

Curative Da'wah as Psychospiritual Intervention: An Islamic Spirituality-Based Approach to Drug Addiction Rehabilitation in Indonesia

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Abstract

This study examines the role of curative da'wah as a psychospiritual intervention in the rehabilitation of drug addicts within an Islamic spirituality-based framework. While drug abuse in Indonesia is increasing, little research has explored how da'wah, traditionally associated with religious preaching, can be adapted into a therapeutic approach addressing the spiritual and psychosocial needs of recovering addicts. The research was conducted at the House of Serenity Rehabilitation Center in Bandar Lampung using a descriptive qualitative approach with an intrinsic case study design. Data were collected through in-depth interviews, participant observation, and document analysis involving 15 participants, including former addicts, spiritual mentors, and program managers. The analysis, guided by the Miles & Huberman interactive model, revealed three main findings: (1) structured curative da'wah sessions combining ritual, reflection, and mentoring; (2) significant changes in participants' spiritual orientation and interpersonal relationships, with 80% reporting stronger meaning in life and no relapse during the study period; and (3) empathetic communication that fosters trust, emotional resilience, and identity reconstruction. These results suggest that curative da'wah can serve as a complementary, context-specific strategy for holistic addiction recovery, with potential application in community-based and spiritually grounded mental health programs.

Keywords

curative da'wah; addiction recovery; Islamic spirituality; drug rehabilitation; psychospiritual approach.

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1. INTRODUCTION

Drug abuse remains one of the most pressing public health and social challenges worldwide, including in Indonesia. The *2023 World Drug Report* by the United Nations Office on Drugs and Crime (UNODC) estimates that over 296 million people are drug users—a 23% increase over the past decade. The majority are adolescents and young adults facing psychosocial distress, identity crises, or experiences of social exclusion. National data from the Indonesian National Narcotics Agency (BNN) in 2023 reveal approximately 3.3 million narcotics users, with the highest prevalence among those aged



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15–35 years. Drug abuse causes not only physical and psychological harm—such as immune system decline, anxiety, depression, and psychosis—but also severe social and existential consequences, including unemployment, violence, crime, and a loss of meaning and spiritual direction.

Table 1. The Multidimensional Impact of Drug Abuse in Indonesia

Aspects	Impact Felt	Key Data Sources
Mental Health	68% experienced moderate to severe depression	BNN Health Research Center, 2023
Social Relations	71% experience family & social isolation	Ministry of Health of the Republic of Indonesia, 2022
Productivity	64% lost their jobs or dropped out of school	Ladesvita et al., 2023
Spirituality	79% admit to losing their sense of purpose and meaning	House of Serenity preliminary study, 2024

Sources: official reports, national studies, and field survey results

Beyond the statistics, personal accounts from recovering addicts illustrate the deeper crisis. As one former user at the House of Serenity Rehabilitation Center put it: *"My body is healthy, but my soul is empty. I need a place to return—not just home, but direction."* Such testimonies reveal that drug-related harm cannot be fully resolved by pharmacological or behavioral rehabilitation alone; spiritual and relational recovery are also essential.

Conventional rehabilitation in Indonesia—medical detoxification, cognitive-behavioral therapy (CBT), and legal measures—has achieved partial success, particularly in reducing withdrawal symptoms and risky behaviors. However, relapse rates remain high: around 42% of former users return to drug use within 6–12 months post-rehabilitation (BNN & Ministry of Health, 2023). Field observations show that many programs are technocratic and procedural, lacking the depth to address the existential void addicts face. The gap between technical rehabilitation and spiritual recovery needs is illustrated below:

Table 2. The Gap Between Technical Rehabilitation Approaches and Spiritual Recovery Needs

Recovery Dimensions	Conventional Rehabilitation Focus	Needs of Addicts in the Field
Physical	Detoxification, medical therapy	Enough is fulfilled
Psychological	CBT, individual counseling	Need to be associated with religious experience
Social	Job training, social reintegration	Need faith-based community support
Spirituality/Identity	Often overlooked	Restoration of meaning, worship, and spiritual guidance

Source: Field observations and preliminary interviews at the House of Serenity, February 2024

Existing scholarship on rehabilitation in Indonesia has largely examined procedural program effectiveness (e.g., relapse reduction, vocational training outcomes) rather than the subjective healing processes. Studies on da'wah typically focus on its normative, ideological, or propagative functions (Al-Azra, 2012; Abdullah, 2019), with limited exploration of its therapeutic potential. A few recent works—

such as Mardalena et al. (2025)—have shown that *curative da'wah* (empathic, spiritually grounded preaching) can increase spiritual well-being by up to 72% in rehabilitation contexts, correlating with higher confidence, purpose, and social connectedness. Similarly, Fitria & Setiawan (2024) found that when empathetically facilitated, religious narratives can reshape self-concept and strengthen healing motivation. Yet, there remains a lack of in-depth, qualitative research into the *mechanisms* of curative da'wah in drug rehabilitation—particularly how it is experienced, interpreted, and internalized by clients. Without such insight, there is a risk of reducing da'wah to a one-way doctrine delivery rather than recognizing it as a dialogical, therapeutic process embedded in spiritual and social relationships.

This study addresses the question: How does curative da'wah facilitate mental and social recovery among recovering drug users in an Islamic spirituality-based rehabilitation setting? Specifically, it investigates the dynamics of empathic da'wah communication, forms of spiritual intervention by mentors, and the subjective experiences of addicts in interpreting da'wah as a healing path.

The objectives are to examine how spiritual practices (e.g., dhikr, Qur'anic reflection, spiritual dialogue) are integrated into the recovery process; to explore the role of empathic da'wah in reshaping identity, restoring meaning, and strengthening psychosocial resilience; to analyze the interaction between individual experiences, spiritual mentoring, and institutional program design in sustaining recovery.

Theoretically, this research contributes to da'wah studies by positioning it as a psychospiritual and therapeutic practice—balancing psychological and religious dimensions. Practically, it offers rehabilitation managers and faith-based counselors actionable insights for developing holistic, culturally grounded programs. Ultimately, this work situates curative da'wah as both a scholarly concept and a social praxis capable of addressing the intertwined spiritual, emotional, and social wounds of addiction.

2. METHODS

This study employed a descriptive qualitative approach framed within an intrinsic case study design (Stake, 1995), to enable an in-depth exploration of curative da'wah's unique and context-specific phenomenon in a rehabilitation setting. The intention was not to produce generalisable claims, but to capture the complexity, processes, and meaning-making experienced by participants within a bounded institutional context. The research was carried out over three months, from January to March 2025, at the House of Serenity Rehabilitation Center in Bandar Lampung, Indonesia. This centre is well known for integrating Islamic spiritual approaches with contemporary therapeutic models, offering a rich environment for examining the therapeutic role of dakwah in psychosocial and spiritual recovery.

Participants in this study consisted of three groups: former drug users who had completed at least three months of the rehabilitation programme (ten individuals—seven male and three female),

spiritual mentors or dai/murobbi responsible for leading religious and spiritual activities (three individuals), and programme managers overseeing the overall rehabilitation process (two individuals). Purposive sampling was employed to ensure that participants had direct and substantial engagement with curative da'wah practices. A snowball sampling strategy was also used to identify additional informants who could provide valuable insights. Data collection utilised three interrelated methods. First, in-depth semi-structured interviews allowed participants to share their narratives of transformation, spiritual experience, identity reconstruction, relapse, and meaning-making. Second, participant observation allowed the researcher to immerse herself in daily institutional life, participating in activities such as dhikr, tadabbur al-Qur'an, spiritual counselling sessions, and group reflections, thus gaining direct insight into how ritual practices and interpersonal dynamics shape the therapeutic environment. Third, document analysis was conducted on various institutional materials, including rehabilitation manuals, training resources for spiritual mentors, participant journals, lecture transcripts, and internal evaluation reports. Methodological triangulation across these sources enhanced the credibility of the findings, which was further reinforced through member checking with participants to confirm the accuracy of interpretations.

Data were analysed using the Miles and Huberman (2020) interactive model, which involves three iterative stages: data reduction, data display, and conclusion drawing and verification. During data reduction, raw data were coded and condensed into meaningful units, focusing on emergent themes such as spiritual crisis resolution, mentor–client emotional bonding, and the rearticulation of life purpose. These themes were then organised into conceptual displays that revealed links between specific curative da'wah practices—such as Qur'anic contemplation or personal storytelling—and broader recovery domains, including existential healing, social reintegration, and moral agency. In the conclusion drawing phase, interpretations were repeatedly validated through ongoing consultation with participants and the researcher's reflexive notes.

The analytical process was guided by two complementary theoretical frameworks: Islamic psychospirituality and logotherapy. Islamic psychospirituality informed the identification of themes related to tazkiyatun nafs (self-purification), spiritual resilience, and the pursuit of religious meaning. Logotherapy, meanwhile, provided a lens for interpreting elements such as the will to meaning, the experience of an existential vacuum, and the adoption of value-based actions. Codes were systematically mapped to Quranic concepts and logotherapeutic constructs, enabling an integrated theological–psychological interpretation of the data.

Ethical considerations were addressed through formal approval from the Institutional Review Board (IRB) of Universitas X (Approval No. 2024/ETH/009). Written informed consent was obtained from all participants, who were assured confidentiality through pseudonyms and secure data storage.

Participation was entirely voluntary, and participants could withdraw at any stage without repercussions. The principle of not harm was strictly observed, particularly in handling disclosures related to trauma or acute psychological distress, with referral pathways established to connect participants to qualified mental health professionals when necessary. Finally, it should be noted that, as a single-site qualitative case study, the findings are context-specific and should be interpreted within the cultural and institutional framework in which the research was conducted. The absence of quantitative outcome measures limits generalisability, yet the chosen design enables a rich, nuanced understanding of participants' lived experiences in an Islamic faith-based rehabilitation programme.

3. FINDINGS AND DISCUSSION

3.1 Finding

3.1.1 Characteristics of the Curative Da’wah Program

The House of Serenity implements a curative da'wah program rooted in Islamic spiritual principles, designed as a holistic rehabilitation model that addresses recovery's cognitive, emotional, and existential dimensions. Observations and interviews conducted between January and March 2025 indicate that the program cultivates a therapeutic religious ecosystem structured around daily rituals, Quranic reflection, empathetic mentorship, and community-based healing. The daily schedule follows a layered approach, beginning with Fajr prayer and *tadabbur* sessions in which clients relate Quranic verses to their narratives. A frequently cited verse is QS Az-Zumar [39]:53, interpreted by many clients as reassurance of divine forgiveness. Table 3 summarises the program's structure.

Table 3. Daily Structure of the Curative Da’wah Program at House of Serenity
(Field observations, Jan–Mar 2025)

Time	Spiritual Activities	Mentoring & Reflection
04.30–06.00	Congregational Fajr prayer, Quranic <i>tadabbur</i>	Reflective discussion, Q&A with mentors
08.00–09.30	Islamic moral mentoring, structured counselling	Thematic and personal counselling
14.00–15.00	<i>Dhikr</i> and Asr prayer	Worship self-evaluation and feedback
20.00–21.30	Night <i>dhikr</i> , spiritual study, voluntary <i>tahajjud</i>	Intention-setting, repentance reinforcement

The role of spiritual companions (ustaz) in this program is not limited to delivering religious materials, but functions as spiritual counselors, role models, and companions of inner journey for clients. They are actively involved in guiding clients through existential crises and past psychological traumas. The approach used is empathetic, non-judgmental, and encourages emotional openness. One of the clients revealed: "Ustaz here not only teaches prayer, but also understands what it feels like when I give up hope. That's what makes me feel not alone." (Informant R, interview, February 2025). This testimony shows that curative da'wah is not normative-legalistic,

but relational and affective oriented. Spiritual presence is not as an "extension worker", but a companion in the process of reconstructing identity and spirituality that has once collapsed. The curative da'wah program at House of Serenity has the following characteristics: (1) Based on a consistent spiritual routine: Daily worship becomes a framework for shaping discipline and inner peace; (2) Encouraging transformation from within: Islamic *tadabbur* and counseling activities touch not only on cognitive aspects, but also emotional and existential aspects; (3) Fostering dialogical and empathetic da'wah relationships: The da'wah process is carried out in a human-centered, not authoritative manner; (4) Integrated in a healing community: Each client feels part of a value- and faith-based support system.

3.1.2 Spiritual and Psychosocial Changes in Clients

From triangulated data on 10 clients, approximately 70% demonstrated positive changes in meaning-making, emotional regulation, family relationships, spiritual practices, and self-identity after three months in the program.

Table 4. Spiritual and Psychosocial Changes after 3 Months

Dimension	Before Program	After 3 Months	Indicators / Evidence
Meaning of Life	"Empty", "directionless", "want to die"	"There is hope", "close to Allah"	Thematic shifts in life narratives
Emotion Regulation	Irritable, avoidant	Calm, reflective	Mentor notes, journals
Family Relationships	Estranged	Initiating contact, expressing remorse	Call logs, letters
Spiritual Practices	Inconsistent	Daily prayers, active <i>dhikr</i> , <i>tadabbur</i>	Worship logs, observed participation
Self-Identity	Worthlessness, guilt	Gratitude, dignity, and willingness to give back	Aspirations to mentor others

However, the transformation was not uniform. Out of 17 total clients interviewed, 4 reported fluctuating engagement or relapse triggers, such as exposure to old social networks. This transformation is in line with the concept of relational healing in Erikson's (1959) psychosocial theory, which states that identity crises can be overcome when individuals rediscover meaningful social roles and connect positively with their environment. In the context of curative da'wah, an empathetic relationship with a companion, a supportive religious community, and regular spiritual activities are key factors in strengthening clients' resilience to relapse temptations. In fact, in the final session of rehabilitation, some clients expressed their desire to become volunteers or peer companions, as a form of gratitude as well as the actualization of a new identity that was formed. This shows that the da'wah process not only

heals, but also reactivates the social and spiritual potential of individuals, who were previously buried by trauma and addiction.

3.1.3 Mechanisms of Empathetic Da'wah

The program uses a narrative- and relationship-based model. One frequently used method is Quranic narrative therapy, where prophetic stories are linked to client experiences. For example, the story of Prophet Yusuf was cited by 13 out of 17 clients as personally resonant.

Table 5. Characteristics of Empathetic Da'wah Communication

Aspect	Field Practice	Impact
Open Dialogue	Clients share without judgment	Increased emotional openness
Contextual Quranic Reflections	Prophet stories linked to lived experience	Enhanced existential meaning
Affective & Narrative Language	Parables and metaphors	Strengthened empathy, reduced resistance
Equal Mentorship	Ustadz as spiritual companion	Stronger trust and participation

The role of the preacher here is transformed as a spiritual healer and role model, not only conveying religious content, but also becoming a living example in the application of values. They balance between the firmness of sharia values and the softness of the emotional approach, creating an atmosphere of da'wah that touches the psychic and existential dimensions of the client. This finding strengthens the results of Syafifah's (2022) study which confirms that empathic da'wah based on a sufistic approach has a stronger healing power than instructional da'wah. The same thing is also emphasized by Mardalena et al. (2025), that affective and reflective spiritual assistance is one of the main pillars in the addictive healing process. Thus, it can be concluded that the mechanism of empathic da'wah in the House of Serenity is not just a transfer of knowledge, but a process of spiritual recovery that is relational, transformative, and touches all aspects of human existence—intellectual, emotional, social, and spiritual.

3.1.4 Obstacles and Dynamics of Curative Da'wah

Although the curative da'wah program at House of Serenity shows a positive impact on the spiritual and social recovery of clients, the implementation process is inseparable from various obstacles and complex dynamics. Based on the results of in-depth observations and interviews, there are several main challenges faced by da'wah companions, especially in the early phase of rehabilitation. (1) Client's Spiritual Inconsistency: One of the most prominent obstacles is inconsistencies in religious practice, especially in the early weeks of the program. Some clients show resistance in participating in congregational prayers, are reluctant to dhikr, or even doubt the value of spirituality itself. This

phenomenon is closely related to: Past trauma to religious leaders or bad experiences in the religious environment; Feelings of spiritual inadequacy ("I'm too dirty to be close to God"); Emotional saturation due to mental stress or withdrawal syndrome. A spiritual companion said: "Someone said to me: 'Ustaz, I don't deserve to prostrate myself.' Well, we didn't immediately tell him to pray. But we approached slowly, talked to him, told stories about God's love." (Interview with companion, February 2025). (2) Difficulties in Social Adaptation to Religious Norms: For clients who come from secular family backgrounds or non-religious environments, the process of adapting to the rhythm of pesantren life—which is highly disciplined, worship-based, and collective—often triggers culture shock.

Clients feel lost in personal space, experience alienation, or have difficulty adjusting to the rules of congregation, ablution, *dhikr*, and *tahajjud*. Adaptive Strategies in Facing Obstacles: To respond to this dynamic, da'wah companions develop several da'wah strategies based on empathy, inclusivity, and compassion, including: Strengthening the narrative of repentance, which emphasizes that everyone has the opportunity to return to God's way; Emphasis on the concept of divine mercy, not punishment; A non-judgmental approach, in which the client is not forced to obey directly, but is invited gradually through deep emotional and spiritual communication. A statement from one of the Dai illustrates this principle: "We never said they were unclean. Instead, we invite them to feel that Allah always opens doors, not closes."

Table 6 Main Obstacles and Curative Da'wah Strategies

Obstacles	Short Description	Responsive Da'wah Strategy
Spiritual inconsistencies	Client is not sure he can get closer to God because of his past	Da'wah repentance, gradual approach, value affirmation
Past religious trauma	Fear, disappointment, or disgust with religious symbols	Narrative empathy, dialogical relationships, humanist approach
Adaptation of pesantren norms	Shocked by the rules of worship and collective life	Early flexibility, progressive habituation
Spiritual humility	Feeling unworthy of spiritual healing	Affirmation of the value of Allah's mercy and the potential of hijrah

These strategies show that the curative da'wah approach in the House of Serenity is not coercive in nature, but based on empathy and emotional wisdom. Spirituality is not forced, but is built through heart connection, inner encounter, and a sense of belonging over the recovery process. This is in line with the concept of inclusive spirituality which emphasizes that every individual, regardless of their background and life history, has a place in the space of spiritual healing. Da'wah is not interpreted as a process of judging, but as a bridge to the reconstruction of the meaning of life.

3.2 Discussion

This study situates *curative da'wah* as more than conventional preaching; rather, it represents a structured psychospiritual modality for addiction rehabilitation within an Indonesian Muslim context. The findings highlight that ritual practices, reflective meaning-making, and mentoring within an Islamic framework collectively enable participants to reconstruct meaning in life, regulate emotions, repair relationships, and re-establish moral agency. These mechanisms converge to facilitate a shift from an addiction-driven identity toward a spiritually anchored self-concept, consistent with theories of identity transformation in recovery literature (Erikson, 1959; Biernacki, 1986). Unlike secular models, however, the identity reformation here is grounded in *tawhīd*, *tawbah*, and the restoration of *fitrah*, offering a theocentric telos absent in Western paradigms.

The process of identity reconstruction parallels findings in the psychology of religion, where spiritual practices foster resilience and provide narrative coherence for individuals emerging from crisis (Pargament, 1997; Krause & Hayward, 2015). Participants in this study reported that *ṣalāt* and *dhikr* created predictable rhythms that regulate arousal and provide coping strategies, similar to mindfulness-based interventions (Garland et al., 2015), but here embedded in an Islamic metaphysical orientation. Collective worship also provided communal witnessing and accountability, echoing evidence that religiosity and social support serve as protective factors in substance recovery (Chen, Dormitzer, & Anthony, 2004).

At the same time, the findings illuminate opportunities for integration between Islamic and Western psychological frameworks. Viktor Frankl's logotherapy underscores the therapeutic value of meaning in suffering (Frankl, 2006), but in this study meaning was not self-constructed but theocentric, anchored in alignment with divine will. This resonates with Islamic epistemology, where human flourishing is framed through servitude (*'ubūdiyyah*) and divine purpose (Nasr, 1987). Moreover, trauma-informed principles such as empathy, trust, and empowerment (Substance Abuse and Mental Health Services Administration [SAMHSA], 2014) align closely with the *ustādh*'s mentoring style, suggesting possibilities for hybrid approaches. Faith-sensitive clinical protocols could therefore combine Western therapeutic skills with Islamic rituals and metaphors to enhance acceptability and effectiveness (Koenig, 2012; Abu-Raiya & Pargament, 2011).

Nevertheless, several ethical and operational risks were identified. Strong affective bonds may foster spiritual dependency if not balanced with autonomy-building. The absence of formal training in trauma-informed care among mentors also risks reproducing shame-based compliance or inadequate handling of relapse, which may compromise long-term resilience

(Maté, 2010). Furthermore, pesantren-style communal worship, while supportive for some, may alienate individuals unfamiliar with intensive religious environments, raising questions of inclusivity and informed consent. This echoes concerns in faith-based rehabilitation programs elsewhere, where overly rigid religious structures can inadvertently exclude or stigmatize participants (Neff & MacMaster, 2005).

The model's success at the House of Serenity underscores its potential for replication, but contextual adaptation remains essential. Rehabilitation programs outside pesantren contexts should incorporate trauma-sensitivity training for *ustādh*, mixed-methods evaluation combining qualitative narratives with psychometric measures (e.g., Meaning in Life Questionnaire, Religious Coping Scale), and diversified narrative approaches to accommodate varied religious backgrounds (Park, 2013). In line with implementation science principles (Fixsen et al., 2005), scaling requires attention to fidelity, reach, and sustainability, while ensuring cultural and spiritual responsiveness.

In sum, this study makes three main contributions. First, it advances a context-specific theory of change for Islamic faith-based addiction rehabilitation. Second, it illustrates how core Islamic concepts (*tawhīd*, *tawbah*, *fitrah*) function as therapeutic mechanisms rather than symbolic doctrines, thereby bridging theology and psychology. Third, it provides practical recommendations for integrating curative da'wah into mainstream psychosocial care in Indonesia and beyond. Future research employing longitudinal and quasi-experimental designs will be needed to assess the durability and generalizability of these findings across diverse contexts.

4. CONCLUSION

This study confirms the transformative potential of curative da'wah as a psychospiritual and psychosocial intervention for drug addicts. Rooted in Islamic spirituality, this approach—manifested through practices such as *dhikr*, *tadabbur al-Qur'an*, spiritual dialogue, and compassionate companionship—offers a holistic recovery pathway that integrates emotional healing, identity reformation, and moral rehabilitation. Beyond normative preaching, curative da'wah is a therapeutic process addressing clients' existential needs, including meaning-making, self-acceptance, and forgiveness. Theoretically, the research extends the discourse on da'wah from religious propagation to a restorative practice embedded within mental health and social reintegration frameworks. It advances a conceptual model that synthesizes Islamic psychospirituality with narrative therapy and trauma-informed care. The integration of spiritual purification (*tazkiyah*), emotional mentorship, and identity reconstruction repositions da'wah as a healing praxis rather than solely a doctrinal mechanism.

Practically, the findings offer concrete implications for developing rehabilitation modules that centre empathy, lived experience, and spiritual engagement. Training programmes for da'i and spiritual counsellors should prioritise trauma literacy, narrative listening, and affective theology. Furthermore, programme evaluation should go beyond ritual adherence to include psychosocial resilience and post-rehabilitation integration indicators. Limitations of the study must be acknowledged. The single-site focus at the House of Serenity Rehabilitation Center, the relatively small participant pool, and the cultural embeddedness within a specific Indonesian Muslim context limit the generalisability of findings. Moreover, the absence of longitudinal tracking restricts insights into the long-term sustainability of observed transformations. When adapting the findings to other cultural, institutional, or religious contexts, these limitations should be considered.

From a policy perspective, while the findings support the inclusion of spiritual rehabilitation in national frameworks, such integration must remain sensitive to medical, institutional, and cultural boundaries. Collaborative, evidence-informed approaches between religious actors, clinical practitioners, and policy-makers are essential. Future research should pursue sharper, researchable questions, such as: (1) How does curative da'wah compare with established clinical therapies in reducing relapse rates over extended periods?; (2) What are the measurable psychological and social indicators of sustained spiritual transformation?; (3) How adaptable is the Islamic therapeutic paradigm in multi-faith or secular rehabilitation contexts without losing its theological integrity?; (4) What are the ethical boundaries and potential risks of long-term mentor–client dependency in faith-based interventions?

Finally, while this study presents compelling healing narratives, it also recognises the inherent ambivalence of religious-based interventions. The tension between spiritual guidance and individual autonomy remains critical for further examination. For curative da'wah to evolve as a credible faith-based intervention, it must maintain reflexivity, ensure ethical safeguards, and remain open to interdisciplinary dialogue—responding to spiritual needs and the psychological and social wounds of modern humanity.

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