1 percent (10 respondents) had self-criticism at high level, 13.8 percent (17 respondents) experienced self-blame at high level, 9.8 percent (12 respondents) experienced helplessness at high level, 2.4 percent (3 respondents) experienced hopelessness also at high level. In addition, 4.9 percent (6 respondents) experienced preoccupation with danger at a high level as they tend to look for perfection when they change. One of the factors is the expectation of acceptance of family members. The respondents who undergo the rehabilitation treatment feel strongly on family acceptance upon recovery and discharge from the center. Without family acceptance, it is very difficult to alter their cognitive distortion.

Competencies in reading the Al-Quran was found to have no significant difference in cognitive distortion where the reason underlying such a finding could be the embracement of true meaning of the religion. It is assumed that the majority of the respondents only learn to recite the Al-Quran without really understand the verses and what more practice the true teachings in the Al-Quran.

The irony is that the education level is found to have a significant mean difference in cognitive distortion. This contradicts with the al-Quran competencies even though the fact hereafter knowledge is as important as other formal knowledge. The reason could be the emphasis more on the need to have better educations in order to improve their lives and standard of livings than reading the Al-Quran. Regardless of all these, the findings of this study show that there is no significant difference in the aspect of resilience for clients with low academic qualifications with clients with high academic qualifications.

Based on this study, it was found that the level of resilience showed that 84.5% respondents were at rather resilience and resilience level and 15.4% respondents were at very resilience. This might be due to the comfort zone that they are living in while undergoing rehab since there is no need for them to look out for basic needs and the care-free environment in the center since everything is taken care of. The other contributing factors could be due to no interventions from outsiders like peers, police and others so the participants can fully focus their time and effort in healing and improving their problems.

Although the result found that the level of resilience among respondents is at a good level, this situation does not necessarily remain unchanged especially at the post-treatment process. Once released from the center and face the outside world, they will have more obstacles to remain 'clean' and face more temptations to get involved with drugs again. There is a need to emphasize on the post-treatment process outside the center because the real world is the real danger. Most of the participants feel insecure and less confident to live outside the center, as they are aware of the fact that they might be offered drugs or keep in touch with the old friends according to the interviews.

Hence, the programs by the community and employers provided for them must cover these concerns. Families have to support them no matter what because families are person that they rely the most in life. The society needs to have better mindset where instead of judging them blindly, they need extra hands for support and words of encouragement after all, they just turn over a new leaf.

Nevertheless, it is the internal strength and awareness to combat drug addiction, the most important tool as they need to have the strength to change to be better persons and the attitude of not giving up easily.

CONCLUSION

In order to have a better life, it takes the whole village to do so in combatting drugs. There is nothing to complain about because to each of its own is too selfish. The key person is always the participants themselves who choose to close the drug addict chapter in their lives. In order to have a new chapter, one must be self-confident. However, it is undeniable that the society, the family and the environment play an important role in helping one person's change and recovery from drug rehabilitation treatment.

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