PERCEPTION OF THE PRACTICE OF DHIKR AMONG ISRA-CCRC CLIENTS

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Abstract

Drug addiction cases in Malaysia are ever increasing with the majority of addicts are Malays (AADK, 2019). While al-Quran explains that the prayer can restrain from illegal behaviours such as drugs abuse, little is known of how rehab centres' clients perceive the practice of dhikr as part of their rehabilitative programme. This study aims to examine clients' perception of the practice of dhikr in ISRA (Islamic Spiritual Rehabilitation Approach) programme settings. 244 Malay male respondents (61.5% single, 21-57 years-old) were randomly selected from three NADA rehabilitation centres. The practice of dhikr in this study comprised of four domains; (a) behavioural, (b) speech, (c) action, and (d) meaningfulness. Results showed that clients perceived more meaningfulness of dhikr than other domains, and that Malay drug addicts still had a high perception for the practice of dhikr. Findings showed that a higher level and understanding of dhikr practice can still be achieved by drug addicts with proper guidance and robust mechanisms. This study suggests that clients' perception of the practice of dhikr is based on the combination of coping mechanism, cultural, peer support, environmental and circumstantial settings.

Keywords: The Practice of Dhikr, Drug Addiction, ISRA.

INTRODUCTION

Human beings are created with desires to substantiate the concept of good as praiseworthy and wrong as blameworthy. While Islam acknowledges the fact that wrong-doing is part and parcel of being human, then again a Mu'min must have control in congregation and isolation, because Tawhid teaches that Allah SWT is All-Seeing and All-Knowing, and that unlawful behaviours would guarantee His

punishment (al-Quran, al-Tawbah, 9: 78-79). Hence, among Muhammad's SAW mission was to guide mankind to discipline their desires according to tawhid and obedience, because unchecked desires would obliterate every single definition of personhood (Muslim, n.d.: 1035). The concept of dhikr is one of the way for man to defend against worldly desires and harmful trials (Ibn Hajar al-'Asqalani, 1379H/1959; see also al-Sharqawi, 1995).

THE CONCEPT OF DHIKR
Dhikr in Islam is deemed fundamental for its rudimentary yet extensive application as well as its foundational and monumental prospect in terms of its cross-topic nature (an-Nawawi, 2010). It is the groundwork for which every religious activity binds to in order for it to be considered as valid and complete, and its objectives and connotations are realised. Dhikr in Islam is both religious and spiritual, combining the overall concepts of which Islam conveys, from Iman, Islam and Ihsan, to Tawhid, Ibadat and Akhlaq (al-Zuhayli, 2002). It is complementary, supplementary, comprehensive, and encompassing.

Dhikr literally means 'to remember, recall' and 'to mention, utter', as in man's mental activity and vocal communication. According to al-Zuhayli (2002), dhikr etymologically either means; a condition which enables one to preserve what he knows and call for it on demand; or to invoke something in the heart or in speech. Contextually, dhikr means the invocation of Allah SWT in the heart, and observation or being mindful of Him as if he can see Him. Dhikr in its specific meaning is made by speech, often mentioned in connection with the worship of Allah in the sense of mentioning His name, as well as praising and glorifying Him by invoking His name, namely the *Tasbih*, *Tahmid*, *Tahlil*, *Takbir*, *al-Hawqalah*, *Istighfar*, supplications, *Salawat* (M. Quraish Shihab, 2008; al-Sharqawi, 1995).

Dhikr in its infinite meaning is the timeless and placeless consciousness about the presence of Allah SWT, along with the feeling of togetherness, encouraging man to always adhere to His guidelines, obeying His commands and avoiding His prohibitions, in a sense that He is All-Knowing, ever Present to provide for and help His obedient servants. According to al-Zuhayli (2002), the true reality of dhikr is evident in all activities carried out in the name of Allah SWT obediently, adhering to His rules, instructions, decrees and moral codes, including but not limited to religious activities (see also al-Nawawi, 2010; M. Quraish Shihab, 2008).

Throughout al-Quran, the word dhikr and its derivatives are mentioned for no fewer than 280 times (M. Quraish Shihab, 2008). Al-Ghazali RH listed out forty advantages of remembrance, of which he divides it into two parts (in M. Quraish Shihab, 2008). Half of it can be seen in this worldly life, while the rest is in effect posthumous. As

such, dhikr is an umbrella concept, combining all matters related to religious obedience as well as spiritual vocation. It covers religiosity and spirituality, as it does with mindfulness and physicality, towards realising the meaning of faithfulness and obedience. Against all odds, as far as the current empirical repertoire is concerned and to the best of the researcher's knowledge, empirical study on the role and properties of dhikr on psychological and behavioural aspects is almost non-existent.

Empirical Effects of Dhikr
However, that does not mean that study on dhikr is new, per se. Bakken et al. (2014) assert that the complex nature of religion or spirituality means that it cannot be represented using a single indicator. For this purpose, the range of literature exploration is broadened to include both religiosity and spirituality. Sure enough, it was found that prior research has provided ample proof on the association between religiosity/spirituality and substance or drugs use. Religiosity/spirituality was found to be associated with lower odds of engaging in both marijuana use and binge drinking (Rivera, Lauger & Cretacci, 2018) and reduced odds of all forms of substance use (Guo & Metcalfe, 2018).

It was found to have a negative relationship with alcohol abuse (Giordano et al., 2015), substance use (Hill & Pollock, 2015), drug use (Jules et al., 2015), and addiction potential among students (Aliakbarzadeh, Biderafsh & Salmani, 2018). Religiosity/spirituality was also found to have a positive effect on minimising alcoholism (Isralowitz & Reznik, 2015), decreasing the odds of cocaine use among females (Jones et al., 2018), decreasing substance use (Thomson, 2016), desisting from substance use among ex-offenders (Stansfield, Mowen & O'Connor, 2017) and among adolescents with prior conviction (Stansfield, 2018).

Religiosity/spirituality was found to predict lower criminal offending and substance use for white youth post-conviction (Stansfield, 2017), and changes in drug-dependence behaviour (Amirafzali & Shirazi, 2016). It was found to be protective against addiction (DiReda & Gonsalvez, 2016), substance use post-release (Mowen, Stansfield & Boman, 2017), marijuana use and initiation (Varma et al., 2017). Overall, religiosity/spirituality was found to be positively associated with a better quality of life (Saisunantararom et al., 2015) and with resilience, quality of life, and fewer previous suicide attempts (Mosqueiro et al., 2015).

Problem Statement
According to the National Anti-Drugs Agency (NADA), drugs and substance abuse (and addiction) cases in Malaysia has risen 8.7% to 142,199 in 2019, with an increase of 3.2% in drugs addiction cases (AADK, 2019). Similarly, it was reported that the majority of addicts were Malays with 107,503 cases, an increase of 8.0% from the

previous year. Although NADA did not provide statistics based on religions, it can be said that Malays cases in Malaysia represent Muslims cases in general as the majority of Malays in Malaysia are Muslims. As for other religions, the same may not be applied due to other ethnics having a wider range of religious affiliations in Malaysia setting. Additionally, while new addiction cases had a slight increase of 0.2% to 17,506 cases compared to the previous year, relapse cases on the other hand had a marked increase, from 4.2% in 2018 (7,482 cases in 2017 to 7,793 cases in 2018) to 10.0% in 2019 (8,574 cases), further proving the seriousness of drug abuse and addiction situation in Malaysia (AADK, 2018a; 2019).

Al-Quran explains that the prayer, as one of the many manifestations of dhikr, is able to restrain oneself from committing acts of crime and indecency (see al-Quran, al-ʿAnkabut, 29, 45). Allah SWT further commands man to control himself against agents of evil through the practice of remembrance and prayer (see al-Quran, al-Ma'idah, 5, 91). Aboo Talhah (1995) underlined that the prayer has the capacity and potential to rectify and straighten the heart, as well as its content, i.e. Iman. One who prayed with humility and attentiveness, would find him being led away from wickedness towards righteousness. Based on this concept, a person can still redeem himself to develop and strengthen his Iman to defend against drugs abuse and addiction.

Aboo Talhah (1995) further explains that the prayer mirrors the actions and behaviours of a Muslim, and the heart benefits and fortifies from perfect and faultless prayer. If it is lacking, it could manifest evil (e.g. drugs use and dependency) and affect the rest of the body in due course. As such, imperfect remembrance may occur by reason of lack of understanding of the concept, or inability to perform it efficiently even with proper understanding. It should be taken into account that there might be a chance for normal person (who are non-drug users) and even more drug addicts are not practising dhikr properly, or they do not fully understand the meaning of practice of dhikr, further affecting their final rehabilitative achievements.

Hence, this study aims to examine the level of perception of the practice of dhikr among clients of ISRA-CCRC so as to empirically account for the effectiveness and objectivity of the NADA-operated ISRA (Islamic Spiritual Rehabilitation Approach) programme. This is important because clients' perception of practice of dhikr relates to the success of the programme, the outcome of their post-release results, and the future of their social functionality and sustainable recovery from substance addiction.

The ISRA programme is an unconventional rehabilitation treatment programme introduced by the NADA in 2017 as an adopted and updated version of the *Inabah* treatment model for CCRC settings, with emphasis on the utilisation of the concept of

tazkiyatun nafsi (AADK, 2017; 2018b). At its core, it mainly consists of psychospiritual and psychosocial therapies (Mansor Abu Talib et al., 2019). It was implemented strategically through community therapy, psychoeducation, *halaqah* and the 7 steps recovery in addiction module (7-SRA) (AADK, 2018b). ISRA represents the Agency's attempt to take its religious programmes to the next level by objectively integrating substantiated religious-oriented modules in clients' daily routine for a more comprehensive addiction recovery.

The significance of this approach lies in how it makes best use of clients' daily schedule with a more intense, integrated and purposive arrangement of their religious activities. In actuality, ISRA module barely affects clients' overall daily schedule as these proposed religious activities are already incorporated in their daily routine i.e., five daily prayers. The module then adds more value to the existing routine by augmenting it with supplementary religious activities such as *sunnah* prayers, *zikir toyyibah*, al-Quran recitations and so on. While these examples may seem ordinary and readily available in non-ISRA settings, it is still not emphasised theoretically or practically.

In other words, ISRA module guides clients to incorporate supplementary religious activities through knowledge by providing regular religious classes as well as through practice by providing clients with the time, infrastructures and peer supports to ensure best achievement, performance and outcome. Through this, clients are given a better understanding of how religious-cum-spiritual practices can purify the soul and change the behaviour and inner self via connectedness and closeness to Allah SWT (AADK, 2017). The Inabah model in ISRA contains 8 components; i. *talqin* (*musyahadah*), ii. bath therapy (*tawbah* bath), iii. prayer therapy, iv. dhikr therapy (dhikr *kalimah toyyibah*), v. dhikr and selected supplications, vi. *sirah* and knowledge, vii. al-Quran recitations, and vii. fasting therapy (AADK, 2018b; Mohamad Isa Amat et al., 2019).

Basically, clients' daily routine starts as early as 4:30am with *tawbah* bath as preparation for *qiyamullayl*. Aside from five obligation prayers, they will perform supplementary prayers such as fard-accompanying *sunnah* prayers (i.e., *qabliyyah* and *ba'diyyah sunnah* dhuhr prayers, etc.), *tahajjud*, *witr*, *ishraq*, *isti'adah*, *istikharah*, *duha*, *tawbah* and *hajah* prayers which sum in average of 70 *raka'ah* daily. Likewise, aside from dhikr and selected supplications prescribed by the Prophet SAW especially post-fard-prayers dhikr, they will utter dhikr *toyyibah* (*kalimah syahadah - la ilaha illa Allah*) after obligatory prayers both extrinsically and intrinsically. On top of *fardu 'ain* classes (on Monday, Tuesday, Thursday and Friday) and daily regular religious lectures (after *Maghrib* prayers), monthly religious lectures are also arranged to boost clients' motivation and commitment. Al-Quran recitation is also carried out via *tadarrus* and *talaqqi*. Last but not least, clients are also encouraged to practise

supplementary fasting (i.e. Monday and Thursday fasting) aside from obligational fasting in *Ramadan* (AADK, 2018).

METHODS AND MATERIALS
Sampling
Using a simple random sampling, 244 Malay respondents were selected from three NADA rehabilitation centres running the ISRA programme (Tiang Dua CCRC, Sungai Ruan CCRC and Perlop CCRC). The inclusion criteria for this study were male clients participating in the ISRA programme, Muslim, able to read and write on their own, had no prior diagnosis of physical or mental health problems, and having at least fundamental knowledge about Islam and its practices.

Demographics profile included age, gender, ethnicity, religion, marital status, educational level, last employment record, formal religious education and last admission record. Selected ages ranged from 21 to 57 year-old and were divided into four groups: 21 to 30, 31 to 40, 41 to 50, and 51 to 60 year-old. Ethnicity was classified into four groups; Malay, Chinese, Indian, and others. Religion was classified into five groups; Islam, Christianity, Buddhism, Hinduism and others.

Marital status was classified into four groups; single, married, divorced and others. Educational level was categorised into nine; primary school, PMR/SRP, SPM, STPM, skill certificate, diploma, degree, never attended school, and others. Last employment record was classified into six; student, civil servant, private sector, self-employed, unemployed, and others. Formal religious education was between two; yes and no. Last admission record was classified into four; once, twice, thrice and more than thrice. The listing of gender and religion was to rule out unrelated samples based on the study's inclusion/exclusion criteria.

Instruments
This study used a newly developed al-Nawawi Dhikr Scale (NDhS). Stufflebeam and Guili (2017) advised evaluators to use existing instruments with well-documented construct validity evidence when possible. However, to the best of the researcher's knowledge, there was no documented instrument for dhikr in the current contemporary literature. The NDhS consists of 25 items developed to measure clients' perception of the practice of dhikr. These questions were developed from al-Nawawi's al-Adhkar, a collection of Prophet Muhammad's SAW chronicles, ethical expositions and spiritual endeavour depicting the essence of Islamic principles and philosophies. It emphasised on topics inspired by authentic and strongly narrated hadith (*sahih* and *hasan*).

The final form of the questionnaire was in Bahasa (Bahasa Melayu -B.M.) to cater to the spoken language of respondents. The items were generated for the reading and comprehension level of CCRC's clients, with clear and simple words as well as concise and short sentence length. Respondents answered using a 5-point Likert scale, i.e., 1 = strongly disagree, 2 = disagree, 3 = unsure, 4 = agree, and 5 = strongly agree. Summative scores ranged from 25 to 125. Score was divided into three categories, i.e.; low level = 25-57, moderate level = 58-91, and high level = 92-125.

The NDhS scored between .63 to 1.00 for the I-CVI evaluation, and .82 for the S-CVI/Ave evaluation. The acceptance of I-CVI score of .63 for one item was based on a modified kappa (k^*) by Polit, Beck and Owen (2007) which scored .53 as fair (see Fleiss, 1981; Cicchetti & Sparrow, 1981). The NDhS appeared to measure the practice of dhikr construct reliably, evidenced by strong Cronbach's alpha coefficients of .94 in its pilot study.

RESULTS AND DISCUSSIONS
Demographics
The sample included 244 respondents, 100% male, aged between 21 and 57 year-old. The mean age was 35 year-old. All respondents were Malays. Over half of the respondents were single (61.5%), compared to only 38.5% (94 respondents) who were married or had marriage experience. Almost half (121 respondents, 49.6%) went through either primary or secondary school without SPM, while 38.6% completed secondary school with either SPM or STPM, and the rest (29 respondents) had tertiary or third level academic qualifications.

Majority respondents (75.8%) were self-employed before registering into CCRC, while 16.0% were in the private sector. The rest were either unemployed (4.5%) or civil servants (3.7%). According to Table 1, majority respondents (90.2%) had formal religious education before, while more than half (69.3%) were CCRC clients for the first time, accounting for 169 respondents out of the total 244.

Table 1: Descriptive Statistics for Respondents' Demographic Background

Demographics	Respondents ($N = 244$)	
	Frequency	Percentage
Mean age (years)	35.11	
Age group		
21 to 30 years old	80	32.8
31 to 40 years old	105	43.0
41 to 50 years old	50	20.5
51 to 60 years old	9	3.7
Ethnicity		
Malay	244	100.0
Chinese	0	0
Indian	0	0
Others	0	0
Marital status		
Single	150	61.5
Married	59	24.2
Divorced	35	14.3
Others	0	0
Education level		
Primary school	51	20.9
Secondary school	70	28.7
SPM	88	36.1
STPM	6	2.5
Skill certificate	23	9.4
Diploma	6	2.5
Last employment record		
Civil servant	9	3.7
Private sector	39	16.0
Self employed	185	75.8
Unemployed	11	4.5
Formal religious education status		
Had formal religious education	220	90.2
Never had formal religious education	24	9.8
Number of times admitted into rehab centre		
Once	169	69.3
Twice	55	22.5
Thrice	16	6.6
More than 3 times	4	1.6

Perception of the Practice of Dhikr

Results found that respondents scored for all six behavioural dhikr items as "strongly agree" based on its mean scores of between 4.52 and 4.88, with the highest being item B2 "I am thankful to Allah s.w.t. because I am still alive" (mean = 4.88), and the lowest item B8 "I must fulfil promises" (mean = 4.52). Respondents also scored for all seven speech of dhikr items as "strongly agree" based on its individual mean scores of between 4.32 and 4.81, with the highest being item B3 "I must read *bismillah* before starting any good activity" (mean = 4.81), and the lowest item B9 "I must utter *ta*ᶜ*awwudh* when angry" (mean = 4.32). Respondents also scored for all seven action of dhikr items as "strongly agree" based on its individual mean scores of between 4.44 and 4.80, with the highest being item B18 "I believe a mosque is an important place for a Muslim" (mean = 4.80) and the lowest item B15 "I would like to perform *hajj/umrah*" (mean = 4.44). Respondents scored for all five meaningfulness of dhikr items as "strongly agree" based on its individual mean scores of between 4.56 and 4.85, with the highest being item B19 "I know Allah s.w.t. is watching me" (mean = 4.85), and the lowest item B20 "I prioritize blessed food and drinks" (mean = 4.56). This means clients of ISRA have a "strongly agree" perception or very high perception for all practice of dhikr domains, with the highest score being meaningfulness of dhikr (mean = 4.69), followed by action of dhikr (mean = 4.68), behavioural dhikr (mean = 4.64) and speech of dhikr (mean = 4.63).

The practice of dhikr in this study comprised of four domains; (a) behavioural, (b) speech, (c) action, and (d) meaningfulness. The domain of behaviour of dhikr refers to the act of remembering by conducting in a manner according to the Prophet's SAW counsels, which translates into remembrance of Allah SWT, such as sympathising the unfortunates, demoting wrongdoings, etc. The domain of speech of dhikr refers to the act of remembering by uttering certain wordings with the tongue, such as *bismillah*, *ta'awwudh*, *supplications*, *salawat*, etc. The domain of action of dhikr refers to the act of remembering by exercising physical-related religious activities, such as prayers, fasting, alms-giving, hajj, etc. The domain of meaningfulness of dhikr refers to the act of remembering by combining the exercise of dhikr and *fikr* in the heart so as to grasp the implicit and deeper meaning of dhikr, which moves a person towards attentiveness and consciousness of Allah SWT. The difference between meaningfulness of dhikr and other domains is that meaningfulness of dhikr requires contemplation and deliberation on the purpose of dhikr. It represents the essence of dhikr, unrestricted by any form of presentation nor by the execution of the exercise itself.

Results showed that there was evidence that clients perceived more meaningfulness than other domains especially speech of dhikr. In general, Islamic teachings are all about the essence of obedience and worship, unrestricted to certain Arabic recitations and memorizations. This showed that for clients of CCRC, through the

implementation of the ISRA programme, they were more likely to be able to strongly perceive the practice of dhikr. It implies that Malay drug addicts still have a high regard and perception for practice of dhikr. These findings corroborate the universality of Islamic teachings thru the formless essence of dhikr, such that it belongs to all creations regardless of linguistic and cultural boundaries.

Table 2: Descriptive Statistics for Respondents' Perception of the Practice of Dhikr

Item	1		2		3		4		5	
	n	%	n	%	n	%	n	%	n	%
Behavioural dhikr (Mean= 4.64)										
B2. I am thankful to Allah SWT because I am still alive (Mean= 4.88)	0	0.0	0	0.0	0	0.0	29	11.9	215	88.1
B5. I must sympathize with the impoverished and orphans (Mean= 4.64)	0	0.0	0	0.0	5	2.0	77	31.6	162	66.4
B6. I cannot give up going through life's difficulties (Mean= 4.60)	1	0.4	0	0.0	7	2.9	80	32.8	156	63.9
B8. I must fulfil promises (Mean= 4.52)	0	0.0	0	0.0	11	4.5	94	38.5	139	57.0
B16. As a Muslim, I must demote wrongdoings (Mean= 4.57)	0	0.0	0	0.0	7	2.9	91	37.3	146	59.8
B21. I believe that scholars/ustadhs' advice can help me (Mean= 4.64)	0	0.0	1	0.4	5	2.0	75	30.7	163	66.8
Speech of dhikr (Mean= 4.63)										

B3. I must read *bismillah* before starting any good activity (Mean= 4.81)	0	0.0	0	0.0	1	0.4	45	18.4	198	81.1
B4. I supplicate before entering toilet (Mean= 4.46)	0	0.0	0	0.0	12	4.9	107	43.9	125	51.2
B9. I must utter *ta°awwudh* when angry (Mean= 4.32)	2	0.8	1	0.4	26	10.7	103	42.2	112	45.9
B10. I pray for deceased Muslims (Mean= 4.57)	0	0.0	1	0.4	7	2.9	88	36.1	148	60.7
B11. I believe the Quran must be read every day (Mean= 4.66)	0	0.0	1	0.4	7	2.9	65	26.6	171	70.1
B23. I must always utter the *shahadatayn* (Mean= 4.79)	1	0.4	0	0.0	3	1.2	42	17.2	198	81.1
B24. I must always utter *salawat* upon the Prophet SAW (Mean= 4.79)	1	0.4	0	0.0	2	0.8	43	17.6	198	81.1
Action of dhikr (Mean= 4.68)									
B12. I perform five mandatory prayer daily (Mean= 4.79)	0	0.0	1	0.4	5	2.0	39	16.0	199	81.6
B13. I fast obligationally in the month of Ramadan (Mean= 4.64)	0	0.0	0	0.0	15	6.1	59	24.2	170	69.7
B14. I pay compulsory alms in	1	0.4	0	0.0	12	4.9	66	27.0	165	67.6

the month of Ramadan (Mean= 4.61)									
B15. I would like to perform hajj / umrah (Mean= 4.44)	1	0.4	1	0.4	25	10.2	79	32.4	138	56.6
B17. Most of the time, I need Allah's SWT guidance in making decision (Mean= 4.70)	1	0.4	0	0.0	5	2.0	59	24.2	179	73.4
B18. I believe a mosque is an important place for a Muslim (Mean= 4.80)	1	0.4	0	0.0	1	0.4	42	17.2	200	82.0
B22. I believe a Muslim must pray to Allah SWT everyday (Mean= 4.80)	0	0.0	0	0.0	5	2.0	39	16.0	200	82.0
Meaningfulness of dhikr (Mean= 4.69)									
B1. I must be sincere in every religiosity (Mean= 4.70)	0	0.0	0	0.0	6	2.5	60	24.6	178	73.0
B7. Most of the time, I realize death is certain (Mean= 4.70)	0	0.0	0	0.0	9	3.7	56	23.0	179	73.4
B19. I know Allah s.w.t. is watching me (Mean= 4.85)	0	0.0	0	0.0	3	1.2	30	12.3	211	86.5
B20. I prioritize blessed food and drinks (Mean= 4.56)	0	0.0	0	0.0	9	3.7	89	36.5	146	59.8

B25. I believe that I will be more attentive if I understand the supplications that I utter (Mean= 4.65)	2	0.8	0	0.0	6	2.5	65	26.6	171	70.1

1= strongly disagree, 2 = disagree, 3 = unsure, 4 = agree, 5 = strongly agree

Thus, Malay drug addicts may accept and commit to dhikr-incorporated rehabilitation programme objectively. This is interesting, as the general understanding of the practice of dhikr in Malaysia is mostly verbal oriented. If that is truly the case, then results would probably be inclined towards favouring the speech of dhikr with higher scorings. This is partly evident when the score for item B3 (*Bismillah* recitation before work-initiation) was third only to items B1 (thankfulness for being alive) and B19 (Allah SWT watches). However, results showed that clients strongly perceived other domains and items of dhikr more than the verbal ones. This indirectly implies that a higher level and understanding of dhikr practice can still be achieved by drug addicts with proper guidance and robust mechanisms.

Results also imply that the direction of ISRA programme as focusing more on the prayer-related activities due to the scorings favouring the prayer or practices related to it. Similarly, it was also found that the ISRA programme has significantly instilled the feeling of connectedness with the mosque institution within clients that they perceived it as an important part of their recovery and scored it as strongly agree. Although speech of dhikr as a dimension was scored the lowest, three out of its seven items were among the highest item-wise of above 4.79. It implies that clients are equipped to learn and practice more verbal dhikr despite its nature as more linguistic than contextual. This suggests that the ISRA programme could incorporate more speech of dhikr (i.e. *taᶜawwudh* recitation) into its module and tentative.

CONCLUSION
In summary, results found that CCRC clients showed high level of perception for the practice of dhikr in all of its four domains. On the one hand, meaningfulness of dhikr means to realise the meaning of remembrance without conformity to any form or custom (M. Quraish Shihab, 2008). It is an infinite manifestation of dhikr and therefore is achievable by almost anyone with rational capabilities. On the other hand, speech of dhikr requires one to utter a certain Arabic formula and may hinder clients from perceiving it more appropriately.

To better investigate the differences in these scorings between domains, it must be considered in relation to the conceptual and cultural demands of dhikr in the Malaysian setting. For example, the prayer is found to have been perceived very strongly by clients due to the fact that it is a daily religious obligation and therefore can be considered as the most performed and realistic concept of dhikr compared to pilgrimage. Likewise, 'thankfulness for being alive' was found to have been perceived the strongest by clients compared to 'recitation of *ta'awwudh* when angered' because cultural cultivation does not familiarise society with this tradition despite being among the most *sahih* principle in anger management. Thus, results imply that clients' perception of the practice of dhikr is based on the combination of coping mechanism, cultural, peer support, environmental and circumstantial settings.

These findings should be regarded in relation with several limitations. First, due to the cross-sectional design of the study, caution is mandatory when interpreting analysis results. In this instance, it is assumed that clients have high perception of the practice of dhikr. However, future longitudinal design is better suited to properly identify more accurate perception of dhikr practice among clients. Second, while this sample size is considered large enough in several literature, it is still small compared to the actual number of addicts' population in Malaysia. Findings should be replicated with a larger sample, focusing on specific demographic such as age or education level to better explore pattern of dhikr practice. Third, findings can only be generalised to clients with specific demographic backgrounds. Even though the general population may have the characteristics similar to respondents in this study, it can still be difficult to apply it to the general population. Thus, as the sample was all Malays, it is tricky to generalise these results to other cultural contexts. Different racial cultures involve diverse worldviews or social practices that could influence people's perception of dhikr practice.

Conclusively, in light of the value of the practice of dhikr from drug addicts' perception, rehabilitation officer, religious teacher, social workers and service providers need to empirically acknowledge this approach and objectively incorporate it in their practice. Results coming from this study lead us to not underestimate the role of the practice of dhikr in particular and religiosity and spirituality in general in helping and guiding at-risk groups to restore their mental and physical capacities to its functional state. Although in some settings (i.e. NGO centres) the helpers or staffs have only sufficient conventional education and training in treatment and rehabilitation, this approach is still accessible due to its versatileness, adjustability and accommodating features. Thus, the government and NGO would be better off working together at providing the resources to bring this approach to reality so clients can really depend on them for their sustainable recovery journey.

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