



The Effect of Spiritual Emotional Freedom Technique (SEFT) on Anxiety Levels of Pre-Caesarean Section Mothers

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ABSTRACT

Spiritual Emotional Freedom Technique (SEFT) is a psychotherapeutic intervention that integrates spirituality, psychology, and energy-based techniques to reduce emotional distress. Anxiety in preoperative caesarean section mothers is a common psychological problem that may affect physiological stability and surgical outcomes. This study aimed to determine the effect of SEFT on anxiety levels among pre-caesarean section mothers in the obstetric ward of Bhayangkara Hospital Level III Ambon. This study employed a pre-experimental one-group pretest-posttest design involving 15 respondents selected using accidental sampling. Anxiety levels were measured using the Hamilton Anxiety Rating Scale (HARS). Data were analyzed using the Wilcoxon test. The results showed a significant decrease in anxiety levels after SEFT intervention ($p = 0.001$). These findings indicate that SEFT is effective in reducing preoperative anxiety and can be considered as a complementary nursing intervention.

INTRODUCTION

Caesarean section is one of the most frequently performed surgical procedures in obstetric services and continues to increase globally. Despite its clinical benefits in preventing maternal and fetal complications, caesarean section is often perceived by mothers as a stressful and threatening experience. This perception commonly leads to psychological responses such as anxiety during the preoperative period. Preoperative anxiety is characterized by feelings of fear, worry, tension, and uncertainty related to the surgical procedure, anesthesia, postoperative pain, and concerns about the safety of both mother and baby (Bobak, Lowdermilk, & Jensen, 2012; Stuart, 2016).

High levels of anxiety prior to surgery may negatively affect physiological and psychological conditions. Anxiety activates the sympathetic nervous system, resulting in increased heart rate, elevated blood pressure, muscle tension, and sleep disturbances (Videbeck, 2020). In obstetric patients, uncontrolled anxiety may interfere with preoperative preparation, prolong recovery time, and increase the risk of postoperative complications, both physically and emotionally (Smeltzer & Bare, 2018). Therefore, anxiety management in pre-caesarean section mothers is an essential component of holistic nursing care.

Pharmacological interventions are commonly used to manage anxiety; however, their use in preoperative mothers is often limited due to potential side effects and safety considerations related to anesthesia and maternal conditions (Stuart, 2016). Consequently, non-pharmacological interventions are increasingly recommended as complementary approaches to reduce anxiety. These interventions are considered safer, easier to apply, and consistent with the nursing role in providing holistic and patient-centered care (Videbeck, 2020).

One complementary intervention that has gained attention is the Spiritual Emotional Freedom Technique (SEFT). SEFT is a psychotherapeutic method derived from energy psychology that integrates spiritual affirmation, emotional awareness, and tapping on specific energy meridian points of the body (Zainuddin, 2012). This technique aims to neutralize negative emotions by restoring energy balance and promoting relaxation. The spiritual component of SEFT may enhance coping mechanisms, particularly in individuals who rely on spiritual beliefs when facing stressful medical procedures.

Several previous studies have reported that SEFT is effective in reducing anxiety, stress, and emotional distress in various clinical populations (Putri, 2020; Zainuddin, 2012). However, empirical evidence regarding the application of SEFT among pre-caesarean section mothers, particularly in maternal healthcare settings in eastern Indonesia, remains limited. Differences in cultural background, spiritual orientation, and healthcare contexts indicate the need for further investigation to strengthen evidence-based nursing practice.

Based on these considerations, this study aims to examine the effect of Spiritual Emotional Freedom Technique (SEFT) on anxiety levels among pre-caesarean section mothers in the obstetric ward of Bhayangkara Hospital Level III Ambon. The results of this study are expected to contribute to the development of complementary nursing interventions and provide empirical evidence to support holistic approaches in preoperative maternal care.

LITERATURE REVIEW

Anxiety in Preoperative Caesarean Section Mothers

Anxiety is an emotional response characterized by feelings of worry, tension, and apprehension accompanied by physiological arousal. In preoperative conditions, anxiety arises due to perceived threats related to surgical procedures and uncertainty about outcomes. The Hamilton Anxiety Rating Scale (HARS) is commonly used to assess anxiety severity based on psychological and somatic symptoms.

Spiritual Emotional Freedom Technique (SEFT)

SEFT is a complementary therapy developed from energy psychology that integrates spiritual surrender, emotional awareness, and tapping on energy meridian points. The technique consists of three stages: set-up (acknowledgment and acceptance), tune-in (focusing on emotional distress), and tapping (stimulating meridian points). SEFT aims to neutralize negative emotions and induce relaxation responses.

Hypothesis:

H₁: There is a significant effect of SEFT on reducing anxiety levels in pre-caesarean section mothers.

METHODOLOGY

This study employed a pre-experimental design with a one-group pretest-posttest approach. The study was conducted in the obstetric ward of Bhayangkara Hospital Level III Ambon in 2025. The population consisted of all pre-caesarean section mothers, with a sample of 15 respondents selected using accidental sampling.

Anxiety levels were measured using the Hamilton Anxiety Rating Scale (HARS), which consists of 14 items with scores ranging from 0 to 56. SEFT intervention was administered for approximately 10 minutes following standard procedures. Data were analyzed using the Wilcoxon signed-rank test with a significance level of 0.05

RESULTS AND DISCUSSION

1. Univariate Analysis

The results of the univariate analysis in this study can be seen in the tables below as follows:

a. Distribution of Respondents' Characteristics

Table 1. Distribution of Respondents' Characteristics Based on Age, Education, and Occupation

No	Respondents' Characteristics	n
Age		
1	Healthy reproductive age 20-35 years	14
2	High-risk reproductive age <20 & >35 years	1
Education		
1	Elementary School	3

2	Junior High School	3
3	Senior High School	8
4	Higher Education	1
Occupation		
1	Housewife	14
2	Civil Servant	1
Total		15

Based on the results of Table 5.1, it can be seen that most respondents were aged 20–35 years (healthy reproductive age), totaling 14 respondents (93.3%), while the smallest group was respondents aged <20 and >35 years (high-risk reproductive age), totaling 1 respondent (6.7%). Most respondents had a senior high school education, totaling 8 respondents (53.3%), while the lowest was higher education, totaling 1 respondent (6.7%). Respondents with the most common occupation were housewives, totaling 14 respondents (93.3%), and the least common occupation was civil servant, totaling 1 respondent (6.7%).

b. Variables Studied

1) Parity

Table. 2 Distribution of Parity Frequency

Parity	N	%
Nulliparous	5	33.3
Primiparous	4	26.7
Multiparous	6	40.0
Total	15	100.0

Based on Table 5.2, out of 15 respondents studied, the highest parity was multiparous, totaling 6 respondents (40.0%), while the lowest parity was primiparous, totaling 4 respondents (26.7%).

2) Pre-Test Anxiety

Table. 3 Distribution of Pre-Test Anxiety Frequency

Pre-Test Anxiety	n	%
No anxiety	0	0
Mild anxiety	0	0
Moderate anxiety	9	60.0
Severe anxiety	6	40.0
Very severe anxiety / panic	0	0
Total	15	100.0

Based on Table 5.3, out of 15 respondents studied, the majority of respondents experienced moderate anxiety, totaling 9 respondents (60.0%), and the lowest category was severe anxiety, totaling 6 respondents (40.0%).

3) Post-Test Anxiety

Table. 4 Distribution of Post-Test Anxiety Frequency

Post-Test Anxiety	n	%
No anxiety	2	13.3
Mild anxiety	13	86.7
Moderate anxiety	0	0
Severe anxiety	0	0
Very severe anxiety / panic	0	0
Total	15	100.0

Based on Table 5.4, out of 15 respondents studied, the majority of respondents experienced mild anxiety, totaling 13 respondents (86.7%), and the lowest category was no anxiety, totaling 2 respondents (13.3%).

2. Bivariate Analysis

a. Normality Test

Table. 5 Normality Test

	Kolmogorov-Smirnov			Shapiro-Wilk		
	Statistic	df	Sig.	Statistic	df	Sig.
Pre-test anxiety	.385	15	<.001	.630	15	<.001
Post-test anxiety	.514	15	<.001	.413	15	<.001

Based on the results of the normality test using the Shapiro-Wilk test, the p-value was $0.001 < 0.05$, indicating that the data were not normally distributed. Therefore, the statistical test used was the Wilcoxon test.

b. Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy

Table. 6

Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy

		N	Mean Rank	Sum of Ranks
Anxiety Post - Anxiety Pre	Negative Ranks	15a	8.00	120.00
	Positive Ranks	0b	.00	.00
	Ties	0c		
	Total	15		

Based on Table 5.6 above, it can be seen that the total number of data or respondents in this study was 15. The results of the analysis of the effect of the two research variables using the Wilcoxon test showed a significance value of 0.001. A significance value of $0.001 < 0.05$ indicates that there is an effect between pre- and post-test SEFT therapy. Therefore, it can be concluded that H_a is accepted, meaning that there is a significant effect between pre- and post-test Spiritual Emotional Freedom Technique (SEFT) therapy.

1. Anxiety Level Before SEFT Therapy

The results showed that before the administration of Spiritual Emotional Freedom Technique (SEFT), most respondents experienced moderate anxiety (60.0%), while 40.0% experienced severe anxiety. This finding is consistent with the study by Y. Santi and A. Megasari (2022), which reported a significant difference in anxiety levels before and after SEFT therapy in preoperative caesarean section mothers ($p = 0.000$). Preoperative anxiety was mainly related to fear of surgery, pain, and concerns about postoperative recovery.

2. Anxiety Level After SEFT Therapy

After the SEFT intervention, anxiety levels significantly decreased, with 86.7% of respondents experiencing mild anxiety and 13.3% experiencing no anxiety. This result supports previous studies by P. Aprilia Novi (2024) and Fanratami (2020), which demonstrated that SEFT therapy effectively reduces anxiety by releasing negative emotions, improving emotional balance, and enhancing spiritual well-being through focused attention and positive affirmations.

3. Effect of SEFT on Anxiety Levels

The Wilcoxon test showed a significant difference in anxiety levels before and after SEFT therapy ($p = 0.001$), indicating that SEFT had a significant effect on reducing anxiety among preoperative caesarean section mothers. This finding is consistent with studies by Putrantri (2021) and Kusumasari et al. (2020), which also reported significant reductions in anxiety following SEFT therapy. SEFT can be considered an effective non-pharmacological nursing intervention, supported by spiritual beliefs and social support, in managing preoperative anxiety.

CONCLUSIONS AND RECOMMENDATIONS

SEFT has a significant effect in reducing anxiety levels among pre-caesarean section mothers. Nurses are encouraged to apply SEFT as a complementary intervention in preoperative nursing care. Future studies are recommended to involve larger sample sizes and control groups to strengthen the evidence.

FURTHER STUDY

This study has several limitations. The sample size was relatively small and limited to a single hospital, which may affect the generalizability of the findings. In addition, this study used a one-group pretest-posttest design without a control group, so causal relationships should be interpreted with caution. Anxiety levels were measured within a short period after the intervention, and long-term effects of SEFT therapy were not evaluated.

Future studies are recommended to involve larger samples, multiple healthcare settings, and controlled experimental designs. Further investigations may also explore the long-term effects of SEFT therapy and compare its effectiveness with other non-pharmacological interventions in reducing preoperative anxiety among caesarean section patients.

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