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Embodied Recovery: Phenomenological Reflections on Sensory Human Rights in Asian Drug Rehabilitation Spaces

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Abstract

Drug rehabilitation in Asia remains dominated by coercive approaches that often disregard the human body as a central medium of healing. This paper introduces the concept of Embodied Recovery, grounded in Merleau-Ponty's phenomenology of embodiment and Ibn Sīnā's model of sensory and cognitive perception, to examine the sensory and bodily dimensions of rehabilitation. Using a desk review approach, this study aims (1) to identify the characteristics and implications of coercive rehabilitation practices across Asia; (2) to analyze the relationship between bodily sensory experience and the recovery process; and (3) to assess the application of human rights–based rehabilitation within the Maqasid al-Shariah framework. Findings reveal that neglecting sensory and embodied experiences weakens cognitive and moral restoration, as the senses serve as the primary gateway to reason ('aql). When the body's sensory engagement is suppressed, rehabilitation risks perpetuating psychological distress and spiritual disconnection. The study concludes that integrating phenomenological and Islamic perspectives offers a more ethical, human-centered model of recovery one that recognizes sensory awareness as fundamental to holistic well-being and human dignity in accordance with Maqasid al-Shariah.

Keywords: Coercive Treatment; Embodied Recovery; Human Rights; Maqasid Al-Shariah;

Introduction

The phenomenon of drug rehabilitation centers in Asia is often associated with punitive approaches and strict control. In many cases, such approaches deny basic human rights and neglect the fundamental bodily and sensory needs of individuals undergoing treatment. Harsh physical conditions, movement restrictions and the absence of conducive therapeutic spaces often render rehabilitation a form of coercion rather than genuine recovery. Scholarly discussions in the Health and Human Rights Journal by Lataire et al. (2022) highlight that many drug rehabilitation centers in Asia continue to adopt correctional and punitive methods rather than therapeutic ones.[1] Scholars emphasize that compulsory rehabilitation models frequently violate human rights principles and disregard the physical well-being and dignity of those involved. For instance, in the Philippines, Amnesty International (2024) revealed that thousands of individuals have been arbitrarily detained in so-called 'drug treatment and rehabilitation centers. These centers function as detention camps disguised as therapy. The report further stated that drug users are forced to undergo treatment programs lacking scientific evidence. They are subjected to mandatory drug testing without free consent and physically punished, including through prolonged isolation for minor rule violations.[2]

[1] Quinten Lataire and Karen Claudia Peters Stoicescu, 'Compulsory Drug Treatment and Rehabilitation, Health, and Human Rights in Asia', *Health and Human Rights*, 24.1 (2022), 203–15.

[2] Apei Song, Chenzhang Zhu and Zixi Liu, '"No Ability to Choose Freedom": A Qualitative Study on People Who Use Drugs' Experiences of Compulsory Isolation Treatment', *Addiction Research & Theory*, 33.4 (2025), 243–58 <https://doi.org/10.1080/16066359.2024.2426467>.

Similarly, in Indonesia, similar practices have also been reported. According to the Joint United Nations Programme on HIV/AIDS (UNAIDS) (2023), the harsh drug policies in the Asia-Pacific region, including Indonesia, have led to numerous human rights violations against people who use drugs and have restricted their access to healthcare services. Forced detention and involuntary rehabilitation centers are often conducted without due process, involving conditions such as forced labor, malnutrition, and limited access to medical care.[3] UNAIDS emphasizes the need to shift towards voluntary, community-based treatment that is grounded in evidence and human rights, including social support, legal assistance, health education and mental health care for individuals who use drugs.[4] Therefore, when the rehabilitation process is conducted through methods that suppress the body and emotions of individuals, it not only undermines therapeutic objectives but also risks normalizing abuse and violations of human rights that should be upheld for residents. This phenomenon also reflects the reality occurring in Malaysia. For instance, in 2022, a resident at a rehabilitation centre in Perak reportedly died from severe injuries after being tied and beaten by several wardens.[5] Similarly, in 2024, an abuse incident at a rehabilitation centre in Seremban was reported, where a trainee sustained serious injuries requiring surgery. These cases demonstrate that rehabilitation models based on physical control and punishment still exist, raising serious concerns regarding the human, bodily and sensory dimensions within rehabilitation spaces.[6]

According to the ASEAN Drug Monitoring Report, the majority of individuals receiving treatment for substance use disorders in the ASEAN region in 2023 involved Amphetamine-Type Stimulants (ATS), accounting for 78.45% of all treated cases. This finding reflects the persistent dominance of ATS abuse across Southeast Asia, followed by opiates (14.93%) and cannabis (4.24%). The study by Fu and Wang (2023) revealed that amphetamine abuse causes structural damage to dopaminergic and serotonergic neurons, leading to neuroinflammation and neurotoxicity. These neurological changes contribute to various neuropsychiatric disorders, including depression, anxiety, auditory hallucinations, manic episodes, and cognitive impairments, with depression being the most prevalent.[7]

Within this neuropsychological framework, the sensory and bodily dimensions become essential elements in understanding how individuals experience rehabilitation. Inhumane treatment environments, those that neglect or suppress bodily and sensory needs can exacerbate psychological distress and hinder recovery. As noted by Halim and Sutisna (2024), environmental conditions play a critical role in shaping the healing process, particularly among individuals recovering from substance dependence. Empirical evidence from studies in the United States further underscores the risks of involuntary commitment in addiction treatment, which has been associated with psychological trauma, erosion of trust in health systems, increased overdose risk and poor long-term recovery outcomes.[8] Although these studies did not specifically examine ATS users, phenomenological interpretation suggests

[3] Fabiola Molina and others, 'Hunger Strikes and Force Feeding in Detention: Clinical and Ethical Challenges', *Journal of Forensic and Legal Medicine*, 105 (2024), 102706 <https://doi.org/10.1016/j.jflm.2024.102706>.

[4] Helen Killaspy and others, 'Community-based Social Interventions for People with Severe Mental Illness: A Systematic Review and Narrative Synthesis of Recent Evidence', *World Psychiatry*, 21.1 (2022), 96–123 <https://doi.org/10.1002/wps.20940>.

[5] Sarina Yusoff and Nur Hafizah Yusoff, 'Disaster Risks Management through Adaptive Actions from Human-Based Perspective: Case Study of 2014 Flood Disaster', *Sustainability*, 14.12 (2022), 7405 <https://doi.org/10.3390/su14127405>.

[6] Stavros Chatzisymeonidis and Afroditi Pina, 'Exploring Police Attitudes on Victims' Delayed Reporting and Victim Blame in Technology-Facilitated IPV', *Crime Science*, 13.1 (2024), 12 <https://doi.org/10.1186/s40163-024-00213-x>.

[7] Nicholas Aderinto and others, 'A Narrative Review of Non-Invasive Brain Stimulation Techniques in Neuropsychiatric Disorders: Current Applications and Future Directions', *The Egyptian Journal of Neurology, Psychiatry and Neurosurgery*, 60.1 (2024), 50 <https://doi.org/10.1186/s41983-024-00824-w>.

[8] Galya Walt and others, 'Clinician's Experiences with Involuntary Commitment for Substance Use Disorder: A Qualitative Study of Moral Distress', *International Journal of Drug Policy*, 99 (2022), 103465 <https://doi.org/10.1016/j.drugpo.2021.103465>.

that individuals with ATS-related neuropsychiatric impairments are even more susceptible to psychological trauma and sensory overload during coercive rehabilitation.[9]

Hence, the bodily and sensory experiences of patients represent a critical foundation for therapeutic effectiveness. Rehabilitation approaches that respect sensory sensitivity, emotional well-being and human rights are more likely to foster genuine recovery compared to punitive or coercive methods. This aligns with the objectives of Maqāṣid al-Sharīʿah, particularly the principle of Ḥifẓ al-Nafs (preservation of life), which emphasizes the protection of both physical and psychological integrity. Overall, this phenomenon highlights the importance of recognizing the body and senses as active agents in the healing process rather than passive recipients of treatment. The present study, therefore, aims to phenomenologically explore how bodily, sensory and human rights dimensions are shaped by the spatial and institutional environments of drug rehabilitation centers in Asia, providing a foundation for developing a more humane, holistic and effective therapeutic model.

Method

This study employed a desk review approach to analyze the experiences of drug rehabilitation within compulsory treatment centers, focusing on the dimensions of **bodily experience, sensory** perception and human rights. Data sources included peer-reviewed academic articles from databases such as Scopus and PubMed, as well as official reports, institutional documents, and credible news publications. a deAk review is a structured research method that critically evaluates and synthesizes existing literature, including both academic sources and *gray literature* not indexed in academic databases. The process involves systematic and iterative screening to identify the most relevant and high-quality materials. As shown in Figure 1, the desk review process for this study follows the structured framework.[10]

Figure 1: The Desk Review Process (adapted from Barbieri et al., 2025)

Similarly, Trung (2021) emphasized that desk review aims to assess and synthesize relevant literature to provide an overview of the research problem and identify academic gaps. Guided by these principles, the present study utilized the desk review method to evaluate bodily and sensory experiences and human rights issues within compulsory drug rehabilitation centers in Asia. The review process was guided by three research objectives, *first,* to identify the characteristics and implications of coercive approaches in drug rehabilitation centers across Asia; *second,* to analyze the relationship between bodily, sensory experiences and the recovery process among individuals undergoing rehabilitation; *third,* to assess the implementation of human rights–based rehabilitation practices from an Islamic perspective, in alignment with the Maqasid al-Shariah framework.For data analysis, all selected materials were reviewed thematically to identify recurring patterns, conceptual linkages, and critical insights related to coercive rehabilitation, bodily experience, and human rights discourse. The findings were then synthesized to establish conceptual and philosophical connections relevant to therapeutic reform.[11]

[9] Michael James Neff and Doodipala Samba Reddy, 'Long-Term Neuropsychiatric Developmental Defects after Neonatal Organophosphate Exposure: Mitigation by Synthetic Neurosteroids', *The Journal of Pharmacology and Experimental Therapeutics*, 388.2 (2024), 451–68 <https://doi.org/10.1124/jpet.123.001763>.

[10] Martina Barbieri and others, 'Desk Review as a Methodological Approach for Identifying Policies and Gray Literature: A Case Study', *Nursing Outlook*, 73.6 (2025), 102547 <https://doi.org/10.1016/j.outlook.2025.102547>.

[11] Neff and Reddy.

Results and Discussions

Phenomenology of the Body and the Senses in the Experience of Drug Addiction Treatment

The role of sensory and bodily experience in the recovery process should not be confined to existing rehabilitation approaches, such as pharmacological treatments like substitution therapy[12], sociocultural approaches such as therapeutic communities and community-based support[13], psychospiritual rehabilitation approaches that integrate psychological and spiritual methods, or punitive approaches that disregard the individual needs of participants. Instead, greater attention should be given to the five human senses as they are experienced within the environment of rehabilitation centers.[14] The human senses represent a fundamental function, serving not only as instruments for perceiving the physical world but also as vital bridges between the body and the soul, shaping perception, influencing cognition and guiding emotional responses in life. According to Cordeiro, Reis, Ferreira and Bacalhau (2024), sensory stimuli such as vision, smell, taste, touch and hearing are crucial factors that influence human behavior, evoke emotions and trigger memories, leaving lasting psychological effects. Furthermore, Ables, Park and Ibañez-Tallon (2023) highlighted the role of the habenula, a brain structure involved in regulating emotional and motivational behavior, which has been linked to addiction and may contribute to emotional discomfort during recovery.[15]

Therefore, within the context of this study, the body and senses are not merely passive objects receiving treatment, but active subjects that experience, interpret and construct meaning throughout the healing process. Maurice Merleau-Ponty (1908–1961), a French phenomenological philosopher emphasized that the body is the fundamental medium through which humans interact with and experience the world. According to Ponty, the body functions as a subject possessed by humans, while the environment and everything perceived through the senses are considered objects. This concept illustrates the relational dynamic between subject and object through bodily perception. Ponty argued that perception is an active experience, in which both the body and consciousness are engaged in understanding the world.[16]

Thus, The Merriam-Webster Dictionary defines perception in two ways: first, as the process of attaining awareness or understanding of sensory elements in the environment through physical sensation, and second, as the physical sensation interpreted based on prior experience. The term "perception" originates from the Latin words *perceptio* and *percipio*, meaning "to receive, gather, or grasp with the mind or senses". For Ponty, perception is not merely a passive reception of sensory information but an interactive process in which the body actively assigns meaning to what it sees, hears, touches, and feels. Hence, the quality of sensory stimulation within healthcare or rehabilitation environments has a direct impact on an individual's psychological well-being. Neglecting bodily and sensory experiences can heighten psychological distress and impede recovery.[17] Figure 2 below shows the adapted model of embodied perception derived from Ponty's phenomenology.

[12] Batya Engel-Yeger, 'The Involvement of Altered Sensory Modulation in Neurological Conditions and Its Relevance to Neuro-Rehabilitation: A Narrative Literature Review', *Disability and Rehabilitation*, 43.17 (2021), 2511–20 <https://doi.org/10.1080/09638288.2019.1699175>.

[13] M. Saiful Amri Zainal Abidin and others, 'The Practice of Islamic Psychospiritual Therapy in the Treatment of Drug Addiction at Rehabilitation Centres in Malaysia', *Jurnal Akidah & Pemikiran Islam*, 24.2 (2022), 143–68 <https://doi.org/10.22452/afkar.vol24no2.4>.

[14] Srisombat Chokprajakchat and others, 'When Criminal Diversion Is a Temporary Solution: Rethinking Drug Rehabilitation Policy in Thailand', *Current Issues in Criminal Justice*, 34.4 (2022), 418–34 <https://doi.org/10.1080/10345329.2022.2133379>.

[15] Resit Canbeyli, 'Sensory Stimulation via the Visual, Auditory, Olfactory and Gustatory Systems Can Modulate Mood and Depression', *European Journal of Neuroscience*, 55.1 (2022), 244–63 <https://doi.org/10.1111/ejn.15507>.

[16] Paulus Eko Kristianto, 'What Is Perception?: Interpreting "Flesh, Chiasm (L'entrelacs-Le Chiasme) According To Maurice Merleau-Ponty', *Jurnal Filsafat*, 33.1 (2023), 96 <https://doi.org/10.22146/jf.74744>.

[17] Eda Albayrak Günday and Kübra Gülırmak Güler, 'Examining the Construction of Sensory Balance and Well-Being in Psychiatric Nurses Caring for Trauma Victims: A Qualitative Study', *Journal of Nursing Scholarship*, 2025 <https://doi.org/10.1111/jnu.70053>.

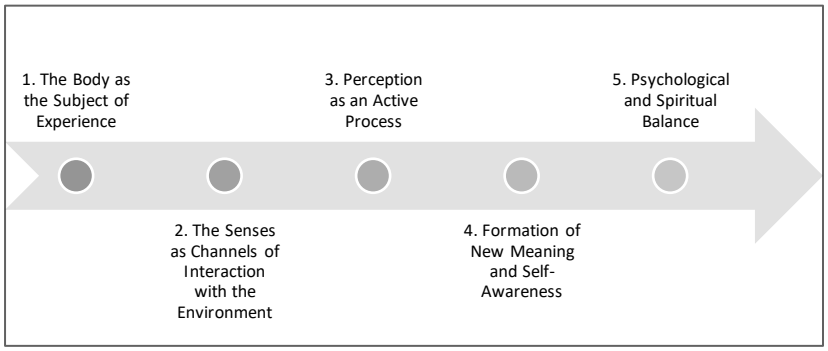

Figure 2: Adapted Model of Embodied Perception based on Merleau-Ponty's Phenomenology (modified by the author)

Based on this understanding, it can be concluded that the body is not merely an instrument for experiencing pain or pleasure, but a primary medium for the formation of meaning and self-awareness particularly in the context of receiving treatment in rehabilitation centres.[18] When viewed from the perspective of rehabilitation environments that are punitive in nature and neglect the importance of the body and sensory experience, such conditions are incompatible with the needs of individuals struggling with drug addiction and psychological instability. Moreover, this approach contradicts the very notion of treatment implied by the term "patient." According to Ghani (2024), existing methods that criminalize drug addiction have failed to reduce the number of individuals affected. Furthermore, such punitive approaches are inconsistent with scientific evidence and the position of the World Health Organization (WHO), which recognizes addiction as a disease rather than a moral or criminal issue. Therefore, recovery should focus on restoring balance between the body, senses, and mind. A therapeutic setting that stimulates the senses positively can reduce anxiety, rebuild emotional stability and support lasting healing. In contrast, environments that ignore sensory well-being often delay recovery and reinforce trauma.[19]

The Significance of the Senses as a Source of Recovery Consciousness in Islamic Philosophy

Islamic philosophers have extensively discussed the role and significance of the five human senses in the acquisition of knowledge and the development of human cognition. According to Ibn Sīnā, human beings possess two types of sensory faculties: the external senses (*al-mudrikah min al-khārij*), which function to absorb stimuli from the external environment and the internal senses (*al-mudrikah min al-bāṭin*), which process stimuli originating from within the body.[20] In Islamic philosophy, these two sensory dimensions serve as fundamental sources of knowledge and must operate in harmony so that the intellect's pursuit of truth is not obstructed by any deficiency. The sensory faculties, both external and internal, act as intermediaries or supporting instruments for attaining the higher sources of knowledge revelation (*waḥy*) and reason (*'aql*). If either sensory source fails to function adequately, the resulting philosophical understanding in Islam would be incomplete. In this context, the sensory faculties can be classified according to their functions and the types of objects they perceive. From the standpoint of Islamic philosophy, the senses not only involve physical organs such as the eyes, ears, and nose, but also encompass internal, spiritual faculties. These internal senses function in conjunction with the external ones, reflecting Islam's emphasis on maintaining a balance between the corporeal and spiritual dimensions of human existence. The process of perception (*idrāk*) in humans is closely linked to the soul (*nafs*). The external senses receive basic information such as the form and physical characteristics of an object, while the internal senses further process this information through a more complex mechanism known as sensory perception.[21]

[18] Saeedeh Rezaee Vessal and others, 'Multisensory Healing: Transformative Service Encounters in Nonpharmacological Therapies for Cancer Patients' Well-Being', *Journal of Services Marketing*, 38.8 (2024), 1099–1113 <https://doi.org/10.1108/JSM-12-2023-0478>.

[19] Shuaijie Yan and others, 'Healing Spaces as a Design Approach to Optimize Emotional Regulation for Patients with Mood Disorders', *Buildings*, 14.2 (2024), 472 <https://doi.org/10.3390/buildings14020472>.

[20] Christian Lange, 'Al-Jāḥiẓ on the Senses: Sensory Moderation and Muslim Synesthesia', *The Senses and Society*, 17.1 (2022), 22–36 <https://doi.org/10.1080/17458927.2021.2020605>.

[21] Xiao Zhao and others, 'Conformal Neuromorphic Bioelectronics for Sense Digitalization', *Advanced Materials*, 36.35 (2024) <https://doi.org/10.1002/adma.202403444>.

Furthermore, Ibn Sīnā, in his *al-Ishārāt wa al-Tanbihāt*, explains that the process of perception unfolds in several stages. The first stage is sensory perception (*al-idrāk al-ḥissī*), followed by imaginative perception (*al-idrāk al-khayālī*) and finally intellectual or rational perception (*al-idrāk al-ʿaqlī).* This classification illustrates that the human perceptual system is profoundly intricate, encompassing both physical and mental functions in an integrated manner, as articulated within the framework of Islamic philosophy. Figure 3 presents an adaptation of Ibn Sīnā's cognitive-perceptual model, modified by the researcher to contextualize its relevance to holistic therapeutic recovery in drug rehabilitation.

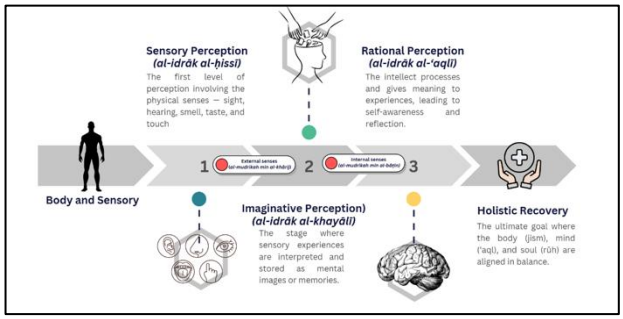

Figure 3: Researcher's Adaptation of Ibn Sīnā's Model of Sensory and Cognitive Perception

From a philosophical perspective, perception is defined as a means of attaining truth, establishing a profound relationship between the material and immaterial dimensions of existence. Ibn Sīnā conceptualized perception as a multilayered process that begins with sensory input and culminates in intellectual comprehension. He emphasized that within this process lies a stage of abstraction, the intellect's capacity to transform sensory data into deeper cognitive reflection. According to Ibn Sīnā, thinking occurs progressively and through transcending sensory information, the human intellect can reach a higher understanding of truth and knowledge.[22]

Building upon this framework, sight, smell, hearing, taste, and touch serve as fundamental instruments for engaging with the environment and constructing awareness. These sensory faculties transmit stimuli to the brain, which integrates and interprets the information into meaningful perception. Repetition of sensory experiences has been shown to enhance cognitive functioning through multisensory and cognitive stimulation. Cognition, in this sense, encompasses the mental processes involved in acquiring, organizing and utilizing knowledge including understanding, awareness, reasoning and judgment. It represents the dynamic capacity of the human mind to transform sensory experience into intellectual and moral insight.[23]

Furthermore, sensory stimulation such as visual, auditory, olfactory and gustatory experiences can significantly influence mood and emotional regulation. Empirical evidence suggests that such sensory engagement may modify neural functions related to emotional balance. In this regard, human interaction with the natural environment has been found to yield positive outcomes in both the treatment and prevention of drug addiction. A systematic review of studies conducted between 2013 and 2023 revealed that 85% reported positive results from nature-based interventions in addiction recovery.[24] Similarly, structured physical activities such as yoga, tai chi, and qigong can serve as effective adjunct interventions for substance use disorders, as they promote mindfulness, help individuals reconnect with their bodies, reduce cravings, and enhance emotional stability.[25] Therefore, in ensuring the effectiveness of rehabilitation approaches within recovery centers, the preservation and revitalization of the sensory faculties must be emphasized. The senses serve as

[22] Seyyed Ebrahim Aghazadeh, 'The Concept of "Perception" in Islamic Philosophy', *Journal of Philosophical Investigations*, 19.50 (2025), 315–34 <https://doi.org/10.22034/jpiut.2025.65869.4001>.

[23] Andrea Calderone and others, 'Multisensory Stimulation in Rehabilitation of Dementia: A Systematic Review', *Biomedicines*, 13.1 (2025), 149 <https://doi.org/10.3390/biomedicines13010149>.

[24] Francisco Díaz-Martínez and others, 'Harnessing the Healing Power of Nature: A Review of Natural Interventions in Substance Abuse Treatment and Prevention', *Environmental Health and Preventive Medicine*, 29 (2024), 24–00145 <https://doi.org/10.1265/ehpm.24-00145>.

[25] Jiabao Cui and others, 'The Impact of Qigong and Tai Chi Exercise on Drug Addiction: A Systematic Review and Meta-Analysis', *Frontiers in Psychiatry*, 13 (2022) <https://doi.org/10.3389/fpsyt.2022.826187>.

gateways to both knowledge and consciousness the foundational elements of human transformation and therapeutic recovery.[26]

Human Rights in Rehabilitation Treatment from the Islamic Perspective

In Islam, the human body and the sensory faculties are regarded as divine trusts (amānah ilāhiyyah) that must be preserved and respected throughout the process of healing and recovery. This understanding reflects the Islamic principle of balance (tawāzun) between physical and spiritual needs, which forms the ethical foundation of healthcare and therapeutic practice. The Prophet ﷺ emphasized this equilibrium in the following narration:

> *The Prophet established a bond of brotherhood between Salman and Abu al-Darda'. Salman once visited Abu al-Darda' and saw that Umm al-Darda' appeared untidy and poorly dressed. He asked her the reason, and she replied, "Your brother Abu al-Darda' has no interest in worldly life." When Abu al-Darda' came, he prepared a meal for Salman and said, "Please eat, for I am fasting." Salman replied, "I will not eat unless you eat." So Abu al-Darda' ate with him. When night came, Abu al-Darda' got up to pray, but Salman told him, "Sleep," and he did. Later he rose again, and Salman once more told him, "Sleep." When the latter part of the night arrived, Salman said, "Now get up," and they prayed together. Salman then said to him, "Your Lord has a right over you, your self has a right over you, and your family has a right over you; therefore, give to each his due." Abu al-Darda' later came to the Prophet and mentioned this, and the Prophet said, "Salman has spoken the truth."*
> (Ṣaḥīḥ al-Bukhārī, Kitāb al-Adab, Ḥadīth no. 6139)

This hadith highlights that the human body and psyche possess inherent rights that must be recognized and fulfilled in a balanced manner. These rights include adequate rest, nourishment, and emotional care, all of which are vital for maintaining physical, psychological and spiritual well-being. In the context of drug rehabilitation, this moral guidance translates into the obligation to respect and protect the patient's body and sensory faculties (ḥawāss) as part of a holistic recovery process. This ethical principle aligns with the higher objectives of Islamic law (maqāṣid al-sharīʿah), which emphasize the preservation of religion (ḥifẓ al-dīn), life (ḥifẓ al-nafs), intellect (ḥifẓ al-ʿaql), lineage (ḥifẓ al-nasl) and property (ḥifẓ al-māl). According to Sunawari et al. (2023), maqāṣid al-sharīʿah and patient-centered design converge when the objectives and principles of Islamic law are aligned with efforts to create therapeutic environments that prioritize patient needs, preferences and dignity. Within this integrated framework, sensory well-being through the engagement of the five senses , visual (sight), auditory (hearing), kinesthetic (movement/ touch), olfactory (smell) and gustatory (taste)becomes part of the ethical responsibility toward the preservation of life and intellect. Thus, honoring the rights of the body and senses in rehabilitation not only fulfills the spirit of maqāṣid al-sharīʿah but also resonates with Ibn Sīnā's and Merleau-Ponty's philosophical view that balanced sensory experience leads to psychological stability and spiritual harmony.[27]

Conclusion

The effectiveness of rehabilitation programs in drug recovery centers depends largely on the creation of an environment that treats the human body not merely as an object of discipline but as a living, sensing subject. According to Ibn Sīnā, the process of perception develops through three progressive stages sensory (al-idrāk al-ḥissī), imaginative (al-idrāk al-khayālī) and intellectual (al-idrāk al-ʿaqlī) reflecting the journey of human consciousness from the physical toward the rational and spiritual. This conception parallels Merleau-Ponty's phenomenological view that the body and the senses form the foundation of consciousness and meaning-making. In the context of drug rehabilitation, this perspective calls for an approach that restores awareness through the body and the senses. When rehabilitation centers neglect the sensory and emotional dimensions of healing by enforcing punishment, deprivation, or suppression, they deny the individual's right to bodily and psychological integrity. Such neglect not only disrupts emotional stability but also hinders the emergence of new self-awareness essential for recovery. Hence, recovery aligned with maqāṣid al-

[26] Rezaee Vessal and others.
[27] Haithem Kader, 'Human Well-Being, Morality and the Economy: An Islamic Perspective', *Islamic Economic Studies*, 28.2 (2021), 102–23 <https://doi.org/10.1108/IES-07-2020-0026>.

sharīʿah must embody a therapeutic environment that nurtures the body, mind, and spirit, recognizing that transformation begins through the senses. In cases where individuals act under impaired consciousness due to substance dependency, the priority of care should outweigh punishment. To discipline a mind detached from awareness is to perpetuate harm rather than to heal. Therefore, rehabilitation must aim to reawaken the self through sensory balance, moral awareness and spiritual coherence.

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