JURNAL PENDIDIKAN KEPERAWATAN INDONESIA

Journal Homepage: http://ejournal.upi.edu/index.php/JPKI

Effectiveness of Spiritual Emotional Freedom Technique (SEFT) Therapy in Reducing Symptoms and Signs of Patients with Violent Behavior Risk

Dita Sahara[1], Irma Herliana[1*], Ahmad Rizal[1]

[1]The Bachelor of Nursing Study Program, Universitas Indonesia Maju, Jakarta, Indonesia
Corresponding email: herlianaws@gmail.com

A B S T R A C T

Introduction: The risk of violent behavior is a vulnerability to behavior that shows the potential for physical and emotional harm to oneself, others, and the environment. Spiritual Emotional Freedom Technique (SEFT) is a therapy that uses simple finger tapping on specific meridian points of the body to help solve physical and psychological problems. This therapy combines psychological energy with spiritual strength, so that SEFT, in addition to being a healing technique, also automatically leads a person into a spiritual realm that connects them to their God. **Objective:** This study aims to determine the effect of SEFT on the signs and symptoms of the risk of violent behavior in the Women's PHCU Unit. **Method:** This study used a pre-experimental design with a pre-test-post-test non-equivalent control group design. The study used 17 samples in the intervention group and 17 samples in the control group. This study used Positive and Negative Syndrome Scale - Excited Component (PANSS – EC) to assess signs and symptoms of risk of violent behavior. **Result:** The results showed a p-value of 0.000 (<0.05), indicating that SEFT had an effect on the signs and symptoms of patients at risk of violent behavior. **Conclusion:** SEFT is very beneficial for reducing the signs and symptoms of patients at risk of violent behavior.

© 2024 Universitas Pendidikan Indonesia

ARTICLE INFO

Article History:

Received: *July 14th, 2023*
Revised: *March 26th, 2024*
Accepted: *December 13th, 2024*
First Available Online: *December 17th, 2024*
Published: *December 30th, 2024*

Keywords:
Spiritual Emotional Freedom Technique, SEFT, Violence

1. INTRODUCTION

People with mental disorders are people with a collection of symptoms in the form of changes in behavior, fundamental deviations and abnormal affect with various causes, thus interfering with their own functions as human beings, both psychological, biological and social functions towards themselves and the environment. (Widodo et al., 2022)

According to the World Health Organization (WHO), 264 million people were diagnosed with depression, 45 million with bipolar disorder, 50 million with dementia and 20 million with schizophrenia in 2019. Meanwhile, Basic Health Research in 2018 data showed the prevalence of schizophrenia/psychosis in Indonesia is 7% per 1000 households (Pustadin Kemenkes RI, 2019). Based on Indonesia's 2017 national data, the risk of violent behavior is around 0.8 per 10,000 population. This data shows that the risk of violent behavior is quite high. Meanwhile, the effects of the risk of violent behavior can harm oneself, others, and the environment (Pardede & Putra Hulu, 2019).

Violent behavior has many responses, including client cognitive responses such as blaming others and change in mental status, affective responses in the form of uncomfortable feelings, physiological responses in the form of sharp eyes and clenched fists, behavioral responses in the form of hitting objects or people aggressively, and social responses in the form of often expressing their desires with threatening tone (Suerni et al., 2019).

Handling the risk of violent behavior can be done with pharmacological and non-pharmacological therapy. The role of nurses in providing holistic nursing care is needed in non-pharmacological therapy, which is a complementary therapy that can help the recovery process for clients with a risk of violent behavior.

Holistic nursing care is composed of all aspects of life starting from bio-psycho-socio and spiritual. The spiritual aspect is most needed in overcoming the consequences that arise and changing negative emotions to positive and maladaptive to adaptive angry reactions. Spirituality is a form of a person's belief in God Almighty, strong spirituality can make a person maintain harmony with his environment. Spiritual beliefs can affect the level of health and behavior in patient care. The achievement of spiritual needs can be seen with the person being able to increase gratitude, steadfastness and sincerity (Yusuf et al., 2017). Based on this, along with the development of science and research, a therapy called the Spiritual Emotional Freedom Technique (SEFT) was discovered, where SEFT involves spiritual aspects in the healing process (controlling emotions).

The research highlights the importance of spirituality in holistic nursing care and introduces SEFT as a therapy involving spiritual aspects in emotional control. However, several research gaps remain. First, there is limited empirical evidence on SEFT's specific effectiveness in addressing maladaptive emotional responses, such as anger. Additionally, quantitative data on its impact on physical and mental health outcomes are scarce. The lack of comparative studies between SEFT and other spiritual therapies, such as mindfulness or faith-based counseling, further limits understanding of its relative effectiveness. Moreover, the suitability of SEFT for specific patient populations or conditions is unclear, as is its long-term effectiveness. Finally, there is little exploration of how cultural or religious differences may influence the acceptance and outcomes of SEFT, underscoring the need for more contextually relevant research. These gaps highlight the

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

necessity of further studies to solidify SEFT's scientific foundation and applicability in holistic care.

SEFT is a unique intervention that integrates spiritual, emotional, and energy-balancing aspects, making it highly effective for patients at risk of violent behavior. Unlike other non-pharmacological therapies that primarily focus on psychological or behavioral dimensions, SEFT employs a combination of tapping on meridian points, positive affirmations, and spiritual elements, allowing for the rapid and profound management of stress, anger, and negative emotions. This approach is also non-invasive, simple, and can be independently practiced by patients, making it a practical option with minimal risk of side effects. For patients with strong spiritual beliefs, SEFT aligns with their values, offering comfort and inner peace that accelerates recovery. Research further supports SEFT's effectiveness in alleviating stress and negative emotions, making it a powerful alternative to other therapies in reducing impulsive or aggressive tendencies.

The results of several studies showed good changes in patients who were given SEFT therapy. Like research by Rima Pratiwi Fadli et al (2020) regarding the Spiritual Emotional Freedom Technique (SEFT) to reduce anxiety, it was concluded that SEFT is able to reduce the patient's anxiety level (Fadli et al., 2020).

Other research on the Spiritual Emotional Freedom Technique (SEFT) and Bibliotherapy: a case study to reduce angry emotions in schizophrenic patients, the result is that SEFT can reduce angry emotions in patients with schizophrenia (Mustajab, 2021).

Women’s PHCU (Psychiatric High Care Unit) room, National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital is a psychiatric inpatient room with the characteristics of agitated patients. The reason for choosing this place as a research area is because in this room the author looks at information on semester 2 of 2022 on nursing issues, information is obtained that the risk of violent behavior ranks first out of the seven main nursing problems by 100%, followed by hallucinations by 92% and third by isolation as much as 27.13% This shows that the problem of nursing the risk of violent behavior is still very large. Based on the results of a preliminary study which coincided on August 25, 2022, the authors obtained the results of the patient's medical records, obtained information that all patients (13 people) with nursing problems were at risk of violent behavior with various signs and symptoms. Of the 13 patients, 3 people with symptoms of confusion, noise, damage to the environment, 5 people with symptoms of irritability and verbal threats, 5 people with symptoms of physical and verbal threats. All of these patients had never done SEFT. Based on the data and phenomena above, the authors are interested in conducting research on the effect of SEFT on signs and symptoms of patients at risk for violent behavior in the Women's PHCU (Psychiatric High Care Unit) Room, National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital.

2. METHODS

Research Design

This type of research is a quasi-experimental approach with a pre test – post test nonequivalent control group design. The population in this study were patients in the Women’s PHCU (Psychiatric High Care Unit) National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital with a nursing diagnosis of Risk for Violent Behavior the number of patients at risk of violent behavior in the last 3 months (October - December 2022) was 272 people.

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

Population and Sample

The sampling technique used in this study was purposive sampling, namely sampling based on certain considerations made by the researchers themselves, while the samples taken were patients with a risk of violent behavior, inpatient clients with problems limiting the risk of violent behavior, good client insight, cooperative, directed communication. So that a sample of 34 people was obtained, 17 people in the intervention group (SEFT therapy) and 17 people in the control group (SEFT was not carried out, standard therapy was carried out in rooms such as TAK, behavioral/group/environmental therapy). This research was conducted in the National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital (Psychiatric High Care Unit).

The implementation time is 4 meetings in the intervention group and 4 meetings in the control group, from 14 to 24 February 2022 with 10-15 minute sessions each. In SEFT (Spiritual Emotional Freedom Technique), there are four stages: the Preparation stage, The Set-Up stage, The Tune-In stage, and The Tapping stage. In the Preparation stage, respondents are instructed to say "Bismillah" (for Muslims), drink enough water, remove any metal objects attached to the body such as jewelry or watches, and clearly identify their complaints, such as feelings of anger, irritation, or discomfort. The next stage in SEFT is The Set-Up, where respondents recite a specific prayer sincerely while tapping the sore spot (an area on the upper center of the right or left chest that feels slightly tender when pressed). The following step is The Tune-In, which involves focusing the mind on the issue or feeling causing the most discomfort or annoyance. The final step is The Tapping, where respondents are instructed to continue tuning in while tapping on nine meridian points on the body (crown, eyebrow, side of the eye, under the eye, under the nose, chin, collarbone, under the arm, and below the nipple). This activity concludes with reciting "Alhamdulillah."

Instrument

The instruments in this study consisted of two parts, namely Instrument A (observation sheet). The researcher filled out the PANSS-EC observation sheet (Positive and Negative Syndrome Scale - Excited Component) to assess signs and symptoms of risk of violent behavior in the intervention group and the control group (pre test and post test). There are 5 items (noisy, tense, hostile, uncooperative, poor impulse control) assessed, where each item consists of 7 sub-items with a value of 1 = not found, 2 = minimal, 3 = mild, 4 = moderate, 5 = slightly severe, 6 = severe, 7 = very severe. Then all scores are totaled (the highest PANS EC score is 35). (Montoya et al., 2011).

Next, Instrument B (Activity Program Unit (SAK)), the researcher created an SAK module for the SEFT instrument for research subjects, this module is divided into 4 sessions, each session begins with an orientation phase, work phase and termination. Before conducting session 1, the authors carried out the destruction of trust in patients and the risk of pre-test scoring violent behavior in respondents.

Research Procedure

The research procedure consisted of four sessions. Session 1: Self-introduction, explanation of SEFT (definition, purpose, benefits, and indications), clarifying problems or talking about

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

complaints about difficult emotions for each patient (you can also talk about other physical or psychological complaints), building the patient's spiritual strength, demonstrating the therapist and on 1 client, agreed on a meeting of 4 sessions. Sessions 2 and 3: Doing SEFT Together guided by a therapist. Session 4: doing SEFT together guided by a therapist and doing a post test.

Data Analysis

In this research, the authors edited by sorting the data needed for the study, such as the number of sample respondents, the results of the pre-test and post-test scores, and re-checked whether the data matched the observations on the respondents with the scoring results for both the pre-test and post-test. Then in the coding phase the data in the form of letters on the instrument is converted into numbers or numbers to facilitate data processing. The author assigns codes 1 and 2 to the results of the pre-test and post-test in the intervention group and codes 3 and 4 to the results of the pre-test and post-test in the control group. Followed by data processing. This phase is carried out by entering data in the form of numeric codes into a Statistical Package for the Social Sciences. The author enters the numbers that have been determined in the previous coding process in the value column on the variable view page. Finally the author does the cleaning. In this phase the researcher rechecks the data entered whether it is in accordance with the code specified by the researcher. If the cleaning process has been completed, the writer enters the data analysis process. (Syapitri, 2020)

Data collection begins by finding samples that match the inclusion criteria. After the sample was obtained, in the intervention group the researcher explained about the research and asked for informed consent from the doctor in charge, as well as a therapy contract for the next day. Before the therapy was carried out, the authors conducted a pre-test by filling out the PANSS-EC observation sheet for each respondent who had been prepared. SEFT therapy is carried out according to the Activity Program Unit (SAK) that has been prepared. After the session was over, the researcher conducted a post test using the PANSS-EC observation sheet. In the control group, the researchers only carried out pre and post tests without doing SEFT therapy.

After the data were obtained from both the intervention and control groups, the authors conducted univariate and bivariate analysis. Univariate analysis in this study was used to describe the distribution of each of the variables studied, namely the distribution of scoring signs of symptoms of risk of violent behavior before and after SEFT was carried out in the PHCU (Psychiatric High Care Unit) National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital in 2022. The univariate analysis carried out was the mean, median, mode, minimum, maximal and standard deviation values.

Ethical Clearance

Before starting data collection, the researchers went through an ethical clearance process both at the University of Indonesia Maju and at the research site. The ethics number from the University of Indonesia Maju for this research is 3207/Sket/Ka-Dept/RE/UIMA/I/2023, while the ethics number from the research site is LB.03.02/5.6/008/2023. This research ensures the implementation of research ethics such as respecting or appreciating the subject (respect for person), providing benefits (beneficence), not endangering the research subject (non-maleficence),

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

and justice (justice). The research subjects are a vulnerable group, namely individuals with psychiatric disorders who cannot make decisions about something, so support is needed, namely the doctor in charge of the patient. This research does not pose any danger to the respondents, provides benefits to their physical and psychological health, ensures the confidentiality of patient data, and there is no difference in treatment between one respondent and another. (Syapitri, 2020)

3. RESULT

This is the results of the research that has been conducted:

Data in table 1. Respondent characteristics based on age, medical diagnosis, occupation and final education were not much different from the control group, where respondents were dominated by early adulthood in the intervention group (58.82%) and the control group (64.7%), the most medical diagnoses with schizophrenia in the intervention group (76.5%) and the intervention group (82.4%), the respondents' work was dominated by housewife in the intervention group (64.7%) and the control group (76.5%), and Most of them had high school education in the intervention group and the control group (52.9%).

Table 1. Frequency Distribution of Respondent Characteristics

Characteristics	Intervention group		Control Group	
	n	%	n	%
Age (years)				
12 – 16 (early youth)	0	0	2	11.76%
17–25 (late teens)	2	11.76%	0	0
26 – 35 (early maturity)	10	58.82%	12	70.59%
36–45 (late adulthood)	3	17.65%	2	11.76%
46 – 55 (early elderly)	2	11.76%	1	5.88%
Medical diagnosis				
Paranoid Schizophrenia	13	76,5%	14	82.4%
Affective Schizo	2	11.8%	1	5.9%
Bipolar	2	11.8%	2	11.8%
Work				
Doesn't work	4	23.5%	3	17.7%
Housewife	11	64.7%	13	76.5%
Private employee/government employes/self-employed	2	11.8%	1	5.9%
Education				
Junior High School	6	35,3%	5	29,4%
Senior High School	9	52,9%	9	52,9%
College	2	11.76%	3	17.65%

Data in table 1. Respondent characteristics based on age, medical diagnosis, occupation and final education were not much different from the control group, where respondents were dominated by early adulthood in the intervention group (58.82%) and the control group (64.7%), the most medical diagnoses with schizophrenia in the intervention group (76.5%) and the intervention group (82.4%), the respondents' work was dominated by housewife in the intervention group (64.7%) and the control group (76.5%), and Most of them had high school education in the intervention group and the control group (52.9%).

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

Table 2. Distribution of the average score of signs and symptoms of clients at risk of violent behavior in the control group at Women's PHCU National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital

Control Group	n	Mean	Median	Modus	Min-Max	SD
Pre Test	17	16.47	17	17	15-18	1.068
Post Test	17	14.94	15	14	14-16	0.827

Based on the table 2, the average of post-test scores for signs and symptoms of clients at risk for violent behavior in the control group in the PHCU (Psychiatric High Care Unit) Women's PKJN RSJ. Dr. H. Marzoeki Mahdi is 14.94.

Table 3. Distribution of mean scores of signs and symptoms of clients at risk for violent behavior in the intervention group before and after SEFT was carried out in the PKJN Women's PHCU room, RSJ. Dr. H. Marzoeki Mahdi

Intervention group SEFT	n	Mean	Median	Modus	Min- Max	SD
Pre Test	17	16.35	16	17	15-18	0.996
Post Test	17	13.18	13	12	11-15	1.425

Based data on the table 3, the average of post-test signs and symptoms of clients at risk of violent behavior after SEFT was carried out in the PKJN RSJ Women's PHCU Room (Psychiatric High Care Unit). Dr. H. Marzoeki Mahdi is 13.18.

Tabel 4. Wilcoxon Test

		Sig(2-tailed)
Pair 1	Pre Experiment-Post Experiment	0.000
Pair 2	Pre Control-Post Control	0.000

Based on table 4, the results of the Wilcoxon test in the experimental group before and after SEFT were carried out, p value = 0.000 (p <0.05). Based on these results it can be concluded that Ho (H null) is rejected, which means that there is an effect of SEFT on scoring signs and symptoms in patients at risk of violent behavior in the Women's PHCU (Psychiatric High Care Unit) National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital. SEFT has an influence on reducing the PANSS-EC score from the moderately severe category (15-20) to the moderate category (10-14).

Tabel 5. Mann Whitney Test

		n	Mean Rank	Sum of Rank	Sig.(2-tailed)
Results	Post Experiment	17	11.82	201.00	0.001
	Post Control	17	23.18	394.00	

Based on table 5 of the Mann Whitney test above, the sig value is obtained. (2-tailed) 0.001 <0.05, it can be concluded that there is a significant difference in the mean scores of signs and symptoms in patients at risk of violent behavior between the control group and the SEFT intervention group. From the table it is also obtained that the mean rank in the experimental group

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

(11.82) is lower than the control group (23.18) so it can be concluded that the decrease in scoring signs and symptoms of the risk of violent behavior in the experimental group is more significant.

4. DISCUSSION

Data in table 1. The characteristics of respondents based on age, medical diagnosis, occupation and final education were not much different from the control group, where the respondents were dominated by early adulthood, the most medical diagnoses were with schizophrenia, the respondent's occupation was dominated by housewives, and final education Most have high school education.

The data characteristics are dominated by early adulthood, with a medical diagnosis of paranoid schizophrenia. The results of this study do not align with the 2022 WHO data, which shows that schizophrenia is more commonly found in men, with the onset of the disorder typically occurring earlier in men compared to women. Most cases of schizophrenia, including paranoid schizophrenia, are diagnosed in young adult men. The difference in the findings of this study lies in the gender of the respondents, as the research was conducted in a Women's PHCU (Primary Health Care Unit), however, there are similarities in the results of the research, namely the age of the majority of sufferers is early adulthood. According to WHO early adulthood is the age of 26-35 years, a person in early adulthood has tasks and developments that must be passed so that life can be lived happily, while at that age it is very vulnerable to experiencing problems in life, because it is a transitional period from adolescence to adulthood. Early adulthood is a period of adjustment to new life patterns and new social expectations. The transition period makes early adults often face problems. Problems experienced in early adulthood can be influenced by internal and external factors such as environmental factors, society, family and others (Putri, 2018).

The next characteristic of the data is the medical diagnosis, dominated by paranoid schizophrenia. In line with the research of Pardede & Putra Hulu, (2019) Schizophrenic sufferers often experience the risk of violent behavior because Schizophrenia is a mental disorder that causes distorted thinking so that thoughts become strange, distorted perceptions and emotions, and behavior puts patients at risk of violent behavior which is dangerous for them themselves and the people around them.

For the work of respondents dominated by housewives / not working. In accordance with Korry's research, (2017), housewives who don't work have lower coping stress, this is because they are not satisfied with the quality of life, making housewives easily stressed. (Korry, 2017) Furthermore, on the characteristics of the final education data, it is in line with the theory of Nurhalimah, (2016) that symptoms of violent behavior can be caused by supporting factors (predisposition), including sociocultural factors in the form of education, the last education of the respondents was dominated by respondents with high school and junior high school education. Sociocultural factors such as the culture of the surrounding environment, experience in both formal and informal education can influence violent behavior by people with psychiatric disorders.

Integrating SEFT into routine psychiatric care offers practical benefits, including enhanced coping mechanisms, emotional regulation, and empowerment for patients. SEFT's simple and accessible approach makes it suitable for individuals with varying educational backgrounds and cognitive abilities, allowing them to manage stress and negative emotions effectively. By

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

addressing both psychological and spiritual aspects, SEFT aligns with the holistic care model, providing comprehensive treatment that fosters resilience and reduces maladaptive behaviors. Its cost-effectiveness and ability to be practiced independently make it an affordable option for psychiatric units, while its potential to positively impact patients' communities further strengthens its value as a therapeutic tool.

Inadequate education can cause psychological problems. Someone with low education will experience problems in communicating with the environment, analyzing and solving problems, making decisions and responding to stressors. So it can be concluded, education has a major influence on individual behavior. However, in this study it was found that the educational status of the respondents was mostly secondary education (Senior High School), this could be caused by other predisposing factors that also influenced the violent behavior of the respondents. (Nurhalimah, 2016).

Furthermore, in the control group, based on table 2, the results of this study are in line with Muliani's research, (2019). In the control group (SEFT was not performed) the patients at risk for violent behavior had a pre-test value with a mean of 16.47 with a standard deviation of 1.068 and a post-test result of 14.94 with a standard deviation of 0.827. This illustrates the relatively high results of signs and symptoms scores of patients at risk for violent behavior who were not given SEFT intervention. Based on table 4 of the Wilcoxon test, data were obtained in the control group sig 2-tailed 0.000 proving that there was an influence from other interventions in the given room (besides SEFT) on the signs and symptoms of patients at risk for violent behavior, however, it can be seen in table 5 results of the Mann Whitney test results the mean rank and sum of rank in the control group were greater than in the intervention group, this indicated that patients who were given standard intervention (without SEFT) had a decrease in the score of signs and symptoms that was not significant (Muliani, 2019). Future research on SEFT should involve testing its effectiveness in larger, more diverse populations and comparing it with other therapies like CBT or mindfulness. Additionally, studies on the long-term effects and the influence of cultural factors on SEFT's acceptance and outcomes are needed.

A study published by PLOS Medicine (2021) found that schizophrenia and other psychotic disorders indeed increase the risk of violent behavior. Furthermore, recent meta-analyses suggest that the risk of violence among individuals with schizophrenia varies, with some studies reporting higher levels of violence compared to those with other psychiatric diagnoses. These findings underline the complexity and variability of violence risk in mental health conditions. Violent behavior occurs due to failure to manage stress, inability to understand life situations and inability to control impulses to commit violent behavior. The effects of violent behavior on people with schizophrenia can result in injury and even death, increase stigma in schizophrenics and reduce the quality of life for people with mental disorders (Setiawan et al., 2015). Meanwhile, according to Stuart, (2016) clients with acute psychosis have internal control problems such as delusions of mind control so that they are prone to violent behavior.

Based on the results of the author's research in table 3, data were obtained in the intervention group after SEFT with a mean of 13.18. This result is close to the minimum value of 11. This is evidenced by a decrease in signs and symptoms on the item "tension, hostility and uncooperativeness", from moderate to mild and minimal. On the "tension" item, patients who are

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

restless and nervous on the pre-test become occasionally uneasy, even in a pathological state that is doubtful. Likewise, patients who are irritable become mild (indirectly venting anger) even to the point of a pathological state that is doubtful. Furthermore, in the "uncooperative" item, the patient becomes more easily directed to follow the seft stages and other activities in the room.

Apart from the mean results, based on tables 2 and 3 the results of the standard deviation in the post test intervention group are greater than the control group, as well as in the results of the pre test and post test differences the standard deviation of the intervention group is greater than the control group, this indicates a decrease in scoring Signs and symptoms of violent behavior risk were more significant in the intervention group compared to the control group. The results of this study are in line with the research of Muliani (2019), obtained data that there was a decrease in the aggressiveness of patients at risk for violent behavior after the EFT (Emotional Freedom Technique) was carried out with a 53.9% reduction in results. Another study on the emotional value of anger in patients after SEFT showed a significant decrease in angry emotions, namely 35%. (Mustajab, 2021)

SEFT therapy is a therapy with a simple tapping of the fingers on the body's meridian points, this therapy uses a combination of psychological energy and spiritual power, so that apart from being a healing technique, SEFT also increases one's connection with God in the spiritual space (Zainuddin, 2012). Psychological energy and spiritual strength are the basis used in SEFT therapy. Psychological energy is the use of the body's energy system in changing the thoughts, emotions and behavior of individuals. Energy disturbances in the body can affect the chemical system of the brain so that it will change the emotional state of the individual.

The purpose of SEFT is to help someone get out of the pressure of physical and psychological complaints in an easy and simple way, strengthen human relationships with God the creator, realize weaknesses as humans who need God's help, and create a sense of self-awareness, be careful in acting in life so that humans more peaceful and prosperous.

Based on table 4, the results of the Wilcoxon test in the experimental group before and after SEFT were carried out, p value = 0.000 ($p < 0.05$). Based on these results it can be concluded that Ha is accepted and Ho (H null) is rejected, which means that there is an effect of SEFT on scoring signs and symptoms in patients at risk for violent behavior in the Women's PHCU (Psychiatric High Care Unit) National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital.

Based on the research by Rizki Muliani (2019) on "The Effect of EFT on the Aggressiveness Levels of Patients at Risk of Violent Behavior," both SEFT (Spiritual Emotional Freedom Technique) and EFT (Emotional Freedom Technique) are rooted in energy psychology. This approach emphasizes the connection between the body-mind system to improve emotional well-being. EFT utilizes the stimulation of meridian points to help regulate emotional dysfunctions such as anxiety and aggression.

Aligned with the study by Mustajab (2021), the SEFT technique has been proven effective in reducing maladaptive emotional responses, including anxiety and aggression. These findings are further supported by other studies that emphasize the importance of spirituality in mental health. For instance, Ernawati et al. (2020) found that spiritual interventions, such as dzikir and Quran recitation, better enabled patients to manage aggressive tendencies. Additionally, the meta-

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

analysis by Hodapp & Zwingmann (2019) revealed that spiritual practices strengthen coping mechanisms and emotional resilience, providing additional support to individuals facing emotional distress. Thus, the author's research reinforces the evidence that spiritual-based interventions like SEFT not only assist in balancing the body-mind energy system but also enhance emotional well-being through deeper spiritual support.

The difference from the previous study conducted by Rizki Muliani (2019), between EFT and the author's research, lies in the addition of spirituality (prayer and surrendering healing to God Almighty), which turns it into SEFT, according to the theory of its founder, Faiz Zainudin. Indonesian society, which tends to be religious with the doctrine of Belief in One Almighty God, makes SEFT therapy easily accepted by respondents. Respondents stated that they felt calmer and more comfortable because they felt that there was a higher and greater power that could help them resolve emotional problems. Furthermore, the difference between EFT and SEFT lies in the stages of set-up, tune-in, and tapping. In EFT, the individual focuses on the complaints experienced in detail and believes that healing comes from within themselves. In SEFT, the focus is not on the complaints, but on surrendering oneself to God and believing that healing comes from God Almighty.

Based on table 5 of the Mann Whitney test above, the sig value is obtained. (2-tailed) 0.001 <0.05, it can be concluded that there is a significant difference in the mean scores of signs and symptoms in patients at risk of violent behavior between the control group and the SEFT intervention group. From the table it is also obtained that the mean rank in the experimental group (11.82) is lower than the control group (23.18) so that it can be concluded that the decrease in scoring signs and symptoms of the risk of violent behavior in the experimental group is more significant.

According to research results of a systematic review conducted by Nelms, (2016) shows that a series of EFT sessions is an effective treatment for PTSD (posttraumatic stress disorder), anxiety, fear, depression with various populations. This study was conducted on 11 veterans with symptoms of psychological disorders such as depression, anxiety, PTSD (Church, 2012). The data produced after EFT showed that there was a significant decrease in psychological distress. This shows that EFT has an emotional influence on a person (Wati, 2022).

According to the results of research by Sulistyowati et al., (2018) concerning the effect of SEFT on patients with low self-esteem in Surakarta Hospital, SEFT can increase patient self-esteem as evidenced by a p-value of 0.002 (<0.005). Patients with low self-esteem tend to withdraw and sensory perception disturbances occur: hallucinations, so that signs and symptoms of violent behavior can occur. This shows that apart from having an effect on reducing the signs and symptoms of the risk of violent behavior, SEFT can also increase the self-esteem of patients with psychiatric disorders. After carrying out the SEFT intervention on the respondents, apart from obtaining scoring data based on the observation sheet, the researchers also saw significant differences in the behavior of the respondents between before and after SEFT. Calm facial expressions, decreased hostility, absence of rowdy and impulsiveness and patients are more cooperative towards activities in the room.

Based on table 3 the intervention group resulted in a minimum score on the pre-test from 15 to 11 and the post-test from 18 to 15, this was after the change in the patient's signs and symptoms

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

at the point of "uncooperative" the patient became easier to direct, no rejection occurred when it was carried out therapy with notes the nurse still pays attention to the patient's mood and fatigue because there are several other activities in the room that the patient is carrying out. Tension items have also decreased, marked by the patient's behavior which is often unsettled.

According to the theory of Energy Psychology, it states that every human being has an energy system that functions to regulate all systems in the body, both physical and psychological. The energy system consists of a life force or ocupoint which acts as a generator and supplier of energy to the cells of the human body, and the body's 365 meridians as pathways (chi) (Church, 2012) Stimulation of these ocupoints releases opioids, serotonin, and gamma acids -aminobutyrate (GABA) has been studied to reduce pain, slow heart rate, and reduce anxiety and help regulate the stress hormone cortisol (Nelms, 2016). This is in accordance with the statement of the respondents after doing SEFT they felt calmer and their angry emotions decreased. Furthermore, in terms of signs and symptoms, the results showed that the respondents experienced a decrease in each PANSS-EC point, such as "not found" or "doubtful pathology" for agitated, tense, hostile, uncooperative and poor impulse control.

5. CONCLUSION

Based on the results of the research and discussion that has been carried out, it can be concluded that there is an effect of SEFT on signs and symptoms of patients at risk of violent behavior in the Women's PHCU (Psychiatric High Care Unit) National Mental Health Center, Dr. H. Marzoeki Mahdi Bogor Mental Hospital is suggested that SEFT therapy can be used as complementary therapy in reducing signs and symptoms in patients at risk of violent behavior.

6. CONFLICT OF INTEREST

The authors state no conflict of interest.

7. REFERENCES

Fadli, R. P., Putri, Y. E., Amalianita, B., Zola, N., & Ifdil, I. (2020). Treatment for anxiety using spiritual emotional freedom technique. Journal of Counseling and Educational Technology, 3(1), 41.

Korry, D. (2017). Coping stress Berdasarkan Status Kerja Ibu Rumah Tangga. Unika Soegijapranata.

Montoya, A., Valladares, A., Lizán, L., San, L., Escobar, R., & Paz, S. (2011). Validation of the Excited Component of the Positive and Negative Syndrome Scale (PANSS-EC) in a naturalistic sample of 278 patients with acute psychosis and agitation in a psychiatric emergency room. Health and Quality of Life Outcomes, 9 (18).

Muliani, R. Abidin. , I. Abidin. , A. R. (2019). Pengaruh Emotional Freedom Therapy terhadap Tingkat Agresifitas Pasien Risiko Perilaku Kekerasan. Jurnal keperawatan ‘Aisyiah, 6 (2), 9–16.

Mustajab, Quwwatun Azimah. (2021). Spiritual Emotional Freedom Technique (SEFT) dan Bibliotherapy: Studi Kasus untuk Mengurangi Emosi Marah Pasien Skizofrenia. Masters (S2) thesis, Universitas Muhammadiyah Malang.

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

Nelms, J. (2016). The Effectiveness of Emotional Freedom Techniques in The Treatment of Post Traumatic Stress Disorder: A Meta-Analysis,. The Journal of Science and Healing. 13(1):16-25.

Nurhalimah. (2016). Modul Bahan Ajar Cetak Keperawatan Jiwa. Jakarta: Pusdik SDM Kesehatan.

Pardede, J. A., & Putra Hulu, E. (2019). Pengaruh Behaviour Therapy terhadap Risiko Perilaku Kekerasan pada Pasien Skizofrenia Di RSJ Prof. Dr. Muhammad Ildrem PROVSU Medan. Konferensi Nasional XVI Keperawatan Kesehatan Jiwa, 4 (1).

PLOS. (2021). Schizophrenia and violence: Systematic review and meta-analysis. PLOS Medicine.

Pustadin Kemenkes RI. (2019). Info Datin : Situasi Kesehatan Jiwa Indonesia.

Putri, A. F. (2018). Pentingnya Orang Dewasa Awal Menyelesaikan Tugas Perkembangannya. SCHOULID: Indonesian Journal of School Counseling, 3(2), 35.

Setiawan, H., Keliat, A. B., & Yulia Wardani, I. (2015). Sign and Symptom and Ability to Control Violent Behaviour with Music Therapy and Rational Emotive Cognitive Behaviour Therapy. Jurnal Ners: 10 (2) : 233- 241.

Suerni, Titik dan Livana, PH. (2019). Respons Pasien Perilaku Kekerasan. Jurnal Penelitian Perawat Profesional, Volume 1, Nomor 1, November 2019

Syapitri, Henny. , Amila. , A. J. (2020). Metodologi Penelitian Kesehatan Buku Ajar. Retrieved from

World Health Organization. (2022). Schizophrenia. Retrieved from https://www.who.int/news-room/fact-sheets/detail/schizophrenia

Widodo, D., Juairiah, J., Sumantrie, P., Siringoringo, S. N., Pragholapati, A., Purnawinadi, I. G., Manurung, A., Kadang, Y., Anggraini, N., & Hardiyati, H. (2022). Keperawatan Jiwa. Yayasan Kita Menulis

Wati, N. L., Sansuwito, T. B., Rai, R. P., Darmawati, I., Anggareni, R., Amir, M. D., & Nasiatin, T. (2022). The Effect of EFT (Emotional Freedom Technique) to the Self Esteem among Nurses. Malaysian Journal of Medicine & Health Sciences, *18*.

Witt, K., van Dorn, R., & Fazel, S. (2013). Risk Factors for Violence in Psychosis: Systematic Review and Meta-Regression Analysis of 110 Studies. PLoS ONE, 8(2).

Yusuf, A., Nurhayati, H. E., Ismawari, M. F. , & Oktaviansanti, F. (2017). Kebutuhan Spiritual : konsep dan aplikasi dalam asuhan keperawatan. Jakarata: Mitra Wacana Medika.

Zainuddin, A. F. (2012). SEFT For Healing And Success, Happiness And Greatness. Jakarta: Afzan Publishing.

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024

DOI: https://doi.org/10.17509/jpki.v10i2
e-ISSN 2477-3743 | p-ISSN 2541-0024