Spiritual Emotional Freedom Technique with Quality of life and Depression in HIV/AIDS Patients: Systematic Review

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ABSTRACT

Background: Quality of life and depression in HIV patients is an impact that will be received by HIV patients if the intervention is not carried out properly, to reduce the impact that will occur to eliminate the worst impacts, HIV patients must always be motivated and approach in the form of counseling and other approaches such as spiritual emotional freedom technique.

Purpose: The purpose of this study was to collect the right type of therapy or intervention to reduce depression rates due to psychological impacts on HIV patients and improve the quality of life of HIV patients.

Methods: The design of this study uses a systematic review approach by collecting several articles from a selected database consisting of science direct, pubmed and proquest with articles published in 2016-2021. The search for articles was conducted by entering the words "Spiritual emotional freedom technique OR SEFT OR Counseling AND Depression AND Quality of life OR QOL AND HIV OR AIDS". The search articles were limited to inclusion criteria and exclusion criteria. The inclusion criteria in this study were HIV patients with low quality of life and depression. The study design was a randomized controlled trial and a quasi-experimental study, while the exclusion criteria were HIV patients without quality of life problems and depressive disorders, cross sectional and literature review.

Results: The results of this study were the publication of articles, Science Direct articles 4513, proQuest 18862 article and 7350 pubmed article, 614 articles were deleted because duplicates 1560 were reviewed specifically and found 9 articles that matched the inclusion and exclusion criteria. Research that met the criteria was presented in a systematic table.

Conclusion: it was found that there are several appropriate interventions that can be given to HIV/AIDS patients, one of which is counseling about the disease and the provision of spiritual emotional freedom technique therapy.

Keywords: Spiritual Emotional Freedom Technique, Counselling, Depression, Quality of Life, HIV/AIDS.

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BACKGROUND

HIV infection has progressed from a frightening infection to a chronic disease in countries where treatment is widely available worldwide. Despite the increase in life expectancy, the health-related quality of life (HRQoL) of HIV patients is lower than that observed in the general population (Nakagawa, 2012). HRQoL has a more restrictive meaning, when compared to the notion of quality of life (Karimi, 2016), it has been defined as the way health is thought to affect a person's quality of life, or how a person perceives his or her well-being in the domains of physical, mental and social health, and the way in which self-perception is related to or affected (Stenman, 2010). Either in illness or with therapy. Measuring HRQoL in patients on medication allows evaluation of treatment benefits and side effects. However, no agreement is expressed in the literature on the best approach to HRQoL measurement (Ebrahim, 1995). While once considered death penalty, HIV is now chronic disease that has not been managed properly (Oberjé EJM, 2015). However, despite this progress, living with HIV still presents many challenges including the problem of lifelong adherence to treatment, besides that it is a psychosocial disorder because there is still discrimination and bad stigma from the community (Gakhar, 2013). Because live longer is not always the same as "live" good health-related quality of life (HRQOL), defined as physical perception and mental perceived health over time (Health-Related Quality of Life, 2021). Depression is a mood disorder that affects a person such as feeling, thinking, or behaving (Fitriani, 2017). In 2018 the province of East Kalimantan had a prevalence of 6.2% of people experiencing depression with mental disorders weighing 1.4 million (Hasil Utama Riset Kesehatan Dasar Jakarta, 2021), and SEFT is one of the counseling techniques innovative.

OBJECTIVES

The purpose of this study was to see the level of effectiveness of the Spiritual emotional freedom technique (SEFT) therapy and counseling on reducing depression levels and improving the quality of life of patients with HIV/AIDS as seen from a systematic review of several studies which were then validated by existing researchers.

METHODS

The design in this study is a literature study using the Preferred Reporting Items for Systematic Review and Meta-Analysis (PRISMA) guide as a guide to get articles to be reviewed in depth. This study uses the PIO format (Population, Intervention/Exposure, Outcome). P: The patient is diagnosed with HIV positive disease, I: Spiritual Emotional Technique freedom, self healing, holistic healing O: the quality of life is getting better and reducing the number of depression due to the illness. The databases used in this research are Google Scholar, pubmed and ProQuest. The keywords in this study were "Spiritual emotional freedom technique OR SEFT OR Counseling AND Depression AND Quality of life OR QOL AND HIV OR AIDS". The results of this study were the publication of articles, Science Direct articles 4513, proQuest 18862 article and 7350 pubmed article, 614 articles were deleted because duplicates 1560 were reviewed specifically and found 9 articles that matched the inclusion and exclusion criteria Search articles were limited to inclusion criteria and exclusion criteria. The inclusion criteria in this study were HIV patients with low quality of life and depression. The study design was a randomized controlled trial and a quasi-experimental study, while the exclusion criteria were HIV patients without problems in quality of life and depressive disorders, cross sectional and literature review. Research that meets the criteria is presented in a systematic table. The contents of the table consist of the
The author's name, year, sample country, intervention, and the results obtained from the intervention that has been carried out.

Figure 1. PRISMA Flow
## Results

Table 1. Spiritual Emotional Freedom Technique intervention with patient HIV / AIDS

<table>
<thead>
<tr>
<th>Author</th>
<th>Title</th>
<th>Country</th>
<th>Years</th>
<th>Study Design</th>
<th>Population/ Sample Characteristic</th>
<th>Intervention</th>
<th>Outcome</th>
<th>Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>Suyanti, T. S., Keliat, B. A., &amp; Daulima, N. H. C.</td>
<td>Effect of logotherapy, acceptance, commitment therapy, family psychoeducation on self-stigma, and depression on housewives living with HIV/AIDS</td>
<td>Indonesia</td>
<td>2018</td>
<td>quasi-experiment pretest-posttest design</td>
<td>The characteristic of respondent: Average of age: 32.5 years old, between 20-43 years old, average suffering HIV: 1-4 years, education: 38.3% elementary educational background, 51.7% were employed and 60 ware married.</td>
<td>Logotherapy and acceptance and commitment therapy (ACT)</td>
<td>N/A</td>
<td>Mean Before intervention: 42.4%, Mean after intervention: 12.2%, mean difference: 37.7%</td>
</tr>
</tbody>
</table>

| Kuloor A, Kumari S, Metri K | Impact of yoga on psychopathology                                       | India   | 2018  | Randomized Controlled Study | HIV-infected people aged 30–50 years on ART were recruited in this study. | All subjects in the yoga group performed 2 months of yoga | Yoga group (n=30, 10 pria, 20 wanita) Mean 12.39 | Yoga Group (n=30, 10 pria, 20 wanita) Mean 9.16 | Fatigue: Yoga Group (n=30, 10 pria, 20 wanita) Mean 48.87 |

| | | | | | Logotherapy and acceptance Family psychoeducation | Mean Before intervention: 45.1%, Mean after intervention: 15.7%, mean difference: 29.4% | | Self stigma: Mean Before intervention: 64.3%, Mean after intervention: 41.9%, mean difference: 22.4% | | Compliance: Mean Before intervention: 45.7%, Mean after intervention: 20.7%, mean difference: 25% | | Meaning of life: Mean Before intervention: 59.8%, Mean after intervention: 80.8%, mean difference: 22.1% |
gies and QoLin persons with HIV study. Among 88 participants, 63 were found to be eligible for the study. Of 63 potential participants, 2 declined to participate in the study. Finally, we selected 60 potential participants for the study. None of the participants had CD4 count < 300 indicating AIDS practice consisting of loosening practices, Suryanamaskara, breathing practices, Asanas, Pranayama, meditation, and relaxation techniques SD 1.41 SD 2,15 SD 4.47 Kontrol group (n=30 11 pria, 19 wanita) Kontrol group (n=30 11 pria, 19 wanita) Kontrol group (n=30 11 pria, 19 wanita) Mean 12.32 SD 1.17 P value 0.81 P value 0.92 Mean 48.42 SD 1.18 P value 0.51 Mean 11.29 SD 2.15 P value 0.71 Mean 11.68 SD 1.25 P value 0.17 Mean 11.26 SD 1.12 P value 0.17

Wahyuni S, Zulkifli A, Thamrin Y, Arsin AA The effect of counseling on adherence ARV therapy in HIV/AIDS patients in H.A. Sulthan daeng radjabulukumbala regency Indonesia 2019 Quasi-experimental method with a nonrandomized control group pretest posttest design The study population was all PLWHA who were recorded in the case report in the VCT clinic at RSUD H. Sulthan Daeng Radja District. Bulukumba The total sample was 48 people with HIV, consisting of 24 Counseling N/A N/A Adherence Age < 25 year Pre (-) Post 2 (8.3) 25-40 year Pre 11 (45.8) Post 20 (83.3) > 41 YEAR Pre (-) Post 1 (4.2)
A randomized pilot trial was conducted in China to evaluate the effectiveness of a cognitive behavioral therapy intervention for persons living with HIV. Participants were screened based on specific criteria including age, ART status, and mental health status. The study compared the intervention group (n=10) with a control group (n=9) over a 6-month period.

### Results

- **Anxiety**
  - Intervention group (n=10): T1 12.60 (3.63), T2 13.10 (4.25), P value 0.041
  - Control group (n=9): T1 14.78 (2.44), T2 12.38 (2.56), P value 0.371

- **VAS**
  - Intervention group (n=10): T1 97.40 (4.20), T2 91.89 (12.83), P value 0.371

**Control Group**

- Pre: 18 (75)
- Post: 18 (75)

- Pre 8 (33.3)
- Post 18 (75)

- Male
- Female
- Non-married
- Married
- Single

**Intervention Group**

- Pre 8 (33.3)
- Post 18 (75)

- Male
- Female
- Non-married
- Married
- Single
<table>
<thead>
<tr>
<th>Author(s)</th>
<th>Title</th>
<th>Year</th>
<th>Location</th>
<th>Study Type</th>
<th>Participants</th>
<th>Control Group</th>
<th>Experimental Group</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Faezipour, M., Ghanbari, A., Seyedaligashi, S., Hajabdolaghimi, M., &amp; Voltarelli, F. (2018)</td>
<td>Effectiveness of Acceptance and Commitment Therapy on Reducing Depression among People Living with HIV/AIDS</td>
<td>Iran</td>
<td>2018</td>
<td>quasi-experimental study</td>
<td>All participants, 16 men (67%) and 8 women (33%), were aged between 21-62 years. The mean age was 42 (standard deviation = 10) in the experimental group and 39 (standard deviation = 9) in the control group.</td>
<td>Control group (n=8) 14.00 (2.07) P value 0.494</td>
<td>Experimental group (n=10) 94.90 (5.17) Control group (n=8) 89.38 (17.41) P value 0.441</td>
<td></td>
</tr>
<tr>
<td>Ardan, M., Zulkifli, A., &amp; Jafar, N. (2020)</td>
<td>Therapy SEFT for controlling the level of depression in people with</td>
<td>Indonesia</td>
<td>2019</td>
<td>Quasi experimental</td>
<td>The population were all PLWHA in the city of Samarinda. Sample of 16 PLWHA was selected by purposive sampling who had met the inclusion criteria.</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>
### Dutra BS, Lédo AP, Lins-Kusterer L, Luz E, Prieto IR, Brites C

Changes in health-related quality of life in HIV-infected patients following initiation of antiretroviral therapy: a longitudinal study

<table>
<thead>
<tr>
<th>Brazil</th>
<th>2019</th>
<th>Study kohort prospektif</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV patients before starting ART and one year after</td>
<td>36-item Short Form Health Survey (SF-36) and HIV/AIDS Targeted Quality of Life (HAT-QoL). Both questionnaires were administered before starting ART and after one year of treatment</td>
<td></td>
</tr>
</tbody>
</table>

### Liu WD, Tsai WC, Hsu WT, Shih MC, Chen MY, Sun HY, Hsieh SM

Impact of initiation of combination antiretroviral therapy according to the WHO

<table>
<thead>
<tr>
<th>Taiwan</th>
<th>2019</th>
<th>Study population and setting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antiretroviral-naïve patients who were aged 15 years or older and received a confirmed diagnosis of HIV infection at</td>
<td>Early initiation of antiretroviral therapy (ART)</td>
<td></td>
</tr>
</tbody>
</table>

Of the 2022 patients included, the mortality rates were 18.28, 14.01, and 9.10 deaths per year 1000 person-years of follow-up (PYFU) in

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PLHIV who were of productive age (18-45 years), diagnosed HIV positive < 5 years, were taking antiretroviral drugs (ARV), were able to communicate well, had no visual impairments and hearing loss, registering in the city of Samarinda, experiencing depression, and willing to sign an informed consent issued by the Ethics

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HIV and AIDS

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Moderatedepression (31.3%) while women (37.5%) with borderline depression limits 18.8%. The length of time diagnosed with HIV is 56.3% is <35 months including moderate depression 25%. The number of CD4 cells in PLWHA was mostly > 600 cells/MCL (43.8%)
| Sheng WH, Chuang YC, Cheng A, Lin KY, Huang YS, Huang SH, Huang YC, Chen GJ, Wu PY, Hung CC, Chang SC | recommendations on the survival of HIV-positive patients in Taiwan the National Taiwan University Hospital between 2004 and 2015 were included, and those without data of plasma HIV | Groups 1, 2, and 3, respectively. In multivariable Cox regression analysis, the factor associated with death was age (per 1 year increment, adjusted hazard ratio [AHR], 1.06; 95% CI, 1.05e1.08), presence of AIDS-defining disease in Diagnosis of HIV (AHR, 4.81; 95% CI, 2.99), solid organ malignancy (AHR, 3.10; 95% CI, 1.86), and ART initiation (AHR, 0.09; 95% CI, 0.05). By competing risk regression risk model for non-AIDS-related deaths, the AHR for Group 3 versus Group 1 was 0.27 (95% CI, 0.09). |
| Ghayomzadeh M, Etesami MS, Earnest CP, Rezaei S, Navalta JW, Taj L, SeyedAlinagh S, Mohraz M, | Effect of a short-term lifestyle modification program on quality of life, anthropometric characteristics and CD4CT | Iran | 2019 | A Randomized Controlled Trial | A total of 48 participants volunteered for the study, with 30 participants (11 women (37%) and 19 men (63%) determined eligible for study enrollment via double blind, computergenerated | Participants in the intervention group came to the Tehran Positive Club twice per week for 75 minutes and participated in fun-based recreational sport activities, . Total adherence rate among the participants in LMP group was 84%, and only participants who had an adherence rate higher than 80% were included in the final analysis. During the | N/A | N/A |
cell count of HIV infected Patients in Tehran/Iran: A Randomized Controlled Trial

block randomization treatment assignment to a standard care control group (n=15) or LMP group (n=15)

such as table tennis and badminton, as well as mental and cognitive activities like throwing darts, playing chess and backgammon.

course of the study, three patients (1 CON and 2 LMP) dropped out due to transportation difficulties (n=1), relocating to a different town (n=1) or having an adherence rate lower than 80% (n=1), leaving 13 patients in the LMP group and 14 in the CON group to complete the study. There was no difference between the groups regarding age, years of infection, CD4+T cell count, and anthropometric characteristics at baseline
DISCUSSION

From the results of the search for articles conducted, it was found that according to research conducted by Suyanti, T (2018) with the quasi-experiment pretest-posttest design method, the results of patient characteristics were Average of age: 32.5 years old, between 20-43 years old, average suffering HIV: 1-4 years, education: 38.3% elementary educational background, 51.7% were employed and 60 were married. with a diagnosis of HIV/AIDS who experience depression at the level of depression. The results of the research conducted with Logotherapy and acceptance and commitment therapy (ACT) found that Mean Before intervention: 42.4%, Mean after intervention: 12.2%, mean difference: 37.7%, while Logotherapy and acceptance of Family psychoeducation showed results Mean Before intervention: 45.1%, Mean after intervention: 15.7%, mean difference: 29.4% (Suyanti, 2018). Meanwhile, according to Kuloor A 2018, the Randomized Controlled Study method with the characteristics of patients with HIV-infected people aged 30–50 years on ART were recruited in this study. Among 88 participants, 63 were found to be eligible for the study, Of 63 potential participants, 2 declined to participate in the study. Finally, we selected 60 potential participants for the study, None of the participants had CD4 count<300 indicating AIDS the results obtained on the outcome quality of life Yoga group (n=30, 10 men, 20 women) 12.39 SD 1.41, Group Control (n=30 11 males, 19 females) 12.32 SD 1.17, P value 0.81. As for the level of depression, Yoga Group (n=30, 10 men, 20 women) 9.16 SD 2.15, Control group (n=30 11 males, 19 females) 9.19 SD 2.04, P value 0.92 (Kuloor, 2019). Meanwhile, according to Wahyuni (2019) using the Quasi-experimental method with a nonrandomized control group pretest posttest design, The study population was all PLWHA who were recorded in the case report in the VCT clinic at RSUD. H. Sulthan Daeng Radja District. Bulukumba The total sample was 48 people with HIV, consisting of 24 counseling intervention groups and 24 as a control group, with Adherence results Age <25 years Pre (-), Post 2 (8.3) 25-40 year Pre 11 (45.8), Post 20 (83.3), >41 YEAR Pre (-), Post 1 (4.2), Male Pre 8 (33.3), Post 18 (75), Female Pre 3 (12.5) Post 5 (20.8). Non married Pre 3 (12.5), Post 5 (20.8). Married Pre 5 (20.8) post 11 (45.8), Single parent Pre 3 (12.5) Post 5 (20.8) (Wahyuni, 2019). From a study conducted by Ardan who examined SEFT with depression levels between 26 and 35 years (50%) and 25% had moderate depression, respondents were dominated by men (62.5%) with moderate depression (31.3%) while women (37.5%) with a depression limit of 18.8%. Duration of HIV diagnosis 56.3% was <35 months including 25% moderate depression. The number of CD4 cells in PLWHA is mostly > 600 cells/MCL (43.8%) (Ardan, 2020). SEFT therapy is a highly recommended therapy, one of the complementary therapies, especially in providing nursing care to people living with HIV who are depressed. In addition, another study according to Bakara stated that religious behavior had an effect on reducing anxiety about death in PLWHA, while other studies such as Halm stated that there was a significant difference before and after the SEFT intervention (Marsinova Bakara, 2013). From the results of this review, the authors can conclude that religious therapy, self-healing, greatly affects the level of quality of life (Purnama, 2020) and depression in patients infected with the HIV virus.

CONCLUSION

It was found that there are several appropriate interventions that can be given to HIV/AIDS patients, one of which is counseling about the disease and the provision of spiritual emotional freedom technique therapy, as for the intervention method by classifying the treatment group and the control group, then the final results are evaluated, but there are also interventions using observation and filling out questionnaire sheets related to research problems according to the studies that have been obtained from the results.
REFERENCES


Health-Related Quality of Life (HRQOL) | CDC [Internet]. [cited 2021 Jun 21]. Available from: https://www.cdc.gov/hrqol/


