ORIGINAL ARTICLE

Spiritual Emotional Freedom Technique (SEFT) Reduce Sleep Disorder

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ABSTRACT

Introduction: The Spiritual Emotional Freedom Technique (SEFT) is a novel way to use the Emotional Freedom Technique (EFT), which has been shown to help people overcome emotional issues. In SEFT therapy, the spiritual aspect is believed to have a faster and greater impact on overcoming emotional problems. Previous research indicated that there were sleep disorders in stroke patients because of anxiety. There are few studies on the use of SEFT in hospitalized stroke patients. **Methods:** Experimental research design with pretest-posttest. The research site is a hospital in Palembang, using the sample calculation formula and the selection of respondents using purposive sampling technique having inclusion and exclusion criteria with strict conditions, totaling 15 people. Measurement of sleep disorders used a questionnaire adapted from the Sleep Disorder Questionnaire (SDQ) which was changed according to Palembang culture, Indonesian language, had been evaluated by four experts and tested on 20 stroke patients in a private hospital. Statistical test used paired t-test. **Results:** Statistical test with a paired t-test, p-value 0.001 with a difference of 27.067 (95% Cl 24,382 to 29,750) and t-table value of 21.627 which was greater than the t-table (2.144). **Conclusion:** In this study, stroke patients had emotional problems as the cause of sleep disorders. By using SEFT, the patient will verbally repeatedly express his feelings, hopes, prayers and accept his illness sincerely. This will reduce emotional problems. Tapping on acupressure points provides a stimulus to the nervous and endocrine systems so that they become relaxed, and easy to fall asleep.

Keywords: Humans, Anxiety Disorders, Sleep-Wake Disorders, Emotions, Stroke

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INTRODUCTION

Stroke as the leading cause of death in the world is found in Eastern Europe and Asia, and also causes disability wherever the patient is located (1). Indonesia is included in the Southeast Asia region with a population of 272,229,372 people (2), with incidence of stroke estimated at 800-1000/year and is the largest contributor to stroke incidence in Asian countries (3). Stroke can cause many areas of brain damage including language, motor movement (4), and memory functions (5). The damage has an impact on daily activities, work, and ultimately a decrease in quality of life (6). If there is a recurrent stroke it can cause complications and even death (7). Mood and fatigue are linked to sleep-related impairment in the stroke impact area (8).

Preliminary study conducted at the Palembang hospital obtained data that stroke patients with sleep disorders is because they are anxious about their illness and remember their families. Stroke patients seldom have sleep disorders and sleep problems (9). In providing nursing care, the Indonesian nurse organization, PPNI, has issued guidelines regarding nursing diagnosis standards, output standards, and nursing intervention standards. Among the types of nursing interventions is the application of non-pharmacological therapies. Five non-pharmacological interventions carried out by nurses to patients with sleep disorders are physical activity, light treatment, mind-body practices, complementary and alternative medicine, and multicomponent interventions (10).

To resolve this problem, nurses use complementary therapies (11) such as mind and body therapy which can reduce or eliminate the causes of sleep disorders, which are emotional problems. One form of main and body therapy is SEFT which was initiated by Mr.

Ahmad Faiz Zainuddin, a psychologist from Indonesia, in 2005 considering the scientific evidence about the efficacy of psychological energy as well as prayer and spirituality in healing, SEFT founder, Ahmad Faiz Zainuddin, combined the two strengths and named it the Amplifying Effect. The philosophy underlying SEFT therapy is God-centered. SEFT users believe in healing from God and, during therapy sessions, remember God, carried out in a meditative state with belief, solemnity, sincerity, resignation, and gratitude (12).

All energy psychological techniques that use tapping by TFT -Roger Callahan, EFT-Gary Craig, PET-Steve Wells and David Lake, SEFT-Ahmad Faiz Zainuddin, use the same tapping points because 5000 years ago these points were used by acupuncture, moksa and acupressure. These therapies are often used by the community to solve emotional problems. SEFT therapy is influenced by 15 other psychological therapies (12). First researchers have to be trained in SEFT for Program Healing and SEFT for program total solution. There are still few studies that utilize SEFT in stroke patients with sleep disorders. SEFT is rarely done by nurses on stroke patients who are hospitalized because it is a skill that must be obtained by attending training and practicing it. This study aimed to analyze the effect of SEFT therapy on stroke patients with sleep disorders.

MATERIALS AND METHODS

Study design

A quasi-experimental design with pretest and posttest research.

Participant and setting

Reasonable population of 49 people was taken from three wards in general hospital Palembang. Determining the number of respondents as a sample is based on the formula $n = \frac{N.z^2.p.q}{d(N-1)+z^2.p.q}$ (13)

Information :
n = approximate sample size.
N = estimated population size.
z = normal standard value = 0.05 (1.96).
p = approximate proportion, otherwise it is assumed to be 50% (0.5).
q = 1-p (100%-p).
d = selected error rate (d = 0.05).

$$n = \frac{49x(1.96)^2x0.5x0.5}{0.05\ (49-1) + (1.96)^2x0.5x0.5}$$

$$n = \frac{47.0596}{3.3604}$$

$$n = 14.00$$

This amount plus 10% aims to cover if there are research subjects who drop out, a total 15 stroke patients. The sample in this study used non-probability sampling with a purposive sampling technique. The inclusion criteria were: Stroke patients aged 40-60 years, educated from elementary school to bachelor's degree, non-smoker, communicate well, were willing to be respondents, had never received therapy sleeping pills or side effect drugs caused sleepiness, screening used a questionnaire divided into the category of moderate and severe sleep disorders.

Ethical considerations

This research has received a letter of ethics from the Hospital Ethics Committee and the Faculty of Medicine,Sriwijaya University in Palembang, Indonesia, with Number 075/KEPKRSMHFKUNSRI/2019.

Data collection

Measurement of sleep disorders used a questionnaire adapted from the Sleep Disorder Questionnaire (SDQ) which was changed according to Palembang culture, Indonesian language, had been evaluated by four experts and tested on 20 stroke patients in a private hospital. The 16 questions contain complaints before, during, and after sleep, as well as habits before, during, and after sleep. Each question has five answer options; never, rarely, sometimes, often, and always, each is given a score 1, 2, 3, 4, 5. Based on the number of scores, we divided it into three categories; mild sleep disorder (score 16-36), moderate sleep disorder (score 37-58), severe sleep disorder (score >58).

The questionnaire consists of 16 question items which are tested for validity using SPSS 20 and using a significance level of 5% with as many as 20 samples for validity testing, so df = N-nr = 20-2 = 18 so that the r table value is 0.468. The results of calculations using SPSS 20 obtained data from 16 question items that have a calculated r-value in the range of 0.471-0.874 so that it is declared valid because r count > r table (0.468). Questions are said to be reliable if the Cronbach's alpha is more than constant (>0.6). The results of the questionnaire reliability test consisting of 16 question items showed that it was reliable with a total Cronbach's alpha of 0.919, which is greater than the constant 0.6.

Procedure

The researcher obtained the patient's identity from the medical records data of the Palembang General Hospital and prepared all the equipment to be used, such as stationery, informed consent sheets, questionnaires, and SEFT Standard Operating Procedures (SOP). Researchers conducted structured interviews with prospective respondents to fill out a questionnaire by asking the subject about signs and symptoms of sleep disorders and the subject chose the option that was appropriate to the situation he was feeling to measure the scale of sleep disorders (pre-test). If the results of the measurement of the sleep disorders obtained moderate sleep disorder

(score 37-58), severe sleep disorder (score >58), the researchers asked prospective respondents about their availability to be respondents in the study.

SEFT procedure: Greet patients; Introduce yourself to the patient; Explain the purpose and procedure SEFT; Measure the initial scale of the problem with a range of 0-10; score 0 means no problem; score 10 means the problem is very severe.

Doing Set-Up: Say the Set-Up sentence according to the problem that is being faced by the patient with feelings, three times followed by pressing with the index finger on mid clavicula, above the heart. Example: "Allah, even though I am feeling anxious, I am sincere, I surrender to You completely". In SEFT therapy the "the set up" stage is based on the patient's negative thoughts about the disease or the impact of the disease that disturbs his emotions. The sentence spoken by the patients in this study was "I can't sleep well." This sentence is different in research subjects.

Doing Tune-In: Imagine or feeling anxious, and then replace the word so it becomes a prayer reminder with focus, such as: "I am sincere, I surrender to The might Of Allah." This stage is the same for all diseases or complaints (5-14).

Doing Tapping; Lightly tap with index and middle finger on specific points on the body as many as 5-7 times a knock, while continuing to Tune-In (Prayer "Khusyuk"/ focus say: "I am sincere, I surrender to You, Allah" (the patient is instructed to keep imagining the pain or problems that have been felt). The acupuncture points used in SEFT are up to 18 points while the EFT uses seven or 14 acupuncture points (1).

The points of acupuncture that will be tapped are taken from the SEFT training, book (12), and from the website (14), (15). Tapping on overhead, eyebrows, side and under the eyes, upper mouth, and chin. After that tapping on the collar bone, under the arm, below nipple. Rest a moment, after that tapping on inside and outside of hand, fingers, karate-chop. For gamut spot with eye movement, this is taken from EMDR (16). End by asking the patient to inhale through the nose and exhale through the mouth and say "Alhamdulillah," a combination from relaxation therapy (17) and gracefully (12).

Data analysis

Based on the Normality Test for the distribution of sleep disorders in stroke patients, the distribution of normal data was obtained with a Shapiro-Wilk 0.122 (p-value of value > 0.05). So that the analysis of differences in sleep disorders before and after the administration of SEFT was carried out using paired t-test.

RESULTS

Based on Table I, all respondents were in the middle-aged group (40-60 years), and more men than women (60%).

Based on Table II, it is known that the significance value is 0.001 (p-value <0.05) with a difference of 27.067 (95% Cl 24,382 to 29,750) and the t-count value is 21.627 which shows it is greater than the t table (2.144), then H_0 is rejected. This shows that there is a statistically significant difference in sleep disorders in stroke patients before and after SEFT therapy was administered to the treatment group.

Table I: Distribution and frequency of the characteristics patient stroke with sleep disorder (n=15)

Characteristics	Frequency	Percent
Aged (years)		
40-50	5	33.3
51-60	10	66.7
Gender		
Female	6	40
Male	9	60

Table II: Independent t-test analysis of sleep disorders in stroke patients before and after Therapy *Spiritual Emotional Freedom Technique* (SEFT) (n=15)

Group	Mean	SD	P	95%CI	
Sleep Disorder				Lower	Upper
Pre-Test	56.73	4,847	0.001	24.382	29.750
Post-Test	29.67				

SD: Standart Deviasi; CI: Confident Interval

DISCUSSION

The goal of this study was to see how SEFT therapy affected stroke patients who had sleep problems. Stroke or Transient Ischemic Attack (TIA) or Cerebrovascular Accident (CVA) or Cerebral Vascular Event, occurs when the brain undergoes cell death due to ischemia or bleeding in the brain. The area of the brain that is disturbed or damaged will affect sensation, movement, or emotion. The impact felt by the patient and its severity are determined by the location and extent of the damage (18). Many factors can cause stroke, including age, gender, and ethnicity (as risk factors); heredity; hypertension, elevated blood sugar, elevated cholesterol levels, other atherosclerotic vascular diseases, smoking, obesity (Common Modifiable Risk Factors); Increased hematocrit, hemoglobin concentration, and increased blood viscosity can be indicators of ischemic stroke risk (19).

The stage of human growth will affect the structure and

function of the body. In the middle-aged group (40-65 years) there are changes in the cardiovascular system; blood vessels lose elasticity and become thicker (20). As a result, there is an increase in diastolic blood pressure (21). Meanwhile, for changes in sleep patterns in the middle-aged group, the first REM sleep period lasts longer, stage four sleep decreases markedly as a result of frequent awakenings at night and taking longer to fall back asleep (22).

Basic health research conducted by the Ministry of Health of the Republic of Indonesia (Riskesdas) showed that the prevalence of Non-Communicable Diseases has increased; stroke the prevalence rose from 7% (Riskesdas, 2013) to 10.9% (Riskesdas, 2018) (23). The prevalence of stroke by gender was more in men (11.0%) than women (10.9%) (23). Based on the data on the characteristics of the research respondents, it was shown that most respondents with a stroke diagnosis were male respondents. From Riskesdas (2018) 1.25 male stroke risk is higher than for women, stroke in men occurs at a younger age so that the survival rate is also higher (23). This occurrence was also found in Susilawati's research; although less frequently affected by stroke, in general, women are affected at an older age, so the possibility of higher mortality (3).

Respondents reported thinking something bad was about to happen. Some of the emotional problems found in stroke patients are as follows: feeling sad and thinking a lot about their children who are still in school; anxiety about the disease process; thoughts of their illness; feeling useless because they can't do their normal activities. "If stroke survivors are unable to execute their 'normal' tasks, they experience unpleasant emotions such as anxiety and depression" (24). Based on this information, a nursing diagnosis is established as anxiety related to situational crises (hospitalization), threats to self-concept, threats of death, and lack of exposure to information (25). In the next step, a nurse makes nursing planning and implementation such as observation, therapy non-pharmacology (SEFT), health education (stroke), and collaboration for drug administration if necessary (26).

Anxiety and worry are things that can interfere with the sleep of the elderly (27). Anxiety can decrease after being given tapping on acupuncture points in EFT therapy (28). Tapping on the acupuncture points will provide a stimulus to the skin and then deliver to the dermis layer which contains nerve fibers and blood vessels. Nerve fibers will deliver information to the brain, then reduce the work of the sympathetic nerves and increase the work of the parasympathetic nerves. The impact felt by the patient; respiratory rate decreases, pulse rate decreases, blood pressure decreases, muscles relax. While the impulses from the blood vessels will spread throughout the body to the brain (28) then affect the hypothalamus-pituitary and also other organs of the body so that it secretes several enzymes or hormones including decreased cortisol (29).

When someone suffers a stroke, it takes a long process and time to heal. If the patient does not receive proper, fast, and good treatment, the patient's condition is at risk for complications that have a worse impact on the patient's health. One of the impacts is maladaptive coping mechanisms in the form of feelings of anger, uselessness, sad. Anxiety and worry are things that can interfere with the sleep of the elderly (27).

Spiritual in SEFT is a prayer that is affirmed by the client and therapist (30). According to Zainuddin (2008) people always depend on God by offering prayers. Prayer is always done in every situation, including in a state of illness and plays an important role in healing. The researcher argues that SEFT is an implication of Al Quran verses. Therapy starts by mentioning the name of God (in Islam called Allah), then, during therapy, the therapist and patient believe that Allah grants prayer (QS. Al-Mu'min[40]; 60), many are grateful then Allah adds favors (QS.Ibrahim[14]; 7); Surrender shows that humans have no power and effort but with the help of Allah Almighty (QS. At-Talaq [65]; 2-3) (31). Taken from SEFT training, SEFT Founder, Mr. Zainuddin, said, "with the name of God means we are confident in Allah powers, Allah love and we get rid of the ego, God will show wonders in our lives. Khusu' or concentration means praying wholeheartedly, we will feel inferior to God. Sincerity is gracefully accepting whatever we are experiencing today. The more sincere you accept, the faster it goes. Surrender, leave what will happen later to Allah. Surrender is 'tawakal', we try our best while our hearts depend on God." Next, about gratitude; "gratitude, always remember the many good things we have, don't let one problem eliminate the many blessings. The most powerful prayer is gratitude because Allah granted and never break a promise."

Apart from the influence of the Spiritual aspect (prayer), the effectiveness of the SEFT method is also the result of psychological energy and healing energy (12)(30). Healing energy is taken from acupuncture points that have been used since 5000 years ago while psychological energy, according to Dr. David Freinstein, is a set of principles and techniques for harnessing the body's energy system to improve states of mind, emotions, and behavior (32).

Furthermore, the SEFT method is a faster and simpler method when compared to conventional psychotherapy. Conventional psychotherapy requires repeated and many therapy sessions to explore the existence of memories (conscious or subconscious) of past trauma that evoke psychological disorders. This process does not run directly, but there is an intermediary process called "Disruption of Body Energy System", which directly causes emotional disturbances. The SEFT method

directly treats disruption to eliminate negative emotions and does not require therapy sessions to dismantle past traumatic memories (12). Nurses provide nursing care including health education about stroke or the patient using non-pharmacological therapy SEFT. It is necessary to teach patients and families so that they have the skills to deal with the same problems independently, both when hospitalized and at home.

Among the limitations of this study include during the SEFT intervention, several factors can reduce the effectiveness of SEFT therapy; crowded, noisy, metal tools, handphones.

As implications for practice, the spiritual emotional freedom technique (SEFT) intervention is given for 20-30 minutes which is done once a day for three sessions.

CONCLUSION

In this study, stroke patients had emotional problems as the cause of sleep disorders. By using SEFT, the patient will verbally repeatedly express his feelings, hopes, prayers and accept his illness sincerely. This will reduce emotional problems. Tapping on acupressure points provides a stimulus to the nervous and endocrine systems so that they become relaxed and easy to fall asleep.

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