Pak. j. life soc. Sci. (2025), 23(1): 367-376

E-ISSN: 2221-7630;P-ISSN: 1727-4915

Pakistan Journal of Life and Social Sciences

Clarivate Web of Science Zoological Record

www.pjlss.edu.pk



https://doi.org/10.57239/PJLSS-2025-23.1.0030

#### ORIGINAL ARTICLE

### VR-SEFT Therapy and Family Support for Spiritual Well-Being, Coping Mechanisms and BDNF for Drug Patients in Rutan Makassar Class 1

Ariyanti Saleh<sup>1</sup>, Saharullah<sup>2,3</sup>, Saidah Syamsuddin<sup>4</sup>, Kadek Ayu Erika<sup>1</sup>, Nurlaila Fitriani<sup>1</sup>, St.Wahida Jalil<sup>5</sup>, Firmansyah<sup>6</sup>, Rusli Taher<sup>7</sup>, Abdul Thalib<sup>8</sup>, Isymiarni Syarif<sup>9</sup>

<sup>1</sup>Nursing Study Program, Faculty of Nursing, Hasanuddin University, Indonesia.

<sup>2</sup>Nursing Study Program, Faculty of Nursing and Midwifery, Muhammadiyah Sidrap Institute of Health Technology and Science, Indonesia

<sup>3</sup>Nursing Committee UPT Lamaddukkelleng Hospital Wajo District, Indonesia

<sup>4</sup>Mental Medicine Study Program, Faculty of Medicine, Hasanuddin University, Indonesia.

<sup>5</sup>Clinical Dr. Sahardjo Class I Detention Center Makassar, Indonesia

<sup>6</sup>Pharmacy Study Program, Faculty of Mathematics and Natural Sciences, Pancasakti University Indonesia.

<sup>7</sup>Nurse Professional Study Program, STIKES Graha Education Makassar, Indonesia

<sup>8</sup>Department of Nursing, STIKES Pasapua Ambon, Indonesia

<sup>9</sup>Nursing Study Program, faculty of public health, Makassar Islamic University

#### **ARTICLE INFO**

#### ABSTRACT

Abuse of Narcotics, Psychotropics, and Other Addictive Substances Received: Sep 1, 2024 (NARCO) or known to the community NARKOBA (Narcotics and Accepted: Nov 8, 2024 Dangerous Substances/Drugs) is a complex problem that requires comprehensive countermeasures, multidisciplinary cooperation, multisectoral cooperation, and community participation. To analyze the effect of Virtual Reality Spiritual Emotional Freedom Technique (VR-SEFT) Keywords therapy and family support on spiritual well-being, coping mechanisms, VR SEFT and BDNF levels in drug inmates. This study uses an experiment of 70 samples divided into 2 groups; 35 interventions and 35 controls are **Family Support** selected by purposive sampling. The data collection tool used Spiritual Well-Being Questionnaire sheets, VR-SEFT Applications, and laboratory examinations of the ELISA method at pre and post-test BDNF levels. The intervention Coping Mechanism and group (VR SEFT and Family Support) was the result of this study. There are BDNF Spiritual Well-Being Influences, Coping Mechanisms, and BDNF with p=<0.001. Control Group (Family Support and Standard Therapy of Habitant Rehabilitation) There was an Influence on Spiritual Well-Being, \*Corresponding Author: Coping Mechanism, and BDNF with a value of p=<0.001. Comparison of the intervention group (VR, SEFT, and Family Support) and control group ariyantisaleh@unhas.ac.id (Family Support and Rutan Rehabilitation Standard Therapy) before the intervention on Spiritual Variables, Well-Being, and Coping Mechanisms was significant, while BDNF levels were not significant. while after the intervention of the Spiritual Well-Being variable, there was a significant relationship between the Coping Mechanism and BDNF p=<0.001. VR-SEFT therapy and Family Support are more effective in improving spiritual well-being, coping mechanisms, and BDNF levels in drug inmates in Makassar Class 1 Prison.

#### **INTRODUCTION**

Drug abuse has become a complex global issue, not only touching on aspects of physical health but also impacting the mental and spiritual health of individuals. Based on a 2020 report by the United Nations Office on Drugs and Crime (UNODC), around 269 million people in the world are recorded as abusing drugs. In Indonesia, data from the BNN Laboratory Centre recorded that as many as 83 New Psychoactive Substances (NPS) have been detected, with 73 of them having been regulated in Minister of Health Regulation No. 22 of 2020. In the 2020-2021 period, there were 8433 drug abuse patients, with a total of 1959 cases of suspects.

The problem of drug abuse carries more far-reaching consequences than physical damage. Many patients experience identity crises and loss of meaning in life, which can lead to mental disorders such as anxiety and depression [1], [2]. According to Basic Health Research [3], about 14.4 million people, or 6.4% of Indonesia's population, experience mental and emotional disorders indicated by symptoms of anxiety and depression, which worsen the individual's condition in various aspects, including interpersonal and work relationships. Drug abuse exacerbates this mental and emotional condition, putting patients in situations that require social and spiritual support to achieve inner peace and recovery.

Family support is one of the important factors in the rehabilitation process for drug abuse patients. Families can provide a sense of emotional security, increase the spirit of recovery, and create an environment conducive to the development of spiritual well-being [4]. This is important because family support impacts not only physical well-being but also spirituality, which contributes to the patient's emotional stability, coping mechanisms, and psychological mechanisms.

Virtual Reality (VR) is a technology that allows users to interact with simulated environments by computers, both real and imaginative environments. VR SEFT (Spiritual Emotional Freedom Technique) is an innovative method that combines VR technology with a spiritual approach. This therapy focuses on the release of negative emotions and stress reduction through spiritual principles such as sincerity, patience, and solemnity. The immersive experience provided by VR technology helps patients connect more deeply with themselves and strengthen their spiritual well-being [5].

Spiritual well-being has an important role in mental and physical health, which affects the levels of Brain-Derived Neurotrophic Factor (BDNF). BDNF is a factor that plays a role in neuroplasticity and brain health, which can help the recovery process of drug abuse patients. Improving spiritual well-being through interventions such as VR SEFT can contribute to increased BDNF levels, ultimately supporting the patient's rehabilitation process [6].

This study aims to explore the combination of VR SEFT therapy and family support for spiritual wellbeing, coping mechanisms, and BDNF levels in drug patients in Makassar Class 1 Prison. Through a deeper understanding of this relationship, it is hoped that more effective intervention strategies can be designed to support the patient's recovery process.

#### **MATERIALS AND METHODS**

This study uses a quasi-experimental stimulus (Quasy Experiment Design), which manipulates independent variables with a pre-and post-test control group design approach. Inclusion Criteria: Drug inmates  $\leq 1$  month, Drug users of methamphetamine (MDMA), Negative drug test results, Age 18-54 years, Moderate-severe anxiety screening selection results, Willing to be a respondent, Family ready to accompany and participate in this study. Exclusion Criteria: Assisted residents with positive drug test results, refusing to sign informed consent, experiencing speech impairment, Visual impairment, and no family ready to accompany them. Criteria dropout: Inmates refused to continue the intervention, Decreased consciousness or died, did not undergo SEFT therapy incompletely, Did

not therapy more than 3 times, and Family members were not present to provide support during the study.

BDNF reagent kit, ELISA Kit to measure BDNF Levels, Spiral Well-Being Questionnaire to measure Spiritual Well-being, interview, and questionnaire formats to measure respondents' coping mechanisms and family support, VR-SEFT therapy tools, Mineral water, Observation logbook, Blood specimen tubes, Handscoons and Masks, Blood sample boxes, Sample refrigerators, centrifuges, sample pipettes. BDNF level detection instrument using Elisa: How enzyme-linked immunosorbent assay (ELISA) works to determine the protein level of the target gene in serum or plasma. The Virtual Reality Spiritual Emotional Freedom Technique (VR-SEFT) tool and the standard operating procedure (SOP) booklet are the guidelines used in this study to perform Virtual Reality Spiritual Emotional Freedom Technique (VR-SEFT) therapy

#### RESULTS

The results in this study consisted of 35 treatment samples and 35 control samples for a total of 70 samples, which were involved in the inclusion criteria category. The characteristics of the patient can be seen as follows. The sample in the implementation of this study is 35 people in each group, namely the intervention group and the control group.

	Respondents					
<b>Characteristics Respondent</b>	Interve (n=35)	ention	Control (n=35)			
	n	%	n	%		
Age	19-54	29,89	18-45	29,89		
Gender						
Man	29	82,9	29	82,9		
Woman	6	17,1	6	17,1		
Education						
Primary School	8	22,9	8	22,9		
Senior High School	19	54,3	19	54,3		
Vocational High School	2	22,9	8	22,9		
Junior High School	6	17,1	0	0,0		
Work						
Construction workers	2	5,8	1	2,9		
Day laborers	5	14,3	6	17,1		
Housewife	5	14,3	8	22,9		
Employee	3	8,6	0	0,0		
Student Ordina Matananala Tarri	0	0,0	0	2,9		
Unline Motorcycle Taxi Health Workers	3	8,6	3	8,6		
Driver	0	2,9	0	2,9		
Welder	3	8,6	3	8,6		
Self-employed	1	2,9	1	2,9		
	13	37,1	13	37,1		

Table 1. Respondent characteristics of the intervention group (VR- <i>SEFT</i> and Family Support) a	and
control group (Family Support and Standard Therapy of Rutan Rehabilitation)	

Based on Table 1 above, it is known that the average age of respondents in the intervention group (VR-SEFT) is 29.89% in the age range of 19-54 years. Meanwhile, respondents in the control group have an average age range of 18-45 years of 29.89%. The table above shows the characteristics of the intervention and control groups in terms of age, education, and occupation, with more male gender characteristics at 29 (82.9%) and at least 6 (17.1%) females. The most education is high school

education, as many as 19 (54.3%), and the least vocational and junior high school education is 6 (17.1%) and 0 (0.0%). The most occupations are Labor and housewife occupations 5 (14.3%), and the least are students and health workers 0 (0.0%).

## Table 2. Effect of VR SEFT and Family Support on Spiritual Well-being, Coping Mechanisms, and BDNFin the intervention group (VR SEFT and Family Support) and control group (Family Support and<br/>Rehabilitation Standard Therapy)

Variable	Group Intervention (VR SEFT and Family Support) Mean±SD	р	Group Control (Family Support and Rehabilitation Standard Therapy) Mean±SD	р
Spiritual Well-Being				
Pre	59,57±5,54	<0,001	63,26±7,11	<0,001
Post	111,97±2,52	а	80,31±6,64	а
Coping Mechanism				
Pre	122,83±6,88	<0,001	108,71±7,18	<0,001
Post	195,66±2,78	b	122,26±8,02	b
BDNF				
Pre	2,06±1,69	<0,001	2,17±1,48	<0,001
Post	9,57±0,608	b	3,63±1,30	b

Paired t-test<sup>a</sup> Wilcoxon test<sup>b</sup>

Based on table 2 shows that in the two groups, the results of the score or average score obtained are very different, where in the Intervention Group (VR SEFT and Family Support) the average score obtained is Spiritual Well-Being before  $59.57\pm5.54$ , and after  $111.97\pm2.52$ , Coping Mechanism before  $122.83\pm6.88$ , after  $195.66\pm2.78$ , and BDNF before  $2.06\pm1.69$ , after  $9.57\pm0.608$ . Meanwhile, in the Control Group (Family Support and Standard Therapy of Rehabilitation), the average value obtained was Spiritual Well-Being before  $63.26\pm7.11$ , and after  $80.31\pm6.64$ , Coping Mechanism before  $108.71\pm7.18$ , after  $122\pm268.02$ , and BDNF before  $2.17\pm1.48$ , after  $3.63\pm1.30$ . Based on the average score of the 2 groups, it was shown that the Intervention Group (VR, SEFT, and Family Support) had a higher average score than the control group (Family Support and Standard Therapy, Rehabilitation).

The Statistical Test for the two groups showed that there was an effect of Spiritual Well-being, Coping Mechanism, and BDNF on the intervention group given (VR SEFT and Family Support) with a value of p=<0.001, and the control group given (Family Support and Standard Therapy of Rehabilitation Routine) with a value of p=<0.001.



Figure 1. Diagram of the effect of VR SEFT therapy and Family Support on Spiritual Well-being, Coping Mechanisms, and BDNF Levels in the intervention group (VR SEFT and Family Support) and control group (Family Support and Rehabilitation Standard Therapy)

Table 3. Comparison of Spiritual Well-Being, Coping Mechanisms, and BDNF levels before and after in
the intervention group (VR SEFT and Family Support) and the control group (Family Support and
Routine Rehabilitation Standard Therapy).

Variable		Group Intervention and Control (Mean±SD)	р
Spiritual Well-	Pre	61,41,0±6,59	<b>0,018</b> a
Being	Post	96,14±16,7	<0,001ª
Coping	Pre	115,77±9,96	<0,001 b
Mechanism	Post	158,96±37,44	<0,001 <sup>b</sup>
BDNF	Pre	2,11±1,58	0,483 <sup>b</sup>
	Post	6,60±3,16	<0,001b

Independent t-test<sup>a</sup>, Mann-Whitney test<sup>b</sup>

Based on table 3. above shows that the results of this study use the statistical test of the Independent t-testa Test of the Mann-Whitney test. The intervention group (VR SEFT and Family Support) and the control group (Family Support and Rehabilitation Standard Therapy of the Procedure) are compared. The average score obtained for Spiritual Well-Being before  $61,41.0\pm6.59$ , and after  $96.14\pm16.7$ , the Coping Mechanism before  $115.77\pm9.96$ , after 158.9637.44, and BDNF before  $2.11\pm1.58$  after  $6.60\pm3.16$ . Based on the average value of the 2 groups, it was shown that the Intervention Group and the control before the intervention on the BDNF variable p=0.483 were not significant while the Spiritual Well-Being variable p=0.018a and the significant coping mechanism p=<0.001 and while the variables of Spiritual Well-Being, Coping Mechanism and BDNF in the intervention and control group after the intervention (VR SEFT and Family Support) and control (Family Support and Routine Rehabilitation Standard Therapy) with a value of p=<0.001, the Statistical Test for the two groups showed that there was a significant influence.

#### DISCUSSION

# Effect of VR SEFT and Family Support on Spiritual Well-being, Coping Mechanisms, and BDNF in the intervention group (VR SEFT and Family Support) and control group (Family Support and Rutan Rehabilitation Standard Therapy).

The integration of Virtual Reality (VR) and the Spiritual Emotional Freedom Technique (EFT) presents a new approach to improving spiritual well-being, coping mechanisms, and biological markers such as Brain-Derived Neurotrophic Factor (BDNF). The results of this study showed that the Intervention Group (VR, SEFT, and Family Support) had a higher average score value compared to the control group (Family Support and Standard Therapy of Rehabilitation) (Table 2).

This is in line with previous research that explains that VR-SEFT can reduce cortisol levels and anxiety [5] and can improve spiritual well-being and BDNF levels in drug inmates [6].

Hadju et al. (2021) explained that SEFT is more profound and full of appreciation. Scientifically approaching the self to God will have a calming effect, promote relaxation, and eliminate negative physical and mental disorders, stimulating the release of endorphins in the brain that positively impact mood and memory. So, it can be concluded that the use of VR-SEFT shows positive potential in improving the spiritual well-being of drug users. The high level of immersion of VR allows drug users to experience spiritual experiences more intensely, thus helping them to connect with themselves and spiritual understanding more deeply [6].

SEFT involves energy stimulation at the energy point of the body while reciting prayers and surrendering to God, focusing on positive thoughts and experiences, diverting negative thoughts, promoting relaxation, and eliminating negative physical and mental disorders. In this study, the SEFT procedure is shown in VR, which is different from the use of conventional media. Instructions will

appear on the VR screen, and responders will follow the commands, starting with the setup, tuning in, and tapping [6], [7].

SEFT has been shown to improve psychological well-being by helping individuals manage stress and work productively, which is essential for recovery from drug addiction [8]–[29].. SEFT is also effective in improving sleep quality in various populations, such as the elderly, postpartum mothers, and patients with hemodynamic disorders, demonstrating its potential to improve overall well-being and coping mechanisms in drug-addicted patients [9]–[11].

In addition, SEFT is effective in reducing anxiety in various groups, including adolescents who marry early, COVID-19 patients, and maternity mothers, which shows its potential to alleviate anxiety-related symptoms in drug addiction patients, thereby improving their coping mechanisms [12]–[14]. Additionally, SEFT has been shown to lower blood pressure in the elderly, which may indicate its ability to promote relaxation and reduce physiological stress responses, potentially benefiting drug addiction patients by improving their stress management and coping strategies [15]. This technique is also effective in reducing smoking behavior in adolescents, highlighting its potential to change addictive behaviors, which can be beneficial for drug addiction patients [16] – [26].

Although there is no specific mention of family support for drug inmates, the literature well documents that family support plays an important role in improving spiritual well-being and coping mechanisms in individuals. Family support plays an important role in spiritual well-being, coping mechanisms, and the existence of the Brain-Derived Neurotrophic Factor (BDNF). Research shows that social support from the family can improve an individual's spiritual well-being, strengthen coping mechanisms for stress, and positively impact mental health, as demonstrated by BDNF level regulation.

Family support contributes significantly to an individual's spiritual well-being. For example, when individuals feel support from family, this can increase their sense of purpose in life and create positive interpersonal relationships, which supports mental health. This suggests that family support is not only about the emotional aspect but is also important for a person's spiritual development [17] – [27].

Family support serves as a strong coping mechanism in coping with stress. When individuals face challenges, support from family can provide a sense of security and calm, helping them to better cope with difficult situations [18], [19]. With this support, individuals can develop more effective coping strategies, which contribute to their psychological well-being [20], [21].

Research shows that support is not directly related to BDNF levels. As it is explained, BDNF concentration is not associated with community support, family function, or cognitive performance [22]. Increased levels of BDNF correlate with a lack of depression and anxiety, which a positive social environment can influence. With strong support from the family, individuals are more likely to have good mental health [18], [19] so that BDNF levels can be more optimal.

Based on the discussion, the researcher assumes that the integration of Virtual Reality (VR) and Spiritual Emotional Freedom Technique (SEFT) is effective in improving spiritual well-being, coping mechanisms, and biological markers such as Brain-Derived Neurotrophic Factor (BDNF) in drug inmates. This combination increases relaxation and decreases anxiety, as previous research supports. VR provides a higher level of immersion, allowing for a more immersive and intense spiritual experience, thus helping users connect with themselves and understand spirituality better. SEFT, known as a stress management technique, has been shown to improve psychological wellbeing and sleep quality, lower blood pressure, and reduce addictive behaviors, making it a potentially powerful method in recovery from drug addiction.

In addition, family support plays an important role in improving spiritual well-being and coping mechanisms. With strong emotional support, individuals can develop coping strategies that are more effective in dealing with stress, which contributes positively to their psychological well-being. Although family support is not directly related to BDNF levels, a positive social environment can help reduce depression and anxiety, which can ultimately improve BDNF regulation. This assumption is based on the results of studies that show the positive impact of VR-SEFT and family support on the spiritual well-being and mental health of drug addict patients.

#### Comparison of Spiritual Well-Being, Family Support, Coping Mechanism, and BDNF levels with the Intervention group (VR SEFT and Family Support) and the control group (Family Support and Routine Rehabilitation Standard Therapy).

This study showed significant differences between the intervention group (VR-SEFT and Family Support) and the control group (Family Support and Rehabilitation Standard Therapy) regarding spiritual well-being, coping mechanisms, and BDNF levels after administering the intervention. These results indicate that the VR-SEFT intervention, combined with family support, significantly impacts all three variables. Although at the beginning of the study, there was no significant difference between the intervention group and the control group in BDNF levels, after the intervention, the intervention group showed a significant improvement compared to the control group (Table 3).

This study's results align with research that shows a significant increase between before and after SEFT therapy. However, the increase in BDNF levels in the intervention group given VR-based SEFT therapy was more significant than in the control group [23]. VR technology-based SEFT therapy was used as an action for the intervention group. VR technology is a technology that allows users to explore and manipulate the environment with 3D multimedia sensors generated by computers in real time to gain practical knowledge. The use of VR is effective as a tool in therapeutic activities in various medical conditions [24] – [28].

McMahon and Boeldt (2022) stated that entering a safe and peaceful environment in VR and a family support environment can also help clients alleviate their fears and tensions. The conducive environment situation of VR also allows participants to do SEFT more easily and free from real environmental distractions. This process explains the great potential of VR-SEFT as one of anxiety management therapies through distraction and the provision of comfort [25].

In the spiritual aspect of well-being, the intervention group experienced a significant improvement after the intervention. This indicates that VR-SEFT, together with family support, is able to improve spiritual understanding, provide meaning in life, and improve the quality of spiritual life of individuals [6]. Coping mechanisms have also experienced significant improvements, indicating that these interventions help individuals develop more effective coping strategies in dealing with stress and life challenges [5], [12]. In addition, BDNF levels in the intervention group experienced a significant increase after the intervention, suggesting that VR-SEFT may contribute to biological changes that support the recovery process [6].

Family support plays an important role in strengthening the effectiveness of VR-SEFT. The combination of VR-SEFT with family support showed better outcomes than family support and standard therapy alone. Very small p-values (<0.001) for spiritual well-being, coping mechanisms, and BDNF suggest that the differences between the groups are statistically significant, which reinforces the conclusion that these interventions exert a real influence on the improvement of these three variables (Table 3).

This study supports the hypothesis that VR-SEFT, combined with family support, effectively improves spiritual well-being, coping mechanisms, and BDNF levels. These interventions work by helping individuals develop healthier coping strategies, increase self-awareness, and strengthen their spiritual relationships. In clinical practice, these results emphasize the importance of

complementary therapies such as VR-SEFT in addressing mental health, especially in individuals with addiction, as well as the need to involve families in the therapy process to increase the effectiveness of interventions.

Researchers assume VR-SEFT can reduce stress by activating the parasympathetic nervous system, which lowers hormone cortisol levels and promotes relaxation. In addition, VR-SEFT can also improve connectivity between the prefrontal cortex and the limbic system, assisting individuals in regulating emotions and reducing negative emotions. The release of neurotransmitters such as endorphins and dopamine during the intervention can also improve mood and motivation, contributing to the individual's well-being.

VR-SEFT combined with family support is effective in improving spiritual well-being, coping mechanisms, and BDNF levels in individuals undergoing rehabilitation. The significant increase in BDNF after the intervention provides a solid basis for further future research and development of this therapy.

#### CONCLUSION

The integration of Virtual Reality (VR) therapy based on the Spiritual Emotional Freedom Technique (SEFT) and family support has been proven to be effective in improving spiritual well-being, coping mechanisms, and levels of Brain-Derived Neurotrophic Factor (BDNF) in drug patients in Makassar Class 1 Prison. The results showed that the intervention group (VR, SEFT, and Family Support) experienced significant improvements in all three variables compared to the control group (Family Support and Standard Therapy of Rehabilitation).

VR enhances a deeper spiritual experience, promotes relaxation, and helps individuals better manage stress. SEFT also plays a role in reducing anxiety and improving the quality of spiritual life. Emotional family support is important in strengthening coping mechanisms and supporting BDNF regulation, although it is not directly correlated with increased BDNF levels. The combination of VR SEFT and family support has a more substantial impact compared to standard therapy, showing great potential for future applications in drug patient rehabilitation therapy.

#### ETHICAL CLEARENCE

The research was carried out after passing the Research Ethics Committee of the Faculty of Nursing, Hasanuddin Makassar University, issuing research ethics permit number 1731/UN4.18.3/TP.01.02/2024

#### ACKNOWLEDGEMENTS

The author would like to thank the Directorate General of Higher Education, Ministry of Education and Culture of the Republic of Indonesia for the fundamental research grant that has funded the research and publication of this article for the 2024 Fiscal Year, LPPM Faculty of Nursing, Hasanuddin University, the leadership of the Makassar Class I State Prison and the Research Team

#### REFERENCES

- [1] C. Xu *et al.*, "Sleep Apnea and Substance Use Disorders Associated with Co-Occurrence of Anxiety Disorder and Depression among U.S. Adults: Findings from the NSDUH 2008–2014," *Brain Sci.*, vol. 13, no. 4, 2023, doi: 10.3390/brainsci13040661.
- [2] C. P. Bonner, T. Carney, F. A. Browne, J. W. Ndirangu, B. N. Howard, and W. M. Wechsberg, "Substance use and depressive and anxiety symptoms among out-of-school adolescent girls and young women in Cape Town, South Africa," *South African Med. J.*, vol. 111, no. 1, pp. 40– 45, 2021, doi: 10.7196/SAMJ.2020.v111i1.14520.
- [3] Riskesdas, "Laporan Riskesdas 2018 Nasional," 2018.

- [4] A. Rifai, "Peran Orang Tua Dalam Membina Kecerdasan Spiritual," *Al-Amin J. Kaji. Ilmu dan Budaya Islam*, vol. 1, no. 2, pp. 257–291, 2018.
- [5] S. Bakkarang *et al.*, "The effect of virtual reality spiritual emotional freedom technique (Vrseft) therapy on anxiety and cortisol in drug patients in Makassar class I state detention center," *Multidiscip. Sci. J.*, vol. 6, no. 5, 2024, doi: 10.31893/multiscience.2024078.
- [6] Saharullah *et al.*, "Virtual Reality-Based Spiritual Emotional Freedom Technique (SEFT) Model on Spiritual Well-Being and BDNF Levels in Drug Inmates in The Class 1 State Prison in Makassar," *Pakistan J. Life Soc. Sci.*, vol. 22, no. 2, pp. 2946–2955, 2024, doi: 10.57239/pjlss-2024-22.2.00216.
- [7] D. Firmansyah, S. Gultom, A. M. Dame, and H. Suherlan, "Spiritual Emotional Freedom Technique with Quality of life and Depression in HIV / AIDS Patients : Systematic Review," J. Nurisng Pract., vol. 4, no. 2, pp. 130–142, 2021, doi: https://doi.org/10.30994/jnp.v4i2.144.
- [8] D. W. Rachmawardany, I. F. Mustikawati, P. Septianawati, and G. Immanuel, "Analysing the Spiritual Effects of Emotional Freedom Technology (SEFT) in Building Psychological Wellbeing: Systematic Literature Review," *Healthsains*, vol. 5, no. 4, pp. 293–298, 2024.
- [9] I. Tribakti, S. Anwar, and N. Nurhayati, "Pengaruh Terapi Spritual Emotional Freedom Technique terhadap Kualitas Tidur pada Lansia," *J. Telenursing*, vol. 5, no. 2, pp. 2514–2522, 2023, doi: 10.31539/joting.v5i2.3322.
- [10] N. Andriana, T. N. Kristina, and D. Susilawati, "Spiritual Emotional Freedom Technique to Improve Sleep Quality For Postpartum Mothers," *Nurse Heal. J. Keperawatan*, vol. 12, no. 1 SE-Original Research Article, Jun. 2023, doi: 10.36720/nhjk.v12i1.392.
- [11] M. Siregar, A. Kaban, Y. Harahap, and A. Saftriani, "Pengaruh Spiritual Emotional Freedom Technique (Seft) dan Murottal Surah Ar Rahman terhadap Kualitas Tidur Pasien Hemodialisa," *JKEP*, vol. 8, no. 2, pp. 237–251, 2023, doi: 10.32668/jkep.v8i2.1425.
- [12] E. Rochma, R. Rohman, W. Ansori, F. Aiyanto, Q. Muthmainah, and P. Dewi Suciningtyas, "Effect Of Seft Giving (Spiritual Emotional Freedom Technique) On The Level Of Anxiety Of Covid 19 Patients In The Edelweis Isolation,Orthopedic Hospital Prof. Dr. R. Soeharsosurakarta," Int. J. Sci. Technol. & amp; Manag., vol. 4, no. 4 SE-Articles, pp. 780–784, Jul. 2023, doi: 10.46729/ijstm.v4i4.895.
- [13] I. Samsugito, S. R. F. Nur, and C. P. Sari, "Description of the Application of Spiritual Emotional Freedom Technique (SEFT) on Anxiety in Adolescents Who Do Early Marriage," J. Kesehat. Pasak Bumi Kalimantan, vol. 6, no. 2, p. 281, 2024, doi: 10.30872/j.kes.pasmi.kal.v6i2.11615.
- [14] L. P. Astuti, I. Siswiyanti, and S. Sonhaji, "the Effect of Spiritual Emotional Freedom Technique (Seft) on Anxiety During the Active Phase I Labor," *J. Ris. Kesehat.*, vol. 11, no. 1, pp. 14–20, 2022, doi: 10.31983/jrk.v11i1.8468.
- [15] I. D. Rismayanti, I. M. Sundayana, F. Pamela, L. Supriati, and Y. Wulandari, "Spiritual Emotional Freedom Technique (SEFT) to Reduce Blood Pressure Among Senior Citizent," J. Aisyah J. Ilmu Kesehat., vol. 8, no. 2, 2023, doi: 10.30604/jika.v8i2.1810.
- [16] B. Kristanto and R. Indriati, "Efektivitas Terapi Spiritual Emotional Freedom Technique ( SEFT ) Untuk Menurunkan Perilaku Merokok Pada Remaja," J. Ilmu Kesehat., vol. 11, no. 1, pp. 53–63, 2023.
- [17] A. P. Tavares, H. Martins, S. Pinto, S. Caldeira, P. Pontífice Sousa, and B. Rodgers, "Spiritual comfort, spiritual support, and spiritual care: A simultaneous concept analysis.," *Nurs. Forum*, vol. 57, no. 6, pp. 1559–1566, Nov. 2022, doi: 10.1111/nuf.12845.
- [18] J. An, X. Zhu, Z. Shi, and J. An, "A serial mediating effect of perceived family support on psychological well-being," *BMC Public Health*, vol. 24, no. 1, p. 940, Apr. 2024, doi: 10.1186/s12889-024-18476-z.
- [19] P. A. Thomas, H. Liu, and D. Umberson, "Family Relationships and Well-Being.," *Innov. aging*, vol. 1, no. 3, p. igx025, Nov. 2017, doi: 10.1093/geroni/igx025.

- [20] C. Yang, H. Gao, Y. Li, E. Wang, N. Wang, and Q. Wang, "Analyzing the role of family support, coping strategies and social support in improving the mental health of students: Evidence from post COVID-19.," *Front. Psychol.*, vol. 13, p. 1064898, 2022, doi: 10.3389/fpsyg.2022.1064898.
- [21] A. M. Chilon-Huaman, Á. Camposano-Ninahuanca, J. V Chávez-Sosa, S. Huancahuire-Vega, and W. De Borba, "Association Between Family Support and Coping Strategies of People With Covid-19: A Cross-Sectional Study.," *Psychol. Res. Behav. Manag.*, vol. 16, pp. 2747–2754, 2023, doi: 10.2147/PRBM.S410068.
- [22] J. N. Souza-Talarico, E. Bromberg, J. L. F. Santos, B. S. Freitas, D. F. Silva, and Y. A. O. Duarte, "Family and Community Support, Brain-Derived Neurotrophic Factor, and Cognitive Performance in Older Adults: Findings From the Health, Wellbeing and Aging Study Population-Based Cohort.," *Front. Behav. Neurosci.*, vol. 15, p. 717847, 2021, doi: 10.3389/fnbeh.2021.717847.
- [23] J.-G. Yang *et al.*, "Virtual Reality and Exercise Training Enhance Brain, Cognitive, and Physical Health in Older Adults with Mild Cognitive Impairment," *Int. J. Environ. Res. Public Health*, vol. 19, no. 20, 2022, doi: 10.3390/ijerph192013300.
- [24] Z. Liu, L. Ren, C. Xiao, K. Zhang, and P. Demian, "Virtual Reality Aided Therapy towards Health 4.0: A Two-Decade Bibliometric Analysis.," *Int. J. Environ. Res. Public Health*, vol. 19, no. 3, Jan. 2022, doi: 10.3390/ijerph19031525.
- [25] E. McMahon and D. Boeldt, *Virtual Reality Therapy for Anxiety*. Routledge, 2021
- [26] Al-khresheh, M., & Karmi, S. (2024). An Exploration of Cognitive Benefits of EFL Learning in a Monolingual Jordanian Context. *An-Najah University Journal for Research-B (Humanities)*, 38(9), 1765-1794. https://doi.org/10.35552/0247.38.9.2250
- [27] Al-khresheh, M. H., & Alkursheh, T. O. (2024). An integrated model exploring the relationship between self-efficacy, technology integration via Blackboard, English proficiency, and Saudi EFL students' academic achievement. *Humanities and Social Sciences Communications*, *11*(287), 1-12.<u>https://doi.org/10.1057/s41599-024-02783-2</u>
- [28] Jam, F. A. (2019). Crypto currency–a new phenomenon in monetary circulation. *Central Asian Journal of Social Sciences and Humanities*, 4(1), 39-46.
- [29] Romi, I. M. (2024). Digital Skills Measures for Digitalization-An Aggregative Analysis. *Pakistan Journal of Life and Social Sciences (PJLSS)*, *22*(1), 960-971.