



EFFECTIVENESS OF SPIRITUAL EMOTIONAL FREEDOM TECHNIQUES (SEFT) IN THE MANAGEMENT OF SLEEP QUALITY AND DEPRESSION AMONG OLDER ADULTS

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ABSTRACT

Background: Older adults often experience sleep disturbances due to the physiological decline of aging. Sleep disturbances predict physical and mental health problems in older adults, especially a risk of depressive symptoms. SEFT (Spiritual Emotional Freedom Technique) is a therapy that combines spiritual power energy through prayer and psychology to improve the condition of mind, emotions, and behavior. Since little is known about the SEFT used to enhance sleep quality and reduce depressive symptoms in older adults. This study aimed to explore the effect of the Spiritual Emotional Freedom Technique (SEFT) on sleep quality and depression in older adults. **Methods:** This study used the quasi-experimental pretest-posttest design with a control group. Forty-six older adults in nursing homes participated in this study, divided into the experimental and control groups. Data were analyzed using descriptive statistics, Mann–Whitney (U), and Wilcoxon tests. **Results:** This study showed significant differences in sleep quality (p-value: 0.03) and depression (p-value: 0.05) in older adults before and after the implementation of SEFT. The results of the Mann Whitney Test – (U) test indicated a significant difference in the sleep quality of the participants in the intervention group compared to the control group (p-value: 0.011). However, conversely, there was no significant difference in depression symptoms of the older adults in the control and intervention groups after implementing SEFT (p-value: 0.075). **Conclusions:** Our findings infer that the SEFT can be considered a useful nonpharmacologic approach to improve sleep quality and depression among older adults in nursing homes. However, further research is needed concerning the impact of SEFT on older adults' depression.

Keywords: Older Adults, Spiritual Emotional Freedom Technique, Sleep Quality, Depression

INTRODUCTION

Presently, the elderly population worldwide is increasing rapidly. Also, Indonesia has entered a period of an aging population. Aging is a natural process that reflects the changes experienced during life (Amarya et al., 2018). Aging is associated

with decreased health and body physiological functions (Jayanthi et al., 2010). By 2050, the older adult population will double to 22% or around 2 billion worldwide, aged over 60 (WHO, 2017). In Indonesia, the percentage of older adults reaches 10.82% of the total population



(Badan Pusat Statistik, 2022). In addition, the aging process is related to an individual's susceptibility to health problems, such as sleep disturbances and mental health problems, which increase with age.

Older adults are prone to experiencing health problems, both physical and mental, as a result of the aging process (Kang & Kim, 2022). Due to, physiological decline of aging, older adults often experience sleep disturbances (Miner & Kryger, 2017). As many as 67.3% of older adults experience poor sleep quality (Zhu et al., 2020). In addition, 40-70% of older adults experienced chronic sleep problems, and only 50% of the cases were diagnosed (Kryger, 2014). An enormous percentage of older adults who experience sleep problems is associated with increased mental health problems, including depressive symptoms in older people (Gordon et al., 2022; Hu et al., 2020). Sleep disturbance is one of the main symptoms of depression in older adults (Stickley et al., 2019). Depression is significantly related to worse quality of life in older adults (Ribeiro et al., 2020). Therefore, it is essential to manage sleep problems and depression in older adults.

In Indonesia, providing community-based nursing home services is important to respond to elderly health problems. In treating sleep problems in older adults, health workers have to work closely with treatment staff, work with strategies based on etiology, diagnosis, and evidence-based guidelines for sleep disturbances, and avoid sedative-hypnotics medications. In addition, managing older adults' sleep disorders in the community must consider non-pharmacological interventions as first-line therapy (Ye & Richards, 2018). In terms of depression, several interventions to manage depression include psychopharmacology, electroconvulsive therapy (ECT), psychosocial interventions, and psychotherapy (Etika et al., 2017). SEFT (Spiritual Emotional Freedom Technique) is a therapy that combines

spiritual power energy through prayer and psychology to improve the condition of the mind, emotions, and behavior (Asmawati et al., 2020). Since little is known about the SEFT used to enhance sleep quality and reduce depressive symptoms in older adults, primarily in nursing homes. This study examined the effect of the Spiritual Emotional Freedom Technique (SEFT) on sleep quality and depression in older adults.

METHODS

Study Design and Participants

This study used the quasi-experimental pretest-posttest design with a control group to examine the effectiveness of SEFT on sleep quality and depression in older adults. This research was conducted at a nursing home in Bondowoso, East Java. Forty-six older adults in nursing homes participated in this study, divided into intervention and control groups. Participants in the intervention group received Spiritual Emotional Freedom Technique (SEFT) therapy thrice a week for two weeks and 30 minutes each session. The control and intervention groups also received treatment as usual (TAU), gymnastics once a week.

Instruments

This research used a questionnaire consisting of three parts: demographic data (age, education, work history), a questionnaire to measure sleep quality, and a depression questionnaire in older adults. The Pittsburgh Sleep Quality Index (PSQI) was used to measure sleep quality in older adults. This questionnaire consisted of 7 components: (1) subjective sleep quality, (2) sleep latency, (3) sleep duration, (4) sleep efficiency, (5) sleep disturbance, (6) sleeping medication use, and (7) daytime dysfunction using a Likert scale from 0 to 3. The total PSQI score is 0 to 21, with the lowest score indicating favorable sleep quality (Setyowati & Chung, 2021).

To measure depression in older adults using the Geriatric Depression Scale (GDS)



Questionnaire. GDS is a self-rated questionnaire with 30 questions with a yes or no response. The GDS score range is 0 – 30, with higher values indicating symptoms of severe depression (Huang et al., 2017; Yesavage et al., 1982). The PSQI and GDS questionnaires have been translated into Indonesian and passed the validity and reliability tests (Alim et al., 2015).

Data Analysis

Descriptive analysis was used to summarize participant characteristics. Data

were analyzed using the SPSS Version 26 Program. The Wilcoxon tests were performed to analyze the effectiveness before and after implementing the Spiritual Emotional Freedom Technique (SEFT) on control and intervention groups. The Mann-Whitney (U) test was used to analyze the effect of the Spiritual Emotional Freedom Technique (SEFT) on control and intervention groups after the implementation of the Spiritual Emotional Freedom Technique (SEFT). The level of significance was set at a p-value < 0.05.

RESULTS

Table 1. Characteristic of Participant

No	Characteristic	Control Group		Intervention Group	
		N (23)	%	N (23)	%
1	Age (Mean (SD))	72.43 (6.265)		74.09 (10.488)	
2	Gender				
	Male	5	21.7	16	69.6
	Female	18	78.3	7	30.4
3	Education				
	Not Attend School	2	8.7	1	4.3
	Primary School	4	17.4	5	21.7
	Junior High School	12	52.2	12	52.2
	Senior High School	5	21.7	5	21.7
4	History of Job				
	Did not have job	13	56.5	8	34.8
	Self-employee	10	43.5	13	56.5
	Private sector			2	8.7

This study indicated that the average age of older adults was more than 70 years (72 years in the control group and 74 years in the intervention group). Most participants (78.3%) in the control group were women, whereas most in the

intervention group were men (69.6%). More than half of the participants (52.2%) had a junior high school, and 56.2% of the participants in the control and intervention groups had a history of being unemployed and self-employed, respectively.

Table 2. Wilcoxon Test

Category		Median (Min – Max)	Negative Rank	Positive Rank	Ties	P-Value
Sleep Quality Control Group	Pre	7.61 (2 - 13)	10	12	1	0.845
	Post	7.48 (2 - 13)				
Sleep Quality Intervention Group	Pre	7.30 (2 - 13)	11	1	11	0.03*
	Post	5.43 (2 - 11)				
Depression Control Group	Pre	11.70 (3 - 21)	10	9	4	0.936
	Post	11.70 (3 - 21)				
Depression Intervention Group	Pre	11.00 (7 - 17)	12	2	9	0.05*
	Post	9.26 (6 - 15)				



*significance was set at a p-value < 0.05

Table 2 presents the results of the Wilcoxon test. The results showed that before and after SEFT implementation, the average sleep quality score decreased in the control and intervention groups, 0.13 and 1.87, respectively. In comparison, the depressive symptoms scores before and after SEFT in the intervention group decreased by about 1.74, whereas there was no change in depression scores in the control group. In addition, the analysis indicated significant differences in the average sleep quality and depressive symptoms in the intervention group before and after SEFT, with p-values of 0.003 and

0.005, respectively. In contrast, in the control group, there was no significant difference between before and after the implementation of SEFT, with p-value of 0.845 and 0.936.

This study also demonstrated a significant difference in sleep quality in the control and intervention groups after SEFT administration, with a mean difference score of 2.05 and a p-value of 0.011. However, in terms of depression in older adults, there was no significant difference in the control and intervention groups after SEFT, with a p-value of 0.075 (Table 3).

Table 3. Mann Whitney (U) Test

Variable		Mean (Min – Max)	Mean Rank	P-Value
Sleep Quality	Control	7.48 (2 – 13)	28.48	0.011*
	Intervention	5.43 (2 - 11)	18.52	
Depression symptoms	Control	11.70 (3–21)	27.00	0.075
	Intervention	9.26 (6 – 15)	20.00	

*significance was set at a p-value < 0.05

DISCUSSION

The finding of this study indicated that implementation of SEFT has a significantly positive impact on sleep quality and depressive symptoms in older adults in the intervention group. SEFT (Spiritual Emotional Freedom Technique) combines Spiritual Power Energy, Psychology, and Spirituality therapy that can alter a person's emotional state into relaxation (Asmawati et al., 2020). SEFT was developed from the Emotional Freedom Technique (EFT), which is given prayer and spiritual elements to reduce psychological and physical problems (Zainuddin, 2009). Spirituality is positively related to individual psychological well-being through changes in healthy lifestyle behavior (Božek et al., 2020). Spiritual health also influences coping with disease and recovery from illness (Najafi et al., 2022). SEFT, which combines physical and

spiritual healing, can boost relaxation and spiritual health to improve health.

SEFT is significantly associated with increased sleep quality in the intervention group (pre-post intervention) compared to the control group. These findings were in line with research by Lisarni et al. (2022) which concluded that SEFT could enhance sleep quality in cancer patients by reducing fatigue. Also, in older adults with sleep disorders such as insomnia, SEFT can significantly help improve the quality of their sleep (Suryadin et al., 2022). Furthermore, tapping in SEFT can relieve fatigue, worry, and other feelings of inhibition (Blacher, 2023). In addition, the spiritual aspect, namely the individual's spiritual health, is also significantly related to sleep quality (Eslami et al., 2014).

SEFT had positive effects on depressive symptoms in older adults,



although when compared to the control group, SEFT did not demonstrate significant statistically. SEFT is associated with lowered levels of depression in older adults (Etika et al., 2017). SEFT is a development of EFT, which positively promotes happiness and decreases blood pressure, heart rate variability, and cortisol, which is significantly related to declining depression (Bach et al., 2019). The combination of EFT, a contemporary psychological technique that can improve mood and spirituality, which can increase the ability to cope with distress, can improve individual mental health (Harbottle, 2019; Lucchetti et al., 2021). EFT is a helpful therapy for older adults with sleep disturbances and symptoms of depression (Souilm et al., 2022). The spiritual component in EFT makes SEFT a promising therapy that can improve sleep quality and depression in older adults, especially older adults in nursing homes.

CONCLUSION

The spiritual Emotional Freedom Technique (SEFT) affects sleep quality and depressive symptoms in older adults in the intervention group. SEFT is a holistic practice studied and applied to oneself, especially older adults. Health workers may consider teaching SEFT to older adults to improve their health. SEFT can be considered a practical nonpharmacologic approach to improve sleep quality and depression among older adults in nursing homes. However, further research is needed to strengthen these findings, especially concerning the impact of SEFT on older adults' depression.

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