

Spiritual Emotional Freedom Technique on Reducing The Symptoms of Patients at Risk of Violent Behavior in The Work Area UPTD Puskesmas Karangrejo in 2024

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ABSTRACT

Background & Objective: The purpose of this study was to apply the spiritual emotional freedom technique to reduce the symptoms of patients at risk of violent behavior in the UPTD Puskesmas Karangrejo Work Area. **Method:** Data collection methods using mental nursing care assessment sheets and SEFT SOP sheets. The study used two mental patients with the problem of risk of violent behavior. **Result:** The results of nursing care obtained the results of evaluations that researchers conducted on clients based on the criteria that researchers compiled on the diagnosis of risk of violent behavior resolved on day 3 of the implementation of nursing care by providing SEFT to two patients, where both patients did not show signs of violent behavior and both patients were able to apply spiritual emotional freedom technique 5 times within one day. **Conclusion:** Suggestions for patients and families can apply the position of spiritual emotional freedom technique when to reduce signs of violent behavior and as an alternative in reducing the impact of patients who experience the risk of violent behavior in mental patients.

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Introduction

Mental health is a state of complete physical, social and mental health, not just without disease or disorder. Mental health can be said that an individual is mentally healthy if in his physical mental and social conditions there is no disturbance (disease) and or not in a state of depression. So that the individual can carry out an effective, efficient life and be able to have satisfying social relationships (Wijaya & Putri, 2017). Mental Health is a condition that occurs in a person to prevent stressors. Mental health is the creation of harmony with mental functions to deal with a problem

independently and create a sense of happiness in every human being (Adiputra et al., 2021).

Mental disorders are changes that are characterized by various factors such as mood, behavior, thinking and cognition. Mental disorders are also a syndrome caused by various patterns of behavior that are typically associated with a symptom of suffering in one or more important functions in humans (Fathoni, 2022). According to the World Health Organization (2018), chronic and serious mental illness affects 21 million people and 23 million people in general worldwide more than 50% of people with schizophrenia do not receive appropriate treatment, and 90% of people with untreated schizophrenia live in low and middle income countries. Based on data (Riskesdas, 2018), it appears that the prevalence of mental emotional disorders characterized by symptoms of depression and anxiety in the population aged 15 years and over reaches approximately 6.1% of the total population of Indonesia. The prevalence of severe mental disorders such as schizophrenia is currently around 400,000 or 1.7 per 1,000 population. The prevalence of schizophrenia in Indonesia is 6.7% per 1,000 population. In DKI Jakarta province, the prevalence rate is 6.6%. The prevalence of mental disorders suffering from schizophrenia/psychosis is highest in Bali with a result of 11.1% per 1000 population (Riskesdas, 2018).

Risk of Violent Behavior or RPK is a condition where individuals experience or have a history of injuring themselves, others and the environment both physically, emotionally, sexually and or verbally due to the inability to control or control their anger constructively (Putri dkk, 2019). In patients with mental disorders with schizophrenia, especially with violent behavior problems, one of the clinical manifestations that often appear is angry actions. In reducing the risk of violent behavior, one of the actions that can be taken by nurses is the implementation strategy (SP) (Sujarwo & PH, 2019).

Globally, the risk of violent behavior is considered one of the significant mental health problems due to its social and economic burden. People with schizophrenia have a higher risk of experiencing stigma, social exclusion, and loss of functional ability, which can exacerbate the risk of aggressive behavior. However, it is important to note that most people with schizophrenia are not predisposed to violent behavior. Factors such as lack of support, medication non-compliance, or an unsupportive environment may increase this risk (Ardiansyah, 2021).

The risk of violent behavior is a severe and chronic mental disorder that affects 45 million people worldwide (WHO, 2023). SKI data (2023) shows that the prevalence of severe mental disorders in the Indonesian population is 1.7 per mile, and mental emotional disorders in the Indonesian population are 6%, the most severe mental disorders experience the risk of violent behavior. Data from Lampung Provincial Mental Hospital in 2023, the number of people with mental disorders was 17,465 people and 8,007 people (45.8%) experienced the risk of violent behavior.

The risk of violent behavior is a situation where a person commits actions that can be physically harmful to themselves, others, and the environment. This is done to express feelings of upset or anger that are not constructive (Stuart and Sundeen, 2018). The risk of violent behavior is the possibility or potential for someone to show aggressive or violent actions that can pose a physical or psychological threat to themselves or others. In the context of mental health, especially in conditions such as schizophrenia, bipolar disorder, or certain personality disorders, the risk of violent

behavior arises as a result of impaired impulse control, thought distortion, or impaired perception of reality (such as hallucinations or delusions) (Syah, 2024).

The risk of violent behavior can have serious consequences both for the individual experiencing it and for those around them. The individual is at risk of physical injury, social isolation, stigma, and increased anxiety and depression, which can worsen their health condition. For families and the environment, this risk can lead to psychological trauma, strained relationships, and reduced quality of life due to fear and conflict. More broadly, health institutions and society may face additional burdens in terms of safety and cost of care. Appropriate treatment through psychological support and medical management is necessary to reduce these impacts and prevent the risk of violent behavior from escalating further (Hisham, 2022).

Addressing the risk of violent behavior involves complementary pharmacological and non-pharmacological approaches. Pharmacologically, medications are used to control psychotic symptoms underlying the risk of violence, such as hallucinations, delusions, or mood disorders. Antipsychotics such as risperidone, olanzapine, and haloperidol are often given to reduce the intensity of such symptoms, while benzodiazepines can be used as tranquilizers in acute situations. Mood stabilizers, such as lithium or valproic acid, are also beneficial for patients with bipolar disorder or schizophrenia with aggressive episodes. The use of these drugs must be closely monitored by medical personnel to ensure their effectiveness and avoid side effects that may appear (Meida, (Cahyani, 2022).

Efforts that can be made to overcome patients with the risk of violent behavior are to provide nursing care to patients by fostering a trusting relationship, helping to identify the causes of the risk of violent behavior, teaching and training patients how to control anger, inviting patients to participate in group activity therapy (TAK) activities (Anisa et al., 2021). One way that can be done is with spiritual emotional freedom technique (SEFT). SEFT itself was discovered by Gray Craig, an engineer who graduated from Stanford University (USA). The SEFT method by Ahmad Faiz Zainuddin as the founder of SEFT has added a spiritual side that focuses more on controlling emotions and thoughts with a little light tapping. SEFT intervention in the body's energy system is what can change the chemical conditions in the brain (neurotransmitters) which in turn can change a person's emotional state. In addition, SEFT is effective, easy, fast, cheap, the effect can be permanent, there are no side effects, it is universal, empowers individuals (does not depend on the therapist), can be explained scientifically (Marni, 2023).

Research conducted by (Syaila, 2022). found that after SEFT there was a decrease in cortisol secretion which had an impact on reducing the level of stress and anxiety of respondents. SEFT using tapping can balance the body's blocked energy system which can result in changes to thoughts, behavior, and emotions. (Rumampuk & Thalib, 2020) SEFT therapy has an effect on emotional problems after therapy for 5 consecutive days. SEFT can be done with several methods, namely The Movie Technique, Borrowing Benefit (BB), Journaling, Tell the Story Technique. In this study, the implementation of SEFT therapy used the Borrowing Benefit technique, where respondents followed the flow of SEFT therapy (tapping) by watching the instructor directly or using a video. Borrowing Benefit also allows many people to achieve emotional freedom without having to understand SEFT and will dramatically increase the effectiveness of SEFT conducted in groups (Setiaji, 2020).

Based on the results of a pre-survey conducted by researchers on September 14-15, 2024 in the working area of the Karangrejo Health Center, the results found that there were 60 patients with mental disorders diagnosed with schizophrenia, patients came to the Karangrejo Health Center with almost the same complaints, namely anger with high emotional levels and difficult to control. Based on the findings that researchers found when providing nursing care to ODGJ patients with the problem of risk of violent behavior, the patient said that if anger began to appear it was difficult to control it, and felt like damaging and hurting others. Based on these results, the researcher is interested in providing nursing care to patients at risk of violent behavior using spiritual emotional freedom technique in the Karangrejo puskesmas work area.

Objective

The purpose of this study was to apply the spiritual emotional freedom technique to reduce the symptoms of patients at risk of violent behavior in the UPTD Puskesmas Karangrejo Working Area.

Method

Data collection methods using mental nursing care assessment sheets and SEFT SOP sheets. The study used two patients with mental disorders with the problem of risk of violent behavior.

Results

Analysis of Patient Characteristics

The results of the assessment that have been carried out obtained data on the first patient, namely the name Mrs. H, female gender, age 50 years, address Karangrejo Village, Metro City. Meanwhile, the second patient obtained data Mrs. F aged 46 years and female. According to the Indonesian Ministry of Health in 2019, the age range of 46 - 65 years is the elderly and the age of 65 years and over is included in the elderly category.

Welton (2019) states that adulthood is an age of high risk of mental disorders. Stuart (2013) states that age is a socio-cultural aspect of mental disorders with the highest frequency risk at the age of 22-44 years. According to Jalil (2014), adulthood is a period of maturity from cognitive, emotional, and behavioral aspects. Failure to achieve maturity will make it difficult to meet the developmental demands of this age, which can have an impact on mental disorders.

According to Hastuti (2023), it was found that sociocultural factors were economic problems from clients and families. Client characteristics that have the most influence on violent behavior include: gender and age history of violent behavior. Researchers assume that increasing age can affect a person's individual coping. Ineffective coping can cause a person to experience signs and symptoms of violent behavior.

According to research by Trivendi and Shina (2009) reported that the level of stress in women is higher than men, in adulthood there are many stressors that come from the work environment, household, community so that a person is easier to experience stress and is at risk of violent behavior. Where men have a very large role as the backbone of their family whose role is to make a living is no longer productive, the result will be severe illness. According to Westly (2020), men are more easily angered or offended which is often accompanied by chaos. In general, women tend to

be more angry and aggressive than women. The nature of testosterone to the process of brain development of male babies since they are still in the womb.

Researchers concluded that the female sex has a very high potential to experience signs of violent behavior. Where visible signs and symptoms that often appear in these patients.

Analysis of Major Nursing Problems

Nursing problems are clinical assessments of individuals, families or communities against actual or potential health problems or life processes as the basis for selecting nursing interventions to achieve the desired results (Rohman and Walid, 2020).

The results of nursing care in the first patient obtained data on the main problems that arose, namely the risk of violent behavior, which was characterized by, the family said the patient was angry at home, the family said the patient tried to hurt the people around him, the family said the client was shouting at home and trying to damage things, the client said he was angry because he was annoyed with his dirty and messy house, the client looked angry, the client's eyes were red, the client's hands seemed to always be clenched and the client looked sweaty a lot. While the results of nursing care for the second patient, the client's family said that the patient at home was angry and the patient had broken the furniture in the house, besides that the patient held a knife wanting to hurt the people around him, the patient broke out in a cold sweat, red eyes and hands clenched, when asked the patient said he was upset with his family because when he spoke his family no one answered him.

According to Susilowati's research data (2023), it shows that someone who cannot vent their anger and the signs and symptoms arise are angry, slamming things, talking loudly, unstable affect, sometimes inhokem, pacing, sad, suddenly happy. According to research (Syaifuddin, 2019) shows that the results of most of the reasons for admission of patients with mental disorders of violent behavior are 62%. The characteristics that patients often show are tantrums, harsh speech, hurting people, the environment and others.

According to Stuart (2009), violent behavior can be seen from the face tense, can not be silent, clenching or banging hands, jaw tightening, increased breathing, and sometimes suddenly like a catatonic. Physiological response, all clients showed a tense face, 52 (88%). According to researcher data Yuniar (2017), concluded that the symptomatic signs of bulging eyes or sharp eyes before assertive training before training there were 7 patients who showed these signs and symptoms, while after doing the exercise the patients who showed signs of symptoms were only 2 people. According to the data of researcher Netrida (2015), concluded that the symptom of bulging eyes or sharp eyes that there were as many as 50 (80.7%) who showed a physiological response.

According to research (Syaifuddin, 2019) concluded that the signs and symptoms of clenching the hands were 40 (67.7%) respondents. Patients show a physiological response where there are clenched fists, bulging eyes / sharp eyes, red face, sharp eyes, clenching the jaw strongly and others. According to (Ganong, 2019), the most common physiological responses are red face, sharp eyes, clenched fists. Clients at risk of violent behavior show signs of symptoms that are more prominent. Researchers can conclude that of the 16 respondents all have signs and symptoms of clenching their fists. Clenching the fist is an angry reaction from the physiological response shown by

the patient whose direction is to show his emotions and show clearly to others that the patient is angry by clenching his fist.

Researchers assume that a sharp look is an expression of anger and surprise from someone who experiences bulging eyes, while a sharp look is something that indicates someone is thinking or imagining their feelings. signs of these symptoms in patients with violent behavior because patients are unable to control their emotions, and hold them or suppress them because they are unable to control their emotions. A tense face is someone who feels unhappy in his place of existence or his current condition that is being suppressed by the patient.

Analysis of Nursing Actions Based on Nursing Diagnoses

Nursing actions are all care actions that nurses perform on behalf of clients. These actions include interventions initiated by nurses, doctors or collaborative interventions. Nursing interventions that can be used based on theory, namely, nonpharmacological therapy by giving honey during wound care. (Sulamingsih, 2018) After determining nursing then the author compiles plans and actions according to theory.

Interventions that are carried out in both patients are in accordance with the diagnosis that is established. For the main nursing diagnosis, namely the risk of violent behavior, nursing care planning will be carried out on clients with these nursing problems based on the outcome criteria, namely after taking nursing care actions for 3x24 hours, it is hoped that self-control will increase with Outcome Criteria: verbalization of threats to others decreases, verbalization of swearing decreases, loud voices decrease, speaking glibly decreases. At the time of the nursing evaluation, the patient's level of self-control increased, the patient began to improve on day 3 where there were no signs of risk of violent behavior.

In nursing interventions the author combines with Spiritual emotional freedom technique, but aggression does not always arise because of frustration. Provocation can also be the cause of aggression. For this reason, an angry response arises, as evidenced by the high anger aspect when Spiritual Emotional Freedom Technique is performed. Spiritual Emotional Freedom Technique is an effective technique to overcome problems related to negative emotions (Gunawan, 2012). With the SEFT action given by tapping two fingers on 12 meridian points, the recovery of motor function and the immune system can be stimulated by the immunomodulatory effect so that it affects the level of aggressiveness of patients at risk of violent behavior which was previously high to low.

Spiritual Emotional Freedom Technique is done once a day for 7 minutes in 3 consecutive days. The first day before therapy, patient RPK showed an improved non-verbal response. After doing Spiritual Emotional Freedom Technique, clients who initially had a high level of aggression said they felt more relaxed, calm and slept better at night, there were even patients at risk of violent behavior who said that every time after doing therapy it felt fresh like they had finished bathing. This statement is also supported by the facial expressions of patients at risk of violent behavior who are calmer and enjoy the activities they do.

The results of a systematic review conducted by Sebastian & Nelms (2017) show that a series of 4-10 EFT sessions is an effective treatment for PTSD (posttraumatic stress disorder), anxiety, depression with various populations. Church (2010) in Sebastian & Nelms (2017) conducted research on 11 veterans who had symptoms of

psychological disorders such as depression, anxiety, posttraumatic stress disorder (PTSD) stating that after EFT therapy was carried out on veterans with psychological trauma problems, the results showed a significant decrease in psychological distress. This also shows that the benefits of Spiritual Emotional Freedom Technique can change a person's emotions.

Researchers assume complementary therapy: Spiritual Emotional Freedom Technique which is performed 5 times for 3 consecutive days to patients at risk of violent behavior and effectively influences the level of aggression. Before the Spiritual Emotional Freedom Technique was carried out, patients at risk of violent behavior had a high level of aggression, while after complementary therapy: Spiritual Emotional Freedom Technique some patients at risk of violent behavior experience changes in high aggression levels. During the research process, patients at risk of violent behavior seemed happy and cooperative enough to participate in activities every day because they considered this activity as part of the healing process.

Nursing Action Analysis According to Research Results

The results of nursing evaluation in both patients after nursing care using Spiritual Emotional Freedom Technique on the third day of the patient The client said he felt calmer, the client said his house was neat, fragrant and clean, the client said he was no longer upset, the client seemed able to do Spiritual emotional freedom thecnique, the client seemed cooperative, the client was able to control anger in a spiritual way and BP: 130/90 mmHg, pulse 80x/min. In the first patient, the pre-test rupa scale score was 14 yes and no 9 and in patient 2, the rupa score was found to be 13 no 8 after implementation for 3 days, the same rupa score was obtained showing yes 4 and no 20.

Both patients have shown a decrease in signs and symptoms of violent behavior after the SEFT therapy intervention for three days. Patients show positive behavioral changes. These results can also be seen from the patient's facial expression which looks cheerful, then the patient becomes cooperative when an interview is conducted, the patient does not look angry, and the patient can demonstrate how to control feelings of anger by beristigfar, deep breathing, and hitting a pillow. Therefore, based on the results obtained, the nursing interventions provided can be continued to overcome the problem of violent behavior in schizophrenic patients.

According to Energy Psychology theory, every human being has an energy system that functions to regulate all systems in the body both physically and psychologically. The energy system consists of a life force or ocupoint that acts as a generator and supplier of energy to the cells of the human body, and 365 meridian pathways of the body as its path (chi) (Church, 2012) Stimulation of the ocupoint releases opioids, serotonin, and gamma-aminobutyric acid (GABA) which have been studied to reduce pain, slow heart rate, and reduce anxiety and help regulate the stress hormone cortisol. (Nelms, 2016).

Spiritual Emotional Freedom Technique (SEFT) therapy is a therapy with simple finger tapping on the body's meridian points, this therapy uses a combination of psychological energy with spiritual strength, so that SEFT is not only a healing technique, but also increases a person's connection with God in a spiritual space. (Supeno, 2019). Psychological energy and spiritual power are the basis used in SEFT therapy. Psychological energy is the use of the body's energy system in changing an individual's thoughts, emotions and behavior. Energy disturbances in the body can

affect the brain's chemical system 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 the human relationship with God the creator, realize the weaknesses as a human being who needs God's help, and create a sense of introspection, be careful in acting in life so that humans are more peaceful and prosperous.

SEFT (Spiritual Emotional Freedom Technique) is a healing technique that combines the power of psychological energy with prayer and spirituality. Psychological energy is a science that applies various principles and techniques based on the concept of the body's energy system to improve the condition of a person's thoughts, emotions and behavior. According to (Maharani & Mustika, 2017), SEFT therapy (spiritual emotional freedom technique) is a therapy using simple movements that are carried out to help solve the problem of physical and psychological pain problems, improve performance and achievement, achieve peace and achievement and meaningfulness of life.

In line with research (Cahyani, 2022) on the aggressiveness of patients at risk of violent behavior that after SEFT is done there is an influence on the aggressiveness of patients as evidenced by the results of p-value 0.000. However, there are differences in SEFT with the author's research (Evelyn & Pearce, 2020) is the addition of spirituality (praying and surrendering healing to God Almighty) so that it becomes SEFT, in accordance with the theory of founder Faiz Zainudin. Indonesian people who tend to be religious with the precepts of God Almighty make this SEFT therapy easily accepted by respondents. Respondents said they were calmer and more comfortable feeling that there was a higher and greater power that could help them solve emotional problems. In addition to this, the difference between SEFT and SEFT is that during set-up, tune-in and tapping, in SEFT a person focuses on the complaints experienced in detail and believes that healing comes from oneself. Whereas in SEFT a person's focus is not on complaints but on surrender to God and the belief that healing comes from God Almighty.

Discussion

According to systematic review research conducted by (Rumampuk & Thalib, 2020) shows that a series of SEFT sessions is an effective treatment in PTSD (posttraumatic stress disorder), anxiety, fear, depression with various populations. (Wijayanti dkk, 2019) This study was conducted on 11 veterans with symptoms of psychological disorders such as depression, anxiety, PTSD resulting in data after SEFT was carried out showing the results of a significant decrease in psychological distress. This shows that EFT has an influence on a person's emotional state. According to the results of research by Sulistyowati et al., (2018) on the effect of SEFT on patients with low self-esteem in Surakarta Mental Hospital, SEFT can increase patient self-esteem as evidenced by a p-value of 0.002.

Researchers assume respondents after doing SEFT they feel calmer and their angry emotions decrease. Furthermore, in the signs and symptoms, it was found that the respondents experienced a decrease in each PANSS-EC point, such as "not found" or "pathologically doubtful" for restlessness, tension, hostility, uncooperativeness and poor impulse control.

Conclusion

1. Assessment

The assessment found in the two patients, the client's family said that the patient was angry at home without cause and shouting, besides that the patient also tried to hurt people around him and damage existing items. The client said he was upset because his house was dirty and untidy, the patient was seen clenching his fists and red eyes bulging, the patient also appeared to break out in a cold sweat.

2. Nursing Diagnosis

As stated by several experts previously, the list of nursing diagnoses in chapter two found similarities with real cases obtained in both clients with schizophrenia. The similarity is the risk of violent behavior and hallucinations and the difference in nursing diagnoses that arise is a self-care deficit in the second patient.

3. Nursing Intervention

The planning used in the case of the client is adjusted to the nursing problems that are established based on the criteria for major, minor signs and symptoms and the client's current condition with the addition of Spiritual Emotional Freedom Technique interventions on diagnoses of risk of violent behavior for 3 days of treatment by providing Spiritual Emotional Freedom Technique during the meeting process with the patient.

4. Nursing Implementation

Nursing implementation is adjusted to the action plan that the researcher has compiled. Nursing implementation carried out on clients in accordance with planned interventions based on existing theories and in accordance with the needs of clients at risk of violent behavior, namely by applying Spiritual Emotional Freedom Technique actions.

5. Nursing Evaluation

The end of the nursing process is an evaluation of the nursing care provided. In the evaluation that researchers do on clients based on the criteria that researchers compile for nursing diagnoses. The resolved diagnosis is the risk of violent behavior.

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