Spiritual Emotional Freedom Technique (SEFT) to Reduce Blood Pressure Among Senior Citizen

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**ABSTRACT**

Decreased elasticity of the aortic wall, thickening of heart valves, and decreased heart capacity are all part of the aging process. This is one of the causes of hypertension in the elderly. SEFT is one of Complementary therapy which is in the form of relaxation techniques in the form of mind-body therapy. This technique combines the energy system and spiritual healing by tapping certain points on the body that can help control blood pressure. Complementary therapy is a friendly choice of therapy for people who experience with degenerative processes. The study aims to determine the effect of SEFT on the elderly who experience hypertension in the working area of Buleleng III Primary Health Care. One group pre-test and post-test were used. 48 respondents were selected using purposive sampling and were willing to participate. The paired sample t-test was used to analyze respondents' blood pressure differences. SEFT therapy is proven to be able to reduce blood pressure in the elderly in Buleleng III Health Center (p-value <0.005). The decrease in blood pressure in the elderly after being given SEFT therapy is a finding that can be followed up as a complementary therapy solution in lowering blood pressure in the elderly.

**Keyword:**
- Hypertension
- Spiritual Emotional Freedom Technique (SEFT)
- Elderly

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INTRODUCTION

Hypertension is a disease that often affects the elderly. As a person ages, physiological and psychosocial functions decrease so that diseases due to the aging process appear (Triyanto, 2014). Hypertension is a condition of a person who experiences chronically high blood pressure over a continuous period. This happens because the cardiovascular system works harder to pump blood throughout the body to meet the needs of oxygen and nutrients in the body (Patrijani & Sulistyowat, 2020). The constant pumping of blood through the blood vessels with excess muscle strength and a decrease in the elasticity of the aortic wall results in thickened heart valves becoming stiff, resulting in hypertension (Orizani, 2019a).

The number of people with hypertension continues to increase. According to WHO data (2020) there are 1.13 billion people worldwide suffering from hypertension (World Health Organization, 2020). WHO describes that 1 in 4 men and 1 in 5 women suffer from hypertension in 2020. Hypertension causes around 9.4 million deaths in 2020 and is declared the number 5 cause of death in all age groups. Southeast Asia is in the 3rd highest position with a prevalence of 25% of the total population. The prevalence of hypertension in the 55-64 year group (55.2%) is higher when compared to the 45-54 year age group (43.3%) (Pangribowo, 2019). The group of women had a greater proportion of hypertension than men, namely 36.85% for women and 28.80% for men. Data on hypertension sufferers in Bali Province showed that the percentage of hypertensive patients aged ≥15 years was higher for women (51%) than for men (49%) (Bali’s Ministry of Health, 2020). Buleleng Regency ranks second in the number of hypertension sufferers in the age group ≥15 years, namely 122,524 sufferers (Buleleng Health Department, 2020). In 2019, the number of hypertension sufferers in Buleleng Regency was 63,232 people and 48.7% had received health services. According to a preliminary study conducted on December 20, 2021 at the Buleleng III Health Center, information was obtained that the number of people with hypertension ranks first before diabetes mellitus and obesity. A total of 2,422 people with hypertension visited the Buleleng III Health Center and the majority were in the age group of 45-60 years. The highest number of visits by hypertensive patients was in the Bayuning Village with a total of 605 people or 13.6% of the population, the second was in Penarukan Village with a total of 492 people or 11.75% of the population, and the third in the Pelatan Village with a total of 272 people or 21.7% of the total population. This is in line with research conducted (Lismayanti, 2018), which revealed that old age is a risk factor for someone suffering from hypertension, ages 65 and over tend to be more at risk compared to those aged less than 65 years. And the elderly who are diagnosed with hypertension have a risk of experiencing complications due to the aging process, lifestyle and medication.

Non-pharmacological management of the elderly with hypertension can be an alternative treatment to prevent complications. SEFT is a non-pharmacological therapy that can reduce blood pressure (Sunardi et al., 2020). SEFT is a safer, easier, faster and simpler technique for lowering blood pressure. SEFT offers a relaxation technique which is a form of mind-body therapy that combines the body’s energy system (energy medicine) and spiritual therapy to deal with emotional and physical problems. SEFT is very possible to be done independently at home or anywhere by the elderly. SEFT consists of 3 phases namely set-up, tune-in, and tapping. SEFT uses (tapping) light tapping on certain points on the body by trying to stimulate key points along 12 energy pathways (Zainuddin, 2020).

After performing SEFT, people with hypertension will experience a process of relaxing the smooth muscles of the arteries and veins along with other muscles in the body. In addition, with a calm mind and the comfort that comes from surrendering to God regarding their illness, the condition of people with hypertension will be more relaxed. This will cause a stimulus to the hypothalamus thereby reducing levels of the hormones epinephrine and norepinephrine in the blood via the sympathetic nervous system. The decrease in epinephrine and norepinephrine in the blood will reduce the work of the heart so that the effect will reduce blood pressure (Sonhaji & Lekatompessy, 2019). Rofacky & Aini (2015) found that the SEFT technique helps individuals free from emotional pressure (negative energy), which is the cause of increased blood pressure in patients with hypertension. In line with previous research, Lismayanti (2018) found that applying SEFT helps hypertensive patients feel comfortable so that the patient’s stress level decreases. So that the levels of the hormones norepinephrine and epinephrine are reduced so that blood pressure gradually drops.

METHOD

Participant characteristics and research design

In this study, a pre-experimental one-group pretest-posttest design was used. In this study, the research samples’ blood pressure was tested twice, once before and once after SEFT was applied. so that it may be determined whether there is a difference in the research sample’s blood pressure between before and after SEFT application.

Sampling procedures

48 older adults with hypertension who were over 60 and willing to participate in the study were chosen using a purposeful sampling technique. The elderly met the inclusion criteria, specifically old persons with hypertension who took prolanis, and the exclusion criteria, specifically elderly people with problems from their hypertension. The patients who attended the Buleleng III Health Center within three months were used to identify the research sample.

Measures and covariates

The SEFT SOP was developed to serve as a manual for researchers using the SEFT procedure on study materials. SEFT is an easy technique that involves tapping on acupuncture points on the hands, face, and upper body while gently pushing on issues that the individual is experiencing (zainuddin, 2020). Within five to ten minutes, the SEFT technique is delivered. Setup, Tune In, and Tapping are the 3 steps that must be completed. Eating the sample is required before entering the first phase, but not the name of the pain itself. Example: (side headache, right upper shoulder pain, etc.). (side headache, right upper shoulder pain, etc.). Score of 0 indicates no disturbance (absolutely no discomfort), and 10 indicates a very intense disturbance or extremely serious issue. Additionally, during the set-up phase, the sample was instructed to speak the set-up line three times while pushing their chest on the afternoon spot, which is the region around their upper chest that, when squeezed, feels slightly...
unpleasant. Example: O Allah, I sincerely surrender to You, despite the fact that I frequently go to bed and experience excruciating stomachache. (You can substitute Ya Allah with Ya Allah if you practice another religion.) In the Tune in phase, the sample is instructed to consider and visualize a particular circumstance that would cause the bad emotion you wish to banish, all the while repeating a reminder word that corresponds to the negative emotion you are experiencing. This second stage can also be performed while picturing the incident or experiencing the suffering; after that, we replace the reminder with a fervent prayer that begins, “I am sincere; I surrender to You, O Allah.” Typically, the most effective reminder words come from the setup sentences we select, like “pain.” The tapping phase comes after. In this stage, the sample is instructed to lightly tap various parts of its body with two fingertips. As you keep watching, repeat this knocking motion around 5–7 times (saying the problem the client is experiencing). The Gamut Spot, the end of the brow, and the top of the skull are the points that need to be tapped. There are nine different techniques: (1) closing the eyes, (2) opening the eyes, (3) moving the eyes firmly to the lower right, (4) moving the eyes to the lower left, (5) turning the ball clockwise, (6) rotating the ball counterclockwise, and (7) Mumble rhythmically for 3 seconds, (8) Count 1,2,3,4,5, and (9) Mumble once more for 3 seconds. It is hoped that the sample would be relieved of the load they have felt thus far, such as anxiety, fear, stress, disappointment, and/or suffering, by the conclusion of the SEFT implementation. A drop in blood pressure is evidence that these consequences have occurred.

Researchers who hold nursing licenses took blood pressure readings. The Onemed sphygmomanometer and stethoscope, as well as observation sheets to record pre- and post-intervention outcomes, are the instruments used. Prior to and following the application of SEFT, blood pressure readings were taken.

Data analysis

The study’s data consisted of blood pressure readings taken before and after SEFT was applied. The Kolmogorov Smirnov test’s p-value for the normalcy test were 0.76. Therefore, a statistical pair T-Test was used to examine the data.

RESULTS AND DISCUSSION

Table 1. showed that the majority were female, namely 30 respondents (62.5%), did not attend school/didn’t graduate (35.4%), and housewives (52.1%).

Table 1. Frequency distribution of respondents based on social demographic characteristics.

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>f</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Genders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Man</td>
<td>18</td>
<td>37.5</td>
</tr>
<tr>
<td>Women</td>
<td>30</td>
<td>62.5</td>
</tr>
<tr>
<td>Educational Background</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elementary School</td>
<td>16</td>
<td>33.3</td>
</tr>
<tr>
<td>Junior High School</td>
<td>5</td>
<td>10.4</td>
</tr>
<tr>
<td>Senior High School</td>
<td>9</td>
<td>18.8</td>
</tr>
<tr>
<td>Higher Education</td>
<td>1</td>
<td>2.1</td>
</tr>
<tr>
<td>Un-educated</td>
<td>17</td>
<td>35.4</td>
</tr>
<tr>
<td>Occupations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>labor</td>
<td>9</td>
<td>18.8</td>
</tr>
<tr>
<td>Private Employee</td>
<td>2</td>
<td>4.2</td>
</tr>
<tr>
<td>Trader</td>
<td>6</td>
<td>12.5</td>
</tr>
<tr>
<td>House-wife</td>
<td>25</td>
<td>52.1</td>
</tr>
<tr>
<td>Farmer</td>
<td>6</td>
<td>12.5</td>
</tr>
</tbody>
</table>

Table 2. described that the average systolic blood pressure of the 48 respondents before receiving SEFT was 140.94 mmHg with a standard deviation of 17.823 mmHg, with a minimum systolic blood pressure of 110 mmHg and a maximum blood pressure of 180 mmHg, and that the average diastolic blood pressure was 78.38 mmHg with a standard deviation of 11.823 mmHg, with a minimum value of 60.

Table 2. Frequency distribution of Diastol and Systol blood Pressure among senior citizents.

<table>
<thead>
<tr>
<th>Blood Pressure</th>
<th>Mean</th>
<th>Standar Deviasi</th>
<th>Minimum</th>
<th>Maksimum</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Sistolik</td>
<td>140.94</td>
<td>17.823</td>
<td>110</td>
<td>180</td>
</tr>
<tr>
<td>Pre-Diastolik</td>
<td>78.38</td>
<td>11.823</td>
<td>60</td>
<td>100</td>
</tr>
</tbody>
</table>

The findings of this study were consistent with those of the Indonesian Ministry of Health in 2021, which said that women make up the majority of senior patients with hypertension. According to Sunardi et al. research’s from 2020, women had a higher probability of acquiring hypertension. The menopause that older women endure may be to blame for this. Changes in the female hormone system affect the menstrual cycle. The generation of female hormones declines as you age (Sartika & Suprayitno, 2018). Higher androgen levels and lower estrogen levels in postmenopausal women are linked to risk factors for cardiovascular system diseases, including elevated blood pressure, according to a systematic analysis conducted by Crandall & Barrett-Connor in 2013. The findings of a study including 2,834 postmenopausal women supported this conclusion, which said that low estrogen levels and high androgen levels in postmenopausal women are linked to difficulties with the cardiovascular system (Zhao et al., 2018). According to the Ministry of Health of the Republic of Indonesia, the prevalence of hypertension declines as education level rises (2021). The percentage of people with hypertension in the population who have never attended school or have never had a job is (42%) and (51.6%), which shows a decline to (22%) and (28.3%) in the group who graduated with higher education degree. A study by Sartika and Suprayitno (2018) on 30 participants divided into two groups–15 participants as the intervention group and 15 participants as the control group–found that 10 participants had a low level of education (66.7%), which may have an impact on their level of knowledge about health and
CONCLUSIONS AND SUGGESTIONS

SEFT is a non-pharmacological therapy that can be used on its own and has seldom any negative side effects. This study discovered that administering SEFT to older patients with hypertension was very beneficial in lowering blood pressure. Regular application of SEFT is essential for it to be effective in lowering the blood pressure of hypertensive individuals. SEFT requires daily downtime of 10–15 minutes. Additionally, self-motivation is necessary to boost compliance. Women made up the majority of the respondents to this study, and most of them were housewives. In addition, the vast majority of responders had no formal schooling. Understanding is a hurdle in and of itself when adopting SEFT, which has three steps to it. Finding the issue that the respondent is currently struggling with is one of the steps.

Acknowledgment (If Necessary)

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ETHICAL CONSIDERATIONS

Funding Statement.

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Conflict of Interest Statement

Authors declared there is no conflict of interest.

REFERENCES


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