

The Effect of Spiritual Emotional Freedom Technique on Anxiety Levels of Non-Hemorrhagic Stroke Patients: A Study at RSD Gunung Jati Cirebon

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ABSTRACT

Background & Objective: Non-hemorrhagic stroke can cause both physical and mental problems, one of which is anxiety. Unresolved anxiety can hinder patient recovery. A holistic nursing approach is needed, one of which is the Spiritual Emotional Freedom Technique (SEFT). This study aims to implement SEFT therapy to reduce anxiety in non-hemorrhagic stroke patients in the Stroke Unit Room at RSD Gunung Jati Cirebon. **Method:** A descriptive method with a case study approach involved one respondent diagnosed with non-hemorrhagic stroke. Data were collected using observation sheets and questionnaires. **Result:** A three-day case study showed a decrease in anxiety score from 27 (moderate anxiety) to 8 (no anxiety). **Conclusion:** SEFT therapy has the potential as an effective non-pharmacological approach to reduce anxiety in non-hemorrhagic stroke patients and can be implemented in nursing care by actively involving patients and their families.

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Introduction

Stroke or Cerebro-Vascular Accident (CVA) is a neurological dysfunction that occurs suddenly due to impaired blood flow to the brain (Hariyanti et al., 2020). Stroke is one of the leading causes of disability and death worldwide. According to WHO data, around 12.2 million people suffer from stroke annually, with 6.5 million deaths (WHO, 2023). In Indonesia, stroke accounts for 18.5% of disabilities and 11.2% of deaths (Ministry of Health, 2024). The 2023 Indonesia Health Survey (SKI) recorded a stroke prevalence of 8.3 per 1,000 population, highest in the 65–74 age group, and was the leading cause of death at 19.42% (Ministry of Health, 2024).

Stroke not only impacts physical health but also causes serious psychological problems such as anxiety, depression, and social relationship disorders (Chun et al., 2022). More than 75% of stroke patients reportedly experience post-stroke anxiety due to brain injury caused by stroke as well as emotional changes from secondary residual symptoms such as dysphagia, aphasia, and hemiplegia (Paolucci et al., 2019). This anxiety is triggered by the inability to perform activities as before, fear of death, as well as speech, mobility, and sleep disturbances (Hamjah et al., 2019). Anxiety symptoms may include concentration disturbances, shortness of breath, tremors, restlessness, muscle tension, headaches, and sleep disorders, all of which impact the patient's quality of life (Akbar et al., 2022).

In the nursing context, a holistic approach that includes physical, psychological, social, and spiritual aspects is important in treating non-hemorrhagic stroke patients with anxiety. Jean Watson's Theory of Human Caring emphasizes the importance of empathetic relationships and comprehensive care for patients (Watson J, 2022). One intervention that aligns with this approach is the Spiritual Emotional Freedom Technique (SEFT), a therapy that combines a spiritual approach with tapping on the body's meridian points to address emotional and psychological disturbances (Ichlas T, 2022).

Several studies have proven the effectiveness of SEFT therapy in reducing anxiety levels, including among families of critical patients (Rahmadiana et al., 2021), pre-operative patients (Prabowo, 2019), and students (Cholilah, 2023). In addition, SEFT has also been shown to improve the quality of life of post-stroke patients physically, psychologically, and socially (Thalib & Saleh, 2022).

Based on observations and interviews conducted on February 5, 2025, with Mr. T and his family, it was found that the patient experienced anxiety manifested by sleep difficulties, concentration problems, fear of death, restlessness, and difficulty speaking.

Objective

Based on these findings, the researchers were interested in conducting a study with the aim of implementing SEFT therapy to reduce anxiety in non-hemorrhagic stroke patients in the Stroke Unit Room at RSD Gunung Jati Cirebon.

Method

This study used a descriptive method with a case study approach, employing a one-group pretest and posttest design to measure the anxiety level of non-hemorrhagic stroke patients before and after receiving Spiritual Emotional Freedom Technique (SEFT) therapy.

The subject of the study was Mr. T, diagnosed with non-hemorrhagic stroke, conducted on February 5–7, 2025, at the Stroke Unit Room, RSD Gunung Jati, Cirebon.

The data collected consisted of primary data obtained through interviews, nursing assessments, and physical examinations. This included subjective data (patient complaints) and objective data (observation and physical examination results). Secondary data were obtained from medical records.

The instruments used included a nursing care format covering assessment, diagnosis, planning, implementation, and evaluation; the Hamilton Anxiety Rating Scale (HARS) with 14 items; standard operating procedures for SEFT therapy as a guide for intervention; and additional instruments such as physical examination tools.

Results

The nursing care results showed that SEFT therapy had a positive effect in reducing the anxiety level of Mr. T with non-hemorrhagic stroke. Before intervention, the patient showed moderate anxiety symptoms such as excessive worry, restlessness, tense facial expressions, and difficulty sleeping. Anxiety scores assessed with the HARS indicated moderate anxiety (score 27).

After three consecutive days of SEFT intervention, there was a significant reduction in anxiety symptoms. The patient showed positive responses such as reduced restlessness, decreased tension, improved concentration, and better sleep patterns. The HARS score on the third day showed a decrease to mild anxiety or no anxiety. The patient also admitted feeling calmer and able to think more clearly after the SEFT therapy.

In addition, family participation in the therapy process also enhanced outcomes. The patient became more cooperative in the recovery process and showed interest in continuing SEFT practice independently at home. Overall, the results demonstrated that SEFT therapy was effective as a non-pharmacological intervention to reduce anxiety in non-hemorrhagic stroke patients.

Discussion

The patient expressed fear regarding his condition, appeared restless, tense, pale, and experienced sleep disturbances. These symptoms are consistent with the findings of Salmany et al. (2020), who stated that stroke is associated with long-term psychosocial complications such as anxiety, depression, and social isolation.

The psychosocial model explains that post-stroke depression is caused by difficulties adapting to new conditions, self-care challenges, fear of recurrence, and financial uncertainty (Oni et al., 2018). Zhao et al. (2024) also reported that 35% of non-hemorrhagic stroke patients experienced anxiety. Anxiety can trigger physical symptoms such as frequent bowel movements or diarrhea, shortness of breath, tremors, seizures, muscle tension, headaches, dizziness, and sleep disturbances (Akbar et al., 2022).

Lifestyle factors also contributed to the patient's stroke risk, as he was an active smoker and consumed sugary drinks. The Framingham Heart Study (Pase et al., 2017) stated that consuming sugary drinks doubled the risk of non-hemorrhagic stroke and

dementia. Luo et al. (2022) showed that smoking five cigarettes per day increased stroke risk by 44%, and up to 86% with 35 cigarettes per day.

Based on the assessment, the nursing diagnosis established was anxiety related to the threat of death, supported by relevant subjective and objective data. This diagnosis aligns with SDKI (2022) criteria, including signs such as fear, worry, confusion, difficulty concentrating, restlessness, and sleep disturbances. Chun et al. (2018) also reported that post-stroke anxiety is phobic in nature and closely associated with fear of death and recurrence. Yulanda et al. (2022) added that anxiety is a common issue in stroke patients due to uncertainty in the recovery process.

The intervention referred to SIKI (2018), using relaxation therapy (I.09326) to reduce anxiety—specifically the SEFT technique, involving the set-up, the tune-in, and tapping on meridian points (Ichlas Tribakti, 2022). This approach is consistent with Jean Watson's (2022) theory of the caring moment, where nurses authentically accompany patients in achieving emotional and spiritual balance.

SEFT therapy was carried out for three consecutive days, one session per day lasting about 15 minutes. Its effectiveness was supported by Thalib & Saleh (2022), who found SEFT to reduce anxiety and improve quality of life in post-stroke patients. Anxiety reduction also positively impacted patient involvement in rehabilitation and daily activities. Cholilah (2023) proved SEFT significantly reduced anxiety levels, from severe to mild, after several therapy sessions.

Conclusion

This case study showed that Mr. T, a non-hemorrhagic stroke patient, experienced significant anxiety characterized by fear of disability and death, sleep disturbances, and restlessness. After three consecutive days of Spiritual Emotional Freedom Technique (SEFT) therapy, his anxiety level decreased from moderate to none, with improvements in sleep, relaxation, and cooperation. SEFT therapy can therefore be considered an effective non-pharmacological intervention in nursing care to reduce anxiety and may be practiced independently with family support.

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