

# Spiritual Emotional Freedom Technique (SEFT) to Reduce Depression for Chronic Renal Failure Patients are in Cilacap Hospital to Undergo Hemodialysis

Rias Pratiwi Safitri and Ria Safaria Sadif

**Abstract**—Hemodialysis is the process of separation and retention of excess fluid metabolic waste substances from the blood into the dialysis fluid through a membrane that is semi permeable the dialysis machine by diffusion, ultrafiltration and convection so that the composition of substances and fluids in the near normal blood. Giving SEFT aims to determine the effectiveness SEFT to lower levels of depression in patients with chronic renal failure undergoing hemodialysis. Participants in the study were 12 patients with chronic renal failure undergoing hemodialysis at hospitals Cilacap on Monday and Friday. SEFT includes three stages: *the set-up* (to neutralize the negative energy that is in your body), *the tune-in* (the mind on the place of pain), *the tapping* (lightly tapping with two fingers at specific points on the human body). This is consistent with the techniques used in relaxation techniques in psychotherapy behavioristik. The research instrument was *Beck Depression Inventory* (BDI). The method used in this study is a quasi-experiment research. The design study is a nonrandomized pretest-posttest one group design. With the t-test performed on the data pretest and posttest can be concluded that there are differences in the level of depression experienced by hemodialysis patients before and after treatment the depression levels decreased after therapy. This is demonstrated by the significant results, with paired samples correlations  $0.182 > 0.05$  (significant) and Sig F Change  $0.000 < 0.01$  (highly significant). The results of this study indicate that SEFT effective to reduce the level of depression in patients with chronic renal failure undergoing hemodialysis.

**Index Terms**—Depression, SEFT, hemodialysis.

## I. INTRODUCTION

Hemodialysis is the process of separation and retention of excess fluid metabolic waste substances from the blood into the dialysis fluid through a membrane that is semi permeable the dialysis machine by diffusion, ultra filtration and convection so that the composition of substances and fluids in the near-normal blood. The treatment process can help improve the body's homeostasis, but not to replace the function of the other kidney, so as to maintain the life of hemodialysis patients should perform at least twice a week throughout his life. Cause of kidney failure patients experience problems that are physical, psychological and

social conditions perceived as stressful. Physical problems experienced by patients with chronic renal failure in the form of changes in the body such as fluid overload, anemia, and brittle bones easily and decreased muscle mass. Besides other physical complaints such as tingling, yellowish black color, pruritus, belly, malnutrition, in some patients experience paralysis, nausea, no appetite and decreased sexual function [1].

Data of Riskesdas 2010 showed 59% of deaths in Indonesia due to non-communicable diseases, which require a very large medical expense such as stroke, cancer, diabetes, kidney failure, heart disease, and AIDS (kontak@depkes.go.id). Based on data obtained from Jogja Kidney Care Club in February to March 2013, recorded 952 patients with chronic renal failure who had undergone hemodialysis at 13 hospitals in Yogyakarta.

Psychological problems experienced by patients with chronic renal failure demonstrated from the first time since convicted of patients experiencing kidney failure. Some patients feel frustrated, despair, anger and a sense of trust will not diagnosis a doctor, even a patient who became angry at the doctor and on a hunger strike when he was told that he had kidney failure and had to undergo hemodialysis. From the results of interviews conducted by researchers, obtained after experiencing pain that they feel inferior that they be seldom meeting with others. A patient said that he now rarely go out of the house and no longer active in the neighborhood as it used to, for example, when invited to attend an event in the village he just shut up and listen because he actually feels lazy to attend the event. This is because he feels inferior in front of his friends and felt he could not do anything else, although this time he was able to accept the condition of the disease with the support of a large family so she tried not to give up.

In research [2], about the anxiety experienced by patients with renal failure undergoing hemodialysis will, it was found that patients undergoing hemodialysis (HD) experience various problems arising from kidney malfunction. It pops up every time until the end of life. It is a physical stressor that affects the various dimensions of the patient's life which includes bio, psycho, and socio, spiritual. Perceived physical weakness such as nausea, vomiting, pain, muscle weakness, edema is a clinical manifestation of the patients undergoing HD. Powerlessness and lack of acceptance of the patient into the psychological factors that can lead patients to the levels of stress, anxiety and even depression. The phenomenon that occurs in patients with renal failure hemodialysis mejalani raises about life experiences of chronic renal failure patients who do hemodialysis, there are six major themes emerged,

Manuscript received March 15, 2013; revised May 25, 2013. This work was supported in part by Master of Psychology, Islamic University of Indonesia, SEFT to Reduce Depression for Chronic Renal Failure Patients. Rias Pratiwi Safitri, R. P. Safitri, and Ria Safaria Sadif, R. S. Sadif.

The authors are with the Islamic University of Indonesia (e-mail: rias\_dangkem@yahoo.co.id, tom\_riano@yahoo.com).

namely: anger because his illness had made him suffer, despair, hopelessness, feeling tired undergoing hemodialysis, approximately family support and lack of surrender to the Lord of the disease encountered.

According to Rodin and Karen [1], symptoms of depression are often found in people with physical illness, although it is often unrecognized and untreated as well as in disease due to stroke, heart disease, kidney failure and several other physical ailments or often called veiled by the term depression. Patients who are undergoing treatment at the hospital most of the symptoms of depression caused by or in conjunction with a physical illness. This indicates that the situation was experiencing kidney failure is a condition that is very pressing and this causes the symptoms of depression. This is confirmed by the results of pretest given to several hospitals Cilacap hemodialysis patients using the Beck Depression Inventory (BDI) to assess the extent to which depressive symptoms appear. From the results of the pretest showed that hemodialysis patients showing symptoms of mild to moderate depression.

In detail Beck [1] describes the symptoms of depression symptom-being: emotional symptoms that change the feeling or behavior that is a direct result of the state of his feelings. Cognitive symptoms are cognitive manifestations that appear in the form of a self-assessment of low, negative expectations, blame and self-criticism cannot decide and body image distortion. Motivational symptoms are related to desire and arousal and the people who tend to be regressive-Vegetative symptoms physical symptoms that appear in the form of fatigue, loss of appetite, less sleep, loss of sexual interest, and several other symptoms.

The results of Guide Imagery (a psychosynthesis approach) to a decrease in cancer patients suggest that this therapy can reduce depression in patients with cancer [3]. Guide imagery is one technique used in psychotherapy psychosynthesis [3]. Individuals directed to use their imagination by listening to recordings or directly guided in exploring problems and healing. Guide imagery allows clients to experience the altered state of consciousness, an unusual experience (unusual experiences) in perceiving the world or themselves (self), changes in time, the world, memory, sense of identity (sense of identity), cognitive processes, perception of the world, the use of the body (motor output), and interactions with the world [4]

Assessment of patients for the disease as well as his life experiences will determine the acceptance of self to health. It determines how people respond to the disease, so that will underlie the behavior of the display. With the acceptance of self to health will determine the extent of the patient experiencing symptoms of depression.

Depression experienced by the patient conditions affecting the physical condition that makes it weaker. Therefore takes a very simple technique and has proven to be very effective and efficient to overcome a range of emotions. Needed therapy that uses spiritual elements to reduce the symptoms of depression and physical pain experienced by the patient. The book [5] SEFT used to heal physical problems caused by emotional or psychosomatic. Therefore researchers using SEFT to reduce the symptoms of depression so that self-acceptance is enhanced.

## II. METHODS

Research design this study is a quasi-experiment research, the design study is a nonrandomized pretest-posttest one group design [6]. Dependent variable: Depression, independent variable: Spiritual Emotional Freedom Technique (SEFT). Research participants involved in this study amounted to 12 people with chronic kidney failure patients aged 26-58 years, which is a hospital patient Cilacap. Participants were included in the study had undergone hemodialysis for 3 months to 5 years. Participants are patients undergoing hemodialysis on Monday and Friday at 07:00 to 12:00 pm.

## III. INTERVENTION

Earlier developed SEFT in Indonesia originated from EFT, developed by Gary Craig in the U.S., this technique combines acupuncture science with behavioral techniques in psychology. EFT uses finger to tap these energy points with a certain number of beats and sequence, along with positive affirmations, some relaxation techniques and visualization [5]

Aziz said that SEFT is a method that can be used to improve the SQ one, to unite him with the divine power that enables people to be happier, more certainty in life, the result is not easily stressed. In psychological, SEFT could be interpreted as a method to manage the potential systematic unconscious, so it can be used for multiple purposes in improving the welfare of the soul [7].

According to Zainuddin that SEFT behavioristik based on psychotherapy or behavior, this is evidenced by the model or technique performed in psychotherapy behavioristik, particularly relaxation, meditation, and visualization [8], [9], such techniques in accordance with the stages behavioristik in doing SEFT. Behavioristik approach assumes that people are basically referred to and determined by the social and cultural environment so that people can learn from environmental conditions that determine their behavior. In a relaxation technique to overcome the stress experienced in everyday life, which is often manifested by psychosomatic symptoms, high blood pressure and heart disease, migraines, asthma and insomnia [10].

Thus it can be seen clearly that the model adopted SEFT therapy psychotherapy behavioristik as many similarities of technique or procedure execution [11]. In the implementation of SEFT, consists of three series consisting of; *the set-up* (to neutralize the negative energy that is in your body), *the tune-in* (the mind on the place of pain), *the tapping* (lightly tapping with two fingers certain points on the human body). In the stages of implementation of the required three things, that must be taken seriously, namely humility, unwilling and resigned. This is consistent with the techniques used in relaxation techniques in psychotherapy behavioristik [12].

Before treatment carried out, participants were given a pretest using the *Beck Depression Inventory* (BDI). SEFT implementation requires meeting 3 times so that the time required is 2 weeks. Each meeting takes time for  $\pm$  30 minutes-1 hour. Participants were given an evaluation sheet after the training is completed and given SEFT posttest using BDI. SEFT is guided by two researchers who act as

facilitators and co-facilitators. Research tools are: BDI sheet, attendance sheet, consent form, informed consent sheet, leaflet on depression, SEFT guidebooks, training books.

IV. RESULTS AND DISCUSSION

A. Implementation Research

First meeting: Barriers were found in the therapeutic process relating to the procedure of treatment is the client's physical limitations to writing client concentration and easily distracted while giving the material provided by the therapist. This makes the therapist decided to conduct FGD (Focus Group Discussion). Results from the FGD process that most patients feel very insecure and demotivated because they can not live like normal activities while they are still healthy and have to rely on dialysis equipment should be regularly they do each week and activities that make them often feel bored and want to end their lives.

They feel insecure because of physical changes in the body that is swollen, flaky skin with itching on the skin, the color becomes darker skin, hair loss and the body is powered so as to make them limiting interaction with the surrounding environment by preferring to remain at home. In addition, they lose the motivation to survive because they are limited by the space should not be too much activity, weak physical condition that does not allow them to work, if they do not do dialysis they will not move and unstable so dependent on family members others, and can not perform sexual function so felt it was useless.

The therapist demonstrates SEFT and attended by participants who focus on affirmations that are used for auto-suggestion own clients unwilling to accept the situation and resigned themselves to the authority so that they are more aware of the importance of the self-motivation that could be a cure for physical ailments experienced.

Second Meeting: The therapist practicing again SEFT movements to get participants to better remember the movements are given so that the participants can practice it in their homes better. The therapist wrote in a book evaluation results of the evaluation with the help of co-therapists so that evaluation can be done on an individual basis. Then the overall evaluation by the FGD so that they are more motivated to carry out the healing process despite therapy had ended by sharing experiences for implementing SEFT.

Third Meeting: The therapist SEFT evaluated by asking the participants how far they carry SEFT at home and what changes are felt. They felt no physical symptoms that decrease their body condition is more stable. There's even one of the main participants who said that he did SEFT in the morning and evening, followed by his wife and children, participants felt her to be more qualified, not vomiting blood and more emotionally stable condition. Other participants did SEFT only a few times and did not understand the affirmations in SEFT so do not feel the changes in himself even when his physical condition declined the meeting because of lack of rest and too much to eat vegetables that are not allowed to eat.

Before ending the therapy process, participants were asked to complete the posttest. Posttest results showed that there was reduction in the level of depression experienced by the

participants to perform healing therapies that participants expect the process to be continued healing methods to help patients hemodialysis increase motivation and confidence to face the process of hemodialysis.

B. Result of T Test

With the t-test performed on the data pretest and posttest of 12 patients using the BDI can be concluded that there are differences in the level of depression experienced by hemodialysis patients before and after treatment the depression levels decreased after therapy. This is demonstrated by the significant results, with paired samples correlations  $0.182 > 0.05$  (significant) and Sig F Change  $0.000 < 0.01$  (highly significant).

TABLE I: PAIRED SAMPLES STATISTIC

Pair 1	Mean	N	Std.Deviation	Std.Error mean
Pretest	19.92	12	9.000	2.598
posttest	7.25	12	2.768	0.799

With the results of t-test( see Table I) is significant over all BDI then conducted t tests on the BDI items associated with the physical and psychic to see the difference in the change of physical and psychological symptoms experienced before and after therapy. It can be concluded that there are differences in physical symptoms experienced by patients before and after therapy, with a decline in physical symptoms significantly after therapy. This is indicated by the results of 0,570 paired samples correlations  $> 0.05$  (very significant) and Sig F Change  $0.002 < 0.01$  (significant). In addition, there were no significant changes in psychiatric symptoms before and after therapy.

This is indicated by the results of 0042 paired samples correlations  $> 0.05$  (not significant) and Sig F Change  $0.002 < 0.01$  (significant). Overall it can be concluded that the difference in the level of depression in hemodialysis patients after therapy is given, with lower depression levels after therapy is given. In the BDI are items that measure changes in physical and psychological, of the t test results indicate that the physical changes more visible than psychological changes after therapy.

C. Other Recommendations

In this research need other recommendation intervention for depression reduce to hemodialysis patient. Prominently concerned mental healing, that is islamic relaxation, family gathering for group support maintaining mental and physical health.

V. CONCLUSION

The results of this study indicate that SEFT effective to reduce the level of depression in patients with chronic renal failure undergoing hemodialysis. Based on the assessment by spreading the BDI measure that has been done, it is known that the presence of psychological problems experienced by the patients, indicating that the situation was experiencing kidney failure is a condition that is very pressing and this

causes the symptoms of depression that do Pretest by using the Beck depression Inventory (BDI) to assess the extent to which symptoms of depression that appears.

From the results of the pretest showed that hemodialysis patients showed symptoms of mild depression, moderate and severe. Of the 12 clients who were given gauge Beck Depression Inventory (BDI) 8.33% no symptoms of depression, 36% mild, 33.33% and severe symptoms. Based on the pre-test and post-test given by the participants note that there is a change towards a decrease symptoms of depression, in which test scores 91.67% and 8.33% decline experienced raising test scores.

#### ACKNOWLEDGMENT

This study is one case that was obtained at the time during his professional practice the profession of psychology at the master's level Islamic University of Indonesia.

#### REFERENCES

- [1] R. Iskandariyah, *Hubungan Antara Health Locus of Control dan Tingkat Depresi Pasien Gagal Ginjal Kronis di RS. Ny. R.A. Habibie Bandung*, S.L.: Fakultas Psikologi Universitas Padjajaran, Psikologi Kesehatan, 2006.
- [2] Ratnawati, *Tingkat Kecemasan Pasien dengan Tindakan Hemodialisis di BLUD RSU dr. M.M Bunda Kabupaten Gorontalo*. S.L.: Poltekkes Gorontalo, 2010, vol. 2.
- [3] Pariman, *Guided Imagery (sebuah Pendekatan Psikosintesis) untuk Penurunan Depresi pada Penderita Kanker*, Semarang: Penelitian Fakultas Psikologi Universitas Diponegoro, vol. 3, 2009.
- [4] C. T. Tart. *Psi Functioning and Atered States of Consciousness: A Perspective*. [Online]. 4. Available: <http://www.thegod720.com>
- [5] A. W. Gunawan, *The Miracle of Mind Body Medicine: How to Use Your Mind for Better Health*, Jakarta: Gramedia Pustaka Utama, vol. 5, 2012.
- [6] S. Hadi, *Metodologi Research 4*, Yogyakarta: Penerbit Andi, vol. 6, 2000.

- [7] Mardiyono, *Islamic Relaxation Out Comes: A Literature Review*, Malaysia: The Malaysian Journal of Nursing, vol. 1, no. 1, pp. 25-30, Agustus 2009.
- [8] R. Ariantini, *Pengaruh Spiritual Emotional Freedom Thecnique (SEFT) terhadap Agresifitas pada Anak Jalanan di Lembaga Pemberdayaan Anak Jalanan (LPAJ) Griya Baca Kota Malang*. Malang : Fakultas Psikologi UIN Maulana Malik Ibrahim, 2007, vol. 8.
- [9] N. Hidayat, *Pengaruh Emotional Freedom Technique (EFT) terhadap Peningkatan Harga Diri pada Narapidana Perempuan di Lembaga Permasayarakatan Kelas II A Bogor*, Jakarta: FIK Universitas Indonesia, 2009, vol. 9.
- [10] Subandi, *Psikoterapi Pendekatan Konvensional dan Kontemporer*. Yogyakarta: Pustaka Pelajar, 2002, vol. 10.
- [11] E. Joesoef, *SEFT for Healing*. Yogyakarta: Handout Materi Seminar Magister Profesi Psikologi UII, 2010, vol. 11.
- [12] D. Miller. (2009). Emotional Freedom Technique for Peace. [Online]. 12. Available: [http:// www.findthelighthwithin.com](http://www.findthelighthwithin.com)



**Pratiwi Safitri** was born in Selong City (Indonesia), June 02, 1987. In 2005 to 2009, she was studied in psychology department at Islamic University of Indonesia; 2009-Now Master of Psychology at Islamic University of Indonesia. The author major field of study clinical pshycology. She interned for three months in a psychiatric hospital and worked as a therapist at children with special needs education institution for eight months in 2009 to 2010.

She interned for three months in a psychiatric hospital at Soeroyo Hospital in 2009; interns in public hospitals Cilacap, in poly psychology for 2 months, 2009 to 2010.



**Ria Safaria Sadif** was born Kendari (Indonesia), October 02, 1987. In 2005-2009, she studies at the psychology department at Islamic University of Indonesia; 2009-Now Master of Psychology at Islamic University of Indonesia. The author major field of study clinical pshycology. She interned for three months in a psychiatric hospital at Soeroyo Hospital in 2009; interns in public hospitals Cilacap, in poly psychology for 2 months, 2009 to 2010.