

## Spiritual Emotional Freedom Technique as An Islamic Counseling Approach in Reducing Depression in Elderly Women

**Ningsih Fadhilah, Muasomah**

*Institut Agama Islam Negeri Pekalongan, Jawa Tengah, Indonesia*

*ningsih.fadhilah@iainpekalongan.ac.id, muasomah@iainpekalongan.ac.id*

### Abstract

This study aims to determine the effectiveness of the implementation of SEFT as an Islamic-based traumatic counseling therapy in reducing depression in elderly women, and how these elderly women are a vulnerable group to depression. This study used an experimental method with a Single-Subject Research (SSR) with an ABA design that aims to determine the use of SEFT therapy to treat depression in the elderly. The measurement of depression levels was carried out with Geriatric Depression Scale, scale of 0 to 15. The population of this study was 14 elderly patients in the RPSBM of Pekalongan. The sampling was done by purposive sampling, through various considerations, taking a sample of the elderly who are physically healthy, and not senile, with a total sample of 5 elderly women. Data analysis used descriptive statistics and the Wilcoxon test. The results of this study show that the majority of the elderly in RPSBM experience depression due to unpleasant experiences. The treatment carried out through Traumatic Spiritual Emotional Freedom Technique (SEFT) significantly effective in reducing depression in elderly women, seen from the Wilcoxon statistical test that the probability value is below 0.05, namely  $0.0195 < 0.05$ . The reduction in depression in the elderly ranged from 40% to 56%. Some indications of a decrease in the level of depression in the elderly can be seen from physical and psychological changes. The success of the SEFT technique lies in its strength in strengthening the elderly to be sure, sincere, and grateful for all existing life.

Keywords: depression; elderly; SEFT; Islamic counseling

### Introduction

Elderly is the closing period in a person's life span. This period starts from the age of sixty until death, which is marked by changes that are physically and psychologically decreasing (Annisa & Ildil, 2016). In the elderly, an interesting problem is the lack of ability to adapt psychologically to the changes that occur to them. Decreased ability to adapt to changes and environmental stress often causes psychosocial disorders in the elderly (Kurniawan et al., 2017). Mental health problems that often arise in the elderly are thought process disorders, dementia, emotional disorders such as

depression, low self-esteem, physical disorders, and behavioral disorders. This chronic psychological disorder will have an impact on the physical health (Zainuddin, 2013).

The prevalence of depression in the elderly in the world with an average age of 60 years and an estimated 500 million people. The World Health Organization (2012) states that there are 100 million cases of depression each year. The prevalence of depression in Indonesia is based on the Information Center for Non-Communicable Diseases, the elderly who experience depression is 11.6% (Ministry of Health of Republic Indonesia, 2013). The results of the 2013 Basic Health Research report, states that the prevalence of elderly people aged 55-64 years experiencing depression is 15.9%, elderly people aged 65-74 years are 23.2%, and elderly people aged over 75 years are 33.7% (Ministry of Health of Republic Indonesia, 2013). The prevalence of elderly in Central Java experiencing depression is 12%. The prevalence of depression in the elderly aged 55-64 years was 14.2%, for the elderly aged 65-74 years by 18.0%, for the elderly aged > 75 years by 28.7% (Dinas Kesehatan Jawa Tengah, 2013).

Depression is a mental disorder that often occurs in society. Starting from stress that is not resolved, then a person can fall into a phase of depression. Depression in the elderly can be caused by many things. For example, their economic life is not guaranteed by their family so they still have to work, their fear of being alienated from their family, their fear of being ignored by their children (Mustiadi, 2014). Depression is often ignored because it is considered to go away on its own without treatment. Depression that is not treated properly can end in suicide. Globally, 50% of people with depression are suicidal, but 15% end their life. Major depression can also lead to various physical ailments (Rochman, 2010). Depression is a painful experience, a feeling of hopelessness. According to Ratus, people who experience depression generally experience disorders that include emotional, motivational, functional, and behavioral movements and cognition (Kaplan et al., 2007; Nevid et al., 2005).

People who tend to become depressed are usually very dependent on the love and respect of others. So that when they feel abandoned by loved ones, great primitive anger will emerge and can turn into fantasies of death and fantasies of suicide. Depression is a mental disorder that causes the greatest burden of disabilities. Depression can increase morbidity (pain), mortality, risk of suicide, and have an impact on decreasing the quality of life of the patient and the whole family.

Innovations regarding counseling and psychotherapy techniques have also sprung up throughout history. One of the solutions offered in overcoming mental disorders that is effective is by combining psychology with religious / spiritual aspects. According to Sudirman (2003) in a book entitled Positive Sufism, it states that all life attitudes are taught in Sufism, for example feeling that it is enough to be called "qana'ah", being grateful for favors, being patient with life conditions, being happy with his difficult condition, being optimistic about being called "raja", and love is called "muhabbah". These attitudes are necessary for a happy life. These principles are in line with the principles of Islamic counseling guidance. One of the Islamic-based traumatic therapy techniques that is currently developing is the Spiritual Emotional Freedom Technique (SEFT). In a study by

Church & Brooks (2010) they stated that spiritual emotional freedom technique can reduce anxiety, depression, pain, in health workers. SEFT is seen as an alternative traumatic counseling suitable to be applied to the elderly. Psychologically, the elderly needs more attention and understanding from the young people around them, the elderly physically has experienced setbacks and are prone to stress and depression if their problems do not get attention from their surroundings.

It is very important to understand the problem of depression that occurs in the elderly. Depression is often ignored because it is considered to be able to go away on its own without treatment (Lumongga, D. N., 2016). Depression disorder is a problem in Geriatric health (Dini, A. A., 2013: 117-125.). Besides, increasing age is often accompanied by a loss of basic social function that supports it, because of the death of a partner, retirement, because of their opportunity in conditions and facts that expect them to refrain (Aronson R, Offman HJ, Joffe RT, et al. Treatment of refractory depression. Arch Gen Psychiatry 2005; 53: p. 842-8). The results of the study stated that the elderly with the age of 65 years and over have a higher risk of suffering from depression when compared to the elderly aged 65 years (Lyness et.al, 2009) The elderly will not be able to avoid the natural and gradual aging process (Maryam, 2011). The function of the organs of the elderly will experience a decline because the aging process results in damage to cells, as a result, there will be a decrease in body immunity. The National Elderly Commission (2010) also states that this degenerative condition makes the elderly vulnerable to diseases, including depression.

This research is located in RPSMB (Rumah Perlindungan Sosial Berbasis Masyarakat/ Community Based Social Protection House) at Pekalongan. RPSBM is a shelter service institution for PMKS (Penyandang Masalah Kesejahteraan Sosial/ Persons with Social Welfare Problems) which is directed to prevent and manage risks from shocks and social vulnerabilities. RPSBM Pekalongan becomes a social protection place that accommodates various social mathematics such as the elderly, homeless people, beggars, and several psychotic patients. In its handling, RPSBM collaborates with psychologists, doctors, social services and counsellors even though its human resources are still very limited. Spiritual counseling techniques are part of the implementation of treatments such as spiritual guidance/ spiritual coaching with the application of SEFT techniques to help overcome PMKS problems and researchers go directly to the field with an effort to find out the condition of PMKS after spiritual guidance is carried out especially in the case of elderly patients with depression or depression. having problems with impaired quality of life. This study aims to see the effectiveness of the implementation of SEFT as an Islamic-based traumatic counseling therapy in reducing depression in the elderly, and how these elderly are a group that is prone to depression in gender studies and counseling.

## **Method**

This study used an experimental method with a single subject or Single-Subject Research (SSR) which aims to determine the use of SEFT therapy to overcome depression in the elderly (Sunanto & dkk, 2006). According to Rosnow and Rosenthal (Susanto, Takeuchi & Nakata, 2005), single-subject research focuses on individual data as research samples. The SSR design used in this

study is ABA, which is to determine whether there is a relationship between the independent variable and the dependent variable. The population of this study was all elderly patients in RPSBM, namely 14 elderly consisting of 10 elderly women and 4 elderly men. Sampling was carried out by purposive sampling, in which samples were taken with certain considerations (Sugiyono, 2010). The sample chosen was the elderly who were physically healthy, and not senile. The sample in this study amounted to 5 elderly women. The hypothesis in this study is that SEFT is effective in reducing depression in elderly women. Measurements are made on a scale with GDS (Geriatric Depression Scale). The GDS is a scale of 0 to 15 to measure the subjective intensity of the distress or depression experienced by an individual. Data analysis used descriptive statistics and Wilcoxon test, through SPSS. The hypothesis in this study is Spiritual Emotional Freedom Technique (SEFT) as an Islamic (religious) counseling approach is proven effective in reducing depression in elderly women.

## Discussion

### *Elderly Depression Problems at RPSBM Pekalongan*

The problems of depression are experienced by many elderly women in the RPSBM of Pekalongan, characterized by visible behavior where the elderly lack enthusiasm, meaning, and unclear life goals, peace of mind that has not yet reached calm, are less able to forgive themselves for past events, and close self, besides that the elderly tend to be irritable and have poor coping. From verbal and non-verbal communication, it shows that he experiences deep sadness and is very depressed by the problems he is facing, this condition can be said that the elderly is in a state of depression. Among those who are elderly, some are physically very weak, paralyzed, and senile.

In terms of feasibility, the existing facilities and infrastructure in the RPSBM of Pekalongan City are inadequate, not conducive, and very stressful. Where the elderly's bed is quite small and must sleep with 4 other elderly people in one room. Not only that, but the surrounding atmosphere also makes the elderly feel uncomfortable where every day they have to see psychotic people whose cells are located close to the elderly's room. Every day one must listen to the screams and anger of the psychotic residents.

Like the case of one of the elderly patients of RPSMB Pekalongan, most of them are people who have no family and/or do not have a house, so they are sent to the RPSBM. The problems they experience can be said to be very complex, the majority of them are elderly people who have been neglected by their families. They come from different backgrounds, so they were placed in RPSBM with the hope that they will get a better life than before. In the case of the elderly, they usually stay long enough at the RPSBM because they don't have a family. Many elderly people have died at RPSBM, and the one who takes care of the procession until the funeral is Mr. Mukhlisin as the spiritual guide at RPSBM as well as "lebe" in Kuripan Kidul Village.

The indicators of elderly depression problems are mostly experienced by the elderly at RPSBM, as evidenced by some of the elderly who are lacking in hope, have unclear meaning and life

goals, peace of mind that has not reached calm, self-forgiveness, and courage, then angry and have bad coping (Faizah, 2006: 26). Not a few elderly also refuse to interact with religious leaders by being shown their absence from religious guidance at the hall, the elderly also feel isolated.

One of the elderly with the initials (Rk), an 87-year-old grandmother, shared her deep sadness at being abandoned by her family and when she was interviewed she expressed her deep longing for her grandchild. He said:

*“I am alone, my husband has died and since I went to migrate with my husband, now I have never seen him again. Even Eid, it has been 5 years that I have never returned home. I don't know what condition my child is in now. I often cry and daydream to myself when I remember my grandchildren who I used to take care of. I miss my grandchildren, I am sad why my child never thought of me and even less send me money.”*

The story of a grandmother named Sy, who is 65 years old is also very touching. She said:

*“I am a widow who has no children. I was sent by the head of Kandang Panjang Village to this RPSBM because I had no place to live. My sister has sold her house. I had to obey the head of the village to want to be entrusted to the RPSBM. I used to live with my husband and child in Kandang Panjang Village. I work as a “dukun” in the village, while my husband and children work as laborers. My husband died due to illness and my child later died too. My son's death was unnatural because he was killed. It is not yet known why my son was killed and who did it. I was alone and what made me very sad was that without my permission, my brother had sold my house. Until finally I stayed at a neighbour's house. I am old, I was sanctified by my brother and my family had all died, until finally I was entrusted to this RPSBM.”*

Elderly age 65 years and over have a higher risk of suffering from depression when compared to elderly people aged 65 years (Lyness et al., 2009). Elderly will not be able to avoid the natural and gradual aging process (Maryam & et al., 2011). The function of the organs of the elderly will experience a decline because the aging process results in damage to cells, as a result, there will be a decrease in body immunity. The National Elderly Commission (2010) also states that this degenerative condition makes the elderly vulnerable to diseases, including depression.

The problem of depression in the elderly starts with oneself and ultimately affects the environment and other routine activities. The environment is very influential on the behavior of depressed people, which is generally negative (Irfa'iah, 2017). The social problems that occur usually revolve around interaction problems with coworkers, superiors, or subordinates. Problems that arise are not only in the form of conflict, but can also be in the form of other problems such as insecurity, embarrassment, anxiety, and so on (Wicaksana, 2008).

The following is the data on the level of depression of elderly women in RPSBM Pekalongan through the Geriatric Depression Scale (GDS), in table 1 below:

Table 1. Portrait of Depression of Elderly Women in Pekalongan RPSBM

No.	Name	Age	Marital Status	GDS Score	Depression Level
1	Rk	87	Widow	13	Heavy
2	Sy	65	Widow	14	Heavy
3	Bw	73	Widow	11	Moderate
4	Wt	61	Widow	10	Moderate
5	Oy	78	Widow	13	Heavy

Strengthened through the results of interviews and observations of the elderly, researchers can analyze the presence of indicators that indicate that the elderly are in a state of depression, by observing four aspects, they are physical changes, changes in thinking, changes in feelings, and changes in behavior. With the elderly conditions as follows:

- a. Physical changes: decreased appetite in the elderly, physical weakness, insomnia and restlessness, frequent physical ailments, bone pain, fatigue, headaches, and muscle aches, difficulty walking, etc. Decreased health. Some of them are very serious health conditions, paralyzed and senile;
- b. Changes in thought: dizzy thoughts, slows down in thinking, difficulty concentrating, forgetfulness (difficulty remembering information), loss of self-confidence, anxiety, hopelessness, often thinking about death. There is some loss of contact with reality and hallucinations and senility;
- c. Changes in feelings: Loss of interest in activities that used to be loved, feelings of uselessness, hopelessness, and feelings of great guilt, extreme/excessive sadness, loss of confidence, sudden crying, frequent daydreaming, impatience, irritability;
- d. Changes in behavior: isolating oneself (withdrawing from the social environment), unable to make decisions, and not knowing what to do, more aggressive, sensitive, and fussy, decreased physical activity, difficulty eating and no appetite, increased use of drugs.

From the explanation above, it can be concluded that the elderly are very vulnerable to stress and depression, especially if there is no attention from those around them, low family support, they need people to help them both with their physical and psychological needs as well as assistance in meeting other daily needs. As in the theory of Lunenfeld et al., (2007) stated that in the elderly with depression there were changes from various aspects and experienced mood disorders, these changes included physical changes, thoughts, feelings, and behavior. Bjornlund (2010) explained that with age, aging is unavoidable and changes in physical condition occur; Besides, the elderly begin to lose their jobs, lose their life goals, lose friends, risk of illness, be isolated from the environment, and lonely. Based on data in Canada, 5-10% of the elderly who live in the community experience depression, while 30-40% who live in an institutional environment experience depression and anxiety (Irwan, H., 2013). According to Darmojo & Martono (2004), explaining that the psychosocial of the elderly includes feeling lonely (men 19.8%, women 20.8%), signs of depression, respectively 4.3% and 42% show bad behavior or behavior (7.3% and 3.7%) irritable, irritable (17.2% and 7.1%).

In the theory of developmental stages, Erikson states that the elderly are in a phase of integrity, but if this development is not achieved, then the problem of despair will arise. The psychological integrity phase is the phase when individuals conduct life reviews and evaluations of them which reflect on one's life experiences, interpret, and always interpret life changes (Santrock, 2013). These life changes include retirement, the death of a partner, the need to care for a partner, and illness or physical disability (Nevid et al., 2005). High stressors and unpleasant life events cause mental and psychosocial problems in the elderly such as short-term memory, frustration, anxiety/anxiety, loneliness, and depression (Hawari, 2011).

Several factors cause depression, such as genetic, biochemical, environmental, and psychological factors. In general, the elderly who experience depression is characterized by a persistent depressive mood that does not rise, significant disturbances in daily functions or activities, and may think or attempt suicide (Licinio & Wong, 2005). In the elderly, depression symptoms are more common in people with chronic diseases, cognitive impairments, and disabilities. Concentration difficulties and executive function in depressed elderly will improve after depression is resolved (Alexopoulos, 2005).

### *The Effectiveness of Traumatic Spiritual Emotional Freedom Technique (SEFT) Counseling in Reducing Depression Levels in Elderly Women*

The SEFT technique was significantly successful and effective in relieving depression in elderly female patients at RPSBM. Based on the results of the Geriatric Depression Scale (GDS) score, it is proven to have decreased, as described in table 2 below:

Table 2. Decreasing Depression Levels in Elderly Women through Traumatic Spiritual Emotional Freedom Technique (SEFT) Counseling Therapy at RPSBM Pekalongan

No.	Name	Age	Marital Status	GDS Score (Before)	Depression Level	GDS Score (After)	Depression Level	% Decreasing
1	Rk	87	Widow	13	Heavy	7	Mild	40%
2	Sy	65	Widow	14	Heavy	5	Mild	56%
3	Bw	73	Widow	11	Moderate	3	Normal	53%
4	Wt	61	Widow	10	Moderate	3	Normal	44%
5	Qy	78	Widow	13	Heavy	5	Mild	50%

These results were also strengthened through observations and interviews conducted by researchers by looking at the initial conditions before and after conducting Islamic-based traumatic counseling through the SEFT technique, namely as follows:

The initial condition of the elderly before being carried out by Islamic-based traumatic counseling through the SEFT technique

In the initial condition, many of them showed physical and psychological conditions that were weak, showing unhappiness, anxiety, and sadness. Previous physical conditions, many elderly people had lost their appetite, were physically weak, had difficulty sleeping and were anxious, were often physically ill, bone pain, fatigue, headaches, and muscle aches, difficulty walking, etc.

There were complaints about the psychological condition of some elderly, including feeling that they did not have any interest in activities/ activities that used to be loved, feelings of uselessness, hopelessness, and feelings of great guilt, extreme/ excessive sadness, loss of confidence, crying suddenly, often daydreaming, impatient, irritable, dizzy thoughts, difficulty concentrating, and often even thinking about the awaited death. Their feelings are very sensitive and aggressive.

Final Condition of the Elderly

Based on interviews with the elderly at RPSBM, after they were given treatment using the SEFT technique, many of them showed significant progress in the elderly by feeling various changes both physically and psychologically. Physical impacts that are felt include a more fit body, feeling more excited, energized, healthy, and an increased appetite. While the psychological changes are feelings and thoughts that become calmer, more peaceful, sincerely accept reality, and no longer feel alone and hopeless. So those complaints about health such as headaches, body aches, muscle pain are reduced. Their lives become happier and can accept the reality sincerely.

The results of statistical calculations through the Wilcoxon test prove that the Traumatic Spiritual Emotional Freedom Technique (SEFT) Counseling Therapy is significant in reducing depression in elderly women, which can be presented in table 3 below.

Table 3. Paired Z test before and after the implementation of Traumatic Spiritual Emotional Freedom Technique (SEFT) Counseling Therapy on Depression Levels in Elderly Women

Data	Min Value	Max Value	Mean	Sd	Z Test Statistic	Asymp. Sig. (2-tailed)	Description
Pre-Test	11.00	14.00	12.4000	1.34164			
Post-test	3.00	7.00	4.6000	1.67332	-2.060	0.039	Significant

The table above shows that the level of depression in elderly women has decreased significantly after treatment of Traumatic Spiritual Emotional Freedom Technique (SEFT) Counseling Therapy. This can be seen from the probability <0.05. In the statistical test above in the Asymp column. Sig. (2-tailed) / asymptotic significance for the two-sided test is 0.039, since the case in this study is a one-tailed test, the probability is 0.0195. It can be seen that the probability is below 0.05 (0.0195 <0.05), it can be said that the Traumatic Spiritual Emotional Freedom Technique (SEFT) Counseling Therapy is effective in reducing depression levels in elderly women in RPSBM Pekalongan.

The results of the above research are following the theory presented by Kaplan et al., (2007), that the condition of helplessness and negative distortion due to depression will be improved if you get therapy that uses cognitive and behavioral techniques and some techniques build positive encouragement in individuals. If the subject can control their positive and negative emotions, the subject's tendency to attribute the results of bad experiences is no longer attributable to personal or global character mistakes, so that the subject can realistically accept the bad experiences that occur in his life and the subject can continue his life better. and more useful. Also, in a study by Church & Brooks (2010), they stated that spiritual emotional freedom technique can reduce anxiety, depression, pain, in health workers. SEFT is one of the intervention options in overcoming



depression because SEFT therapy is relatively shorter and is easily practiced independently by clients, SEFT therapy is a complementary therapy that can be practiced independently by nurses, especially community nurses, and mental nurses. In another study, it was also explained that there was a relationship between the level of religiosity with the level of depression in the elderly at UPTD Rumoh Seujahtra Geunaseh Sayang Banda Aceh (pvalue = 0.000, r 0.842). Based on this research, it is proven that giving and increasing religious support to the elderly can prevent them from depression.

SEFT as a traumatic counseling technique is used to help clients formulate and change negative subconscious beliefs (Zainuddin, 2013). Subconscious beliefs can work automatically in controlling organs, managing emotions, controlling habits, and directing motivating energy. SEFT as a traumatic counseling technique has advantages. Psychologically, the elderly are the age of crisis and the age of decline. The problem of depression in the elderly is part of a dimensional barrier to the welfare of the elderly. Even though the spiritual aspect is part of the strength of the elderly, at this age the spiritual aspect increases because the older a person is, the more he is aware that his life is close to death, but in fact, the prevalence of depression in the elderly is high (Dyah, 2018).

Seeing the depression problem faced by the elderly, it is necessary to deal with this problem with various spiritual remedies considering that spirituality is an important element in supporting the welfare of the elderly. There are several ways to deal with depression, namely psychopharmacology, electroconvulsive therapy (ECT), psychosocial interventions, and psychotherapy (Cahoon, 2012; Videbeck, 2008). Psychotherapy that can reduce depression is spiritual therapy in this discussion, especially in spiritual healing, which is therapy with guidance on the teachings of the Islamic religion and other alternative therapies to deal with emotional and physical problems intensively which are then studied, lived, and practiced by the elderly in daily life. With guidance, it will restore the mental health of anxious people and can become a fortress in dealing with mental shocks (Darajat, 1982). This guidance is a form of social service provided to meet the needs of the Beneficiary (PM). Guidance is given to fulfill the needs of the elderly. Not only that, guidance is inseparable from psychological counseling and motivation, which means information (Fitriani, 2016).

From the above explanation, it can be concluded that the elderly will be able to improve their welfare through a religious approach. The SEFT technique can be an alternative solution for providing effective treatment for the elderly which is in line with the concept of Islamic counseling that combines psychological and religious elements. There are five keys to the success of SEFT as an Islamic-based traumatic counseling technique that has been proven effective in reducing depression in the elderly (Zainuddin, 2013), they are:

Emphasis of the "Sure" Concept

Neither the counsellor nor the client needs to believe in SEFT or in yourself. Clients only need to believe in the Almighty and the Most Unfortunately of Allah / God. The more confident

(PD) the less good the results. The less PD, the more trusting God will be, so the results are even more amazing.

Emphasis on the "Devout" concept

When set-up, client and counsellor must be concentrated or devout. Concentrate your mind while doing the Set-Up on "The Most Healer". Pray with humility. The cause of not fulfilling the prayer is because it is not devout, praying only in the mouth, not wholeheartedly. Eliminate other thoughts, concentrate on the words that were said while doing the Set-Up.

Emphasis on the concept of "sincere"

Sincere means to accept wholeheartedly. Sincerity means not complaining, not complaining about the tragedy that we are receiving, what makes our hearts hurt even more is because we do not want to accept sincerely the pain or the problems at hand. Sincerity makes whatever pain you experience becomes a means of cleansing oneself from sins and mistakes that have been committed.

Emphasis on the concept of "surrender"

Surrender is different from sincerity. Sincerity is to accept whatever is being experienced now, while resignation is to surrender what happens to Allah SWT. Allah will take over the problems of those who surrender. Allah Himself will step in to solve the person's problems. Like the Prophet Abraham who prayed "Sufficiently Allah is my helper" so the fire would cool down, or the Prophet Moses who prayed "And I leave my problems to Allah, He sees all the affairs of His servants."

Emphasis on the Concept of "Gratitude"

Gratitude, when things are good is easy. It's hard to be grateful when we are still sick or have unfinished problems. But at least being grateful for many other things in life that are still good and healthy. Then it needs "discipline of gratitude", to discipline your mind, heart, and actions to always be grateful even in tough conditions.

## **Conclusion**

Spiritual Emotional Freedom Technique (SEFT) Traumatic Counseling Therapy has been significantly effective in reducing depression in elderly women, seen from the Wilcoxon statistical test that the probability value is below 0.05, namely  $0.0195 < 0.05$ . The reduction in depression in the elderly ranged from 40% to 56%. Some indications of a decrease in the level of depression in the elderly can be seen from physical and psychological changes. Physical changes that are felt include a more fit body, feeling more excited, energized, healthy, and increased appetite. While the psychological changes are feelings and thoughts that become calmer, more peaceful, sincerely accept reality, and no longer feel alone and hopeless. So those complaints about health such as headaches, body aches, muscle pain are reduced. Their lives become happier and can accept the reality sincerely.

This SEFT therapy provides treatment by combining spiritual power and energy psychology. The effect of combining spiritual and energy psychology is called the amplifying effect. SEFT emphasizes the element of spirituality. The subject is brought to the belief that healing comes from Allah SWT so that he can be sincere and surrender to the problems he is experiencing. Besides, SEFT can increase faith and piety, overcome physical and emotional problems, maximize the potential and strength that exists in each individual, increase performance to reach peak performance, clean emotional waste to achieve peace, and create harmonious relationships with others. The success of the SEFT technique lies in its strength in strengthening the elderly to be sure, devout, sincere, surrender and grateful for all existing life.

### References

- Alexopoulos, G. (2005). Depression in the elderly. *The Lancet*, 366, 544–545.
- Annisa, D. F., & Irdil, I. (2016). Konsep kecemasan (anxiety) pada lanjut usia (lansia). *Konselor*, 5(2), 93–99. <https://doi.org/10.24036/02016526480-0-00>
- Aronson, R., Offman, H. J., Joffe, T., & Naylor, C. D. (1996). Triiodothyronine augmentation in the treatment of refractory depression: A meta-analysis. *Arch Gen Psychiatry*, 53, 842–848. doi:10.1001/archpsyc.1996.01830090090013
- Cahoon, C. G. (2012). Depression in older adults a nurse's guide to recognition and treatment. *American Journal of Nursing*, 112(11), 22–30. doi: 10.1097/01.NAJ.0000422251.65212.4b
- Church, D., & Brooks, A. J. (2010). The effect of a brief EFT (emotional freedom techniques) self-intervention on anxiety, depression, pain and cravings in healthcare workers. *Integrative Medicine: A Clinician's Journal*, 9, 40–44.
- Danesh, N. A., & Landeen, J. (2007). Relation Between Depression and Sociodemographic Factors. *International Journal of Mental Health*, 1(4), 1–9. doi:10.1186/1752-4458-1-4
- Darajat, Z. (1982). *Pendidikan agama dalam pembinaan mental*. Bulan Bintang.
- Darmojo, & Martono. (2004). *Buku Ajar Geriatri (Ilmu Kesehatan Usia Lanjut)*. FKUI.
- Dinas Kesehatan Jawa Tengah. (2013). Gangguan Mental Emosional. *Laporan Hasil Riset Kesehatan Dasar (Riskesdas) Provinsi Jawa Tengah Tahun 2013*. Badan Penelitian Dan Pengembangan Kesehatan Departemen Kesehatan RI.
- Dini, A. A. (2013). Sindrom geriatri (imobilisasi, instabilitas, gangguan intelektual, inkontinensia, infeksi, malnutrisi, gangguan pendengaran). *Jurnal Medula*, 1(3), 117–125.
- Dyah, A. R. K. (2018). *Efektivitas Pemberian Terapi Tertawa Dan Terapi Spiritual Terhadap Perubahan Tingkat Depresi Pada Lansia Di Pstw Magetan* [Doctoral Dissertation]. STIKES Bhakti Husada Mulia.

- Ekowati. (2008). *Penyesuaian Diri Terhadap Hilangnya Pasangan Hidup pada Lansia* [Undergraduate honors thesis]. Universitas Sanata Dharma.
- Fitriani, M. (2016). PROBLEM PSIKOSPIRITUAL LANSIA DAN SOLUSINYA DENGAN BIMBINGAN PENYULUHAN ISLAM (Studi Kasus Balai Pelayanan Sosial Cepiring Kendal). *Jurnal Ilmu Dakwah*, 36(1).  
<https://journal.walisongo.ac.id/index.php/dakwah/article/view/1626>
- Hawari, D. (2011). *Manajemen Stres Cemas dan Depresi*. Balai Penerbit FKUI.
- Ibrahim, A. S. (2011). *Gangguan Alam Perasaan: Depresi*. Dua As-As Dua.
- Irfa'iah, W. (2017). *KONSEP DIRI LANSIA YANG TINGGAL DI PANTI TRESNA WERDHA DENGAN LANSIA YANG TINGGAL BERSAMA KELUARGA (Studi pada Lansia di Unit Pelaksana Teknis Pelayanan Sosial Tresna Werdha Jember dan Wilayah Kerja Puskesmas Kasiyan Kecamatan Puger Kabupaten Jember)*.
- Jacoby, R., Oppenheimer, C., & Tom, D. (2008). *Oxford textbook of old age psychiatry*. Oxford University Press.
- Kaplan, H. I., & Saddock, B. J. (2010). *Sinopsis Psikiatri Jilid 2 translated by Widjaja Kusuma*. Bina rupa Aksara.
- Kaplan, H. I., Sadock, B. J., & Grebb, J. A. (2007). *Sinopsis psikiatri: Ilmu pengetahuan perilaku psikiatri klinis* (7th ed.). Bina Rupa Aksara.
- Kim, E., & et.al. (2009). Obesity and Depressive Symptoms in Elderly Koreans: Evidence for the “Jolly fat” Hypothesis from the Ansan Geriatric (AGE) study. *AGG Journal*, 51(2), 231–234.  
<https://doi.org/10.1016/j.archger.2009.10.014>
- Komisi Nasional Lanjut Usia. (2010). *Profil Penduduk Lanjut Usia 2009*. Komnas Lansia.
- Kurniawan, A., Wantiyah, W., & Kushariyadi, K. (2017). Pengaruh Terapi Slow Stroke Back Massage (SSBM) terhadap Depresi pada Lansia di Unit Pelayanan Teknis Panti Sosial Lanjut Usia (UPT PSLU) Kabupaten Jember.(The Effect of Slow Stroke Back Massage (SSBM) Therapy for Depression in Elderly in Unit Pelayanan T. *Pustaka Kesehatan*, 5(3), 475–480.
- L, B. (2010). *Depression (disease & disorder)*. Lucent books.
- Licinio, J., & Wong, M. (2005). *Biology Depression: From novel insights to therapeutic strategies* (Vol. 1). Wiley-VCH.
- Lumongga, D. N. (2016). *Depresi: Tinjauan psikologis*. Kencana.
- Lunenfeld, B., Gooren, L. J. G., Morales, A., & Morley, J. E. (2007). *Textbook of men's health and aging* (2nd ed.). Informa Healthcare.

- Lyness, J. M., Yu, Q., Tang, W., & Conwell, Y. (2009). Risk for Depression Onset in Primary Care Elderly Patients: Potential Targets for Preventive Intervention. *Am J Psychiatry*, 166(12). <https://doi.org/10.1176/appi.ajp.2009.08101489>
- Maryam & et al. (2011). *Mengenal Usia Lanjut dan Perawatannya*. Salemba Medika.
- Ministry of Health of Republic Indonesia. (2013). *Riset Kesehatan Dasar (Riskesdas) Tahun 2013: Gangguan Mental Emosional*. Badan Penelitian Dan Pengembangan Kesehatan Departemen Kesehatan RI.
- Monteleone, P., Martiadis, V., & Maj, M. (2011). Circadian rhythms and treatment implications in depression. *Progress in Neuro-Psychopharmacology & Biological Psychiatry*, 35(7), 1569–1574. <https://doi.org/10.1016/j.pnpbp.2010.07.028>
- Mustiadi. (2014). *Hubungan Aktivitas Spiritual Dengan Tingkat Depresi Pada Lanjut Usia Di Unit Rehabilitas Sosial Wening Wardoyo Ungaran Kab. Semarang*. (<http://perpusnwu.web.id/karyailmiah/documents/3826.pdf>)
- Nevid, J. S., Rathus, S. A., & Greene, B. (2005). *Psikologi abnormal* (5th ed., Vol. 1). Erlangga.
- Nutt, D. J. (2008). Relationship of Neurotransmitters to the Symptoms of Major Depressive Disorder. *Journal of Clinical Psychiatry*, 69(1), 4–7.
- Papalia, D. E., Olds, S. W., & Feldman, R. D. (2008). *Human development* (9th ed.). Mc Graw Hill.
- Rochman, K. L. (2010). *Kesehatan Mental*. STAIN Press.
- Santoso, H., & Ismail, A. (2009). *Memahami krisis lanjut usia*. Gunung Mulia.
- Santrock, J. W. (2013). *Adolescence (perkembangan remaja)*. Erlangga.
- Sudirman, T. (2003). *Tasawuf Positif*. Kencana.
- Sugiyono. (2010). *Metode Penelitian Kuantitatif, Kualitatif dan R&D*. CV Alfabeta.
- Sunanto, J., & dkk. (2006). *Penelitian dengan Subyek Tunggal*. UPI Press.
- Sunwha, L., & Lois, S. (2003). *Gender and Economic Security in Retirement*. Institute for Women's Policy Research.
- Videbeck, S. L. (2008). *Buku ajar keperawatan jiwa*. EGC.
- WHO. (2012). *Depression Worksheet*. <http://ebookbrowse.com/search/depression-worksheets-Pdf>
- Wicaksana, I. (2008). *Mereka bilang aku sakit jiwa: Refleksi kasus-kasus psikiatri dan problematika kesehatan jiwa di Indonesia*. Kanisius.
- Zainuddin, A. F. (2013). *SEFT Total Solution SEFTer Handbook*.