


Research Article

Anxiety Scores Related To Facing Death Before And After SEFT Therapy Based on Dzikir and Prayer


Septo Nugroho¹, Diyah Yulistika Handayani^{1*}, Dedy Purwito¹, Wahyu Ryaningrum¹
¹ Nursing Department, Faculty of Health, Universitas Muhammadiyah Purwokerto, Purwokerto, 53181, Indonesia

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Correspondence

Phone: (+62)81391391552

E-mail:

diyahyulistikahandayani@um.ac.id
ABSTRACT

Old age represents the final stage in the human life cycle, during which individuals experience various changes as they enter the aging phase. Degenerative processes bring about numerous transformations, including psychosocial changes such as anxiety. One prominent source of anxiety among the elderly is the fear of death. Addressing this anxiety requires integrating spiritual elements, such as SEFT (Spiritual Emotional Freedom Technique) therapy based on dzikir and prayer. This study aimed to determine the difference in anxiety scores related to facing death before and after SEFT therapy based on dzikir and prayer among the elderly in Cijati Village, Cimanggu District, Cilacap Regency. This quantitative study employed a pre-experimental design with a pre-test and post-test approach. The sample consisted of 32 individuals aged 60-70 years, selected using judgment sampling. Data were analyzed using the paired sample t-test. The findings revealed a significant difference in anxiety scores related to facing death before and after the SEFT therapy intervention based on dzikir and prayer, with a p-value of 0.000. It is concluded that there was a significant difference in anxiety scores related to facing death before and after SEFT therapy based on dzikir and prayer among the elderly in Cijati Village, Cimanggu Sub-District, Cilacap Regency.

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INTRODUCTION

Old age, also known as the elderly stage, is the final phase in the human life cycle. It is a natural stage of life that every individual will inevitably experience (Nathalia, 2020). Life in old age involves various changes as individuals enter the aging phase. This is a natural process known as aging, characterized by a gradual decline in the functional capacity of body tissues during the later stages of life (Sonza et al., 2020). From a degenerative perspective, aging impacts multiple dimensions of life in the elderly (Yuliadarwati & Utami, 2022). The changes include physical, cognitive, psychosocial, sexual, and organ function alterations; one of the most common psychosocial changes experienced by the elderly is the emergence of anxiety (Rindayati et al., 2020).

The increase in anxiety among the elderly is influenced by various factors, including both internal aspects and their surrounding environment. Contributing causes include fear of loss, anxiety over changes in daily routines, loss of physical independence, chronic illnesses, and fear of death (Kazeminia et al., 2020). One of the primary factors contributing to anxiety in older adults is the fear of death. This fear often stems from excessive and irrational thoughts, such as fear of suffering in the afterlife or the feeling of being unprepared to face death. Elderly individuals experiencing severe anxiety may even withdraw completely from their daily activities (Dinakaramani & Indati, 2018).

Anxiety related to the fear of death is associated with religious or spiritual factors, as demonstrated by the study of Solaimanizaden (2020), which shows a correlation between spiritual health, religiosity, and death anxiety in the elderly. Therefore, a well-planned spiritual-religious approach is needed to help reduce death anxiety in older adults (Solaimanizadeh et al., 2020).

Currently, there are two therapeutic methods provided for individuals with anxiety: pharmacological and non-pharmacological therapies. Pharmacological therapy involves the administration of medications such as antidepressants, anxiolytics, and beta blockers, aimed at controlling certain physical symptoms of anxiety, such as rapid heartbeat and muscle tension (Vidayanti et al., 2018).

One non-pharmacological therapy that encompasses physical, intellectual, social, emotional, and spiritual aspects is the Spiritual Emotional Freedom Technique (SEFT), as described by (Prasetia Arnata et al., 2018) SEFT therapy combines spiritual therapy and the body's energy system with tapping on specific areas of the body. In its application, the Spiritual Emotional Freedom Technique (SEFT) can be understood through the integration of several psychological and spiritual theories. According (Lazarus, 1984) to coping theory, individuals facing stress may adopt emotion-focused coping strategies—efforts aimed at regulating or reducing the negative emotions associated with stressful situations. SEFT falls within this category, as its tapping techniques and spiritual affirmations help individuals release negative emotions directly. Furthermore, (Goleman, 1995) theory of emotional intelligence emphasizes the importance of recognizing and managing emotions as essential components of psychological well-being. Through SEFT, individuals are guided to identify negative emotions and manage them using a sequence of tapping exercises and positive, spiritually grounded affirmations. This process enhances self-awareness and self-regulation within the framework of emotional intelligence. From a spiritual perspective, (Kenneth I. & Pargament, 1997) theory of religious coping asserts that individuals may respond to life stressors through spiritual mechanisms such as prayer, surrender, and the search for meaning. Within SEFT, spiritual

components—such as the affirmation “I surrender and accept with sincerity to God”—reflect forms of positive religious coping, which provide inner peace and strength in facing adversity. Thus, SEFT represents a holistic intervention that bridges psychological and spiritual dimensions. It functions not only as a technique for emotional stress management but also as a medium for fostering meaning-making and spiritual connection, both of which play a crucial role in enhancing mental health and overall well-being. This technique aims to improve human behavior, emotions, and thoughts, which helps reduce anxiety and enhance overall well-being (Prasetya Arnata et al., 2018).

Old age represents the final phase in the human life cycle, marked by various physical, psychological, social, and spiritual changes. One of the most commonly encountered psychological issues among the elderly is death anxiety, particularly among those suffering from chronic illnesses. This form of anxiety can negatively affect the quality of life of older adults, manifesting in sleep disturbances, impaired concentration, social withdrawal, and difficulties in performing daily activities. A variety of intervention approaches have been employed to address anxiety in the elderly, one of which is the Spiritual Emotional Freedom Technique (SEFT)—a therapeutic method that combines meridian point stimulation with affirmations and spiritual practices. Several previous studies have demonstrated that SEFT is effective in reducing general anxiety levels. However, research specifically evaluating the effectiveness of SEFT in alleviating death anxiety among the elderly remains very limited.

Most previous studies utilized general anxiety measurement tools such as the Hamilton Anxiety Rating Scale (HARS), which are not designed to capture the

specific dimensions of death-related anxiety. In response, this study employs the Death Anxiety Questionnaire, which has been validated by the researcher, to obtain more accurate and contextually relevant data on death anxiety in elderly populations. Furthermore, this study adopts a modified version of SEFT by incorporating elements of *dzikir* (Islamic chanting) and prayer as a psychospiritual approach aligned with the religious values of rural elderly communities in Indonesia. Based on a preliminary study conducted by the researcher at an integrated health post (*posyandu*) for the elderly in Cijati Village, the Death Anxiety Scale was distributed at the health post, and door-to-door interviews were conducted with elderly individuals suffering from chronic illnesses. Data were collected from 40 elderly participants. Of these, 30 individuals (75%) exhibited high levels of death anxiety, 5 individuals (12.5%) demonstrated moderate anxiety, and 5 individuals (12.5%) reported mild anxiety.

Interview findings revealed that most elderly participants with high levels of death anxiety reported feelings of weakness when thinking about death, difficulties sleeping, trouble concentrating, and disruptions in daily functioning. They also expressed reluctance to travel long distances due to fear of accidents that might result in death. One 62-year-old participant stated that his death anxiety stemmed from an unresolved chronic illness and expressed fear that his condition would deteriorate, leading to sudden death. This individual was often observed daydreaming outside the home, rarely engaged in conversation, and experienced sleep disturbances.

These findings indicate that death anxiety is a significant issue requiring appropriate intervention. To date, no studies have directly examined the effectiveness of SEFT in reducing death anxiety among elderly individuals in rural settings, particularly in Indonesia. Therefore, this research is crucial

to addressing the existing gap in the literature and contributing to the development of more contextual, evidence-based psychospiritual non-pharmacological interventions in gerontological nursing practice.

METHOD

This study is a quantitative research with a pre-test-post-test design approach, involving a population of 90 elderly individuals and a sample size of 32 elderly participants. The sampling technique used was judgment sampling. The Death Anxiety Questionnaire is the instrument used in this study. This questionnaire adopts the model from the research conducted by (Conte, 1982) and (Subianto, 2017). It consists of fifteen questions, with each item reflecting the patient's response to death anxiety. There is a scale of 0 for "no," 1 for "slightly," and 2 for "very" for each response. The total score ranges from 1 to 30; scores from 1 to 7 indicate no anxiety, scores from 8 to 13 indicate mild anxiety, scores from 14 to 20 indicate moderate anxiety, scores from 21 to 26 indicate severe anxiety, and scores from 27 to 30 indicate very severe anxiety. The researcher tested the validity and reliability of this instrument at the elderly integrated healthcare post in Desa Cijati, with results showing that statements 1 to 15 had a minimum correlation coefficient value of 0.335 and a maximum correlation coefficient value of 0.445. Therefore, all statements were deemed valid as they exceeded the minimum correlation coefficient value of 0.3. The questionnaire's reliability was found to have a Cronbach's alpha value of 0.775, which is considered reliable, as the value exceeds 0.6. The study met the research ethics requirements with approval number KEPK/UMP/53/XI/2024. The data analysis in this study involved univariate and bivariate analyses. In the bivariate analysis, normality tests were conducted using the Shapiro-

Wilk test, and statistical testing was performed using the Paired Sample t-test method.

RESULTS

Respondent Characteristic

Table 1. Respondent Characteristics Distribution of respondents based on age, gender and disease characteristics.

Age	Min-Max	Mean
60-70	60-70	65,81±3.555
Gender	Frequency (n)	Percentage (%)
Male	16	50.0
Female	16	50.0
the disease suffered	Frequency (n)	Percentage (%)
Heart	8	25,0
Stroke	11	34,4
Diabetes	4	12,5
Melitus		
Kidney failure	1	3,1
Asthma	8	25,0

Source: Researcher's Processed Data, 2025

From tables 1, A total of 32 respondents were involved in this study, with a mean age of 65.81 ± 3.555 years. The minimum age was 60 years, and the maximum age was 70 years. Regarding the distribution of respondents based on gender and underlying health conditions, all 32 respondents were within the age range of 60 to 70 years. In terms of gender, 16 respondents (50.0%) were female, and 16 respondents (50.0%) were male. Concerning the health conditions reported, 8 respondents (25.0%) had heart disease, 11 respondents (34.4%) had suffered a stroke, 4 respondents (12.5%) had diabetes mellitus, 1 respondent (3.1%) had kidney failure, and 8 respondents (25.0%) had asthma.

Table 2. Death anxiety score before and after giving SEFT therapy based on dzikir and prayer to the elderly.

activity stages	Mean±SD
Before	17.00±48.13
After	7.90± 31.39

From table 2, The results indicate a change in death anxiety scores before and after the intervention. This change is reflected in the Mean \pm SD score, which was 17.00 ± 48.13 before the intervention and 7.91 ± 31.56 after the intervention. These findings suggest that, on average, respondents experienced moderate levels of death anxiety prior to receiving the SEFT therapy based on dzikir and prayer, whereas after the therapy, the average score indicated no anxiety.

Table 3. normality test

Anxiety Score	Shapiro Wilk	
	Df	Sign
Before	32	.608
After	32	.563

It can be seen table 3 that the significance value of the normality test for death anxiety scores before the SEFT therapy based on dzikir and prayer was ($p = 0.608$), while the significance value of the normality test for death anxiety scores after the SEFT therapy was ($p = 0.563$).

Table 4. Uji Paired Simple T-test

Variable	Mean	SD	t(DF)	P(Value)	CI95%	
					Lower	Upper
Death anxiety scores before and after the administration of SEFT therapy based on dzikir and prayer	9.009	3.02	16,593	.000	7.980	10.217

From table 4, The results of the Paired Sample t-test showed a significance value (p-value) of 0.000. Since the p-value is less

than 0.05, namely 0.000, the research hypothesis is accepted. This indicates that there is a significant difference in death anxiety scores before and after the administration of SEFT therapy based on dzikir and prayer among the elderly.

DISCUSSION

Respondent characteristics

In a study involving 32 respondents, understanding respondent characteristics is essential for gaining insights into the population under investigation. The analysis revealed that the average age of the respondents was 65.81 ± 3.555 years, indicating that the mean age was approximately 65 years, with a maximum age of seventy and a minimum age of sixty. The distribution of characteristics based on gender showed that 16 respondents (50.0%) were male and 16 respondents (50.0%) were female, indicating an equal representation of both genders. Regarding the distribution of health conditions, the majority of respondents suffered from stroke, with 11 individuals (34.4%), followed by heart disease in 8 respondents (25.0%), asthma in 8 respondents (25.0%), diabetes mellitus in 4 respondents (12.5%), and kidney failure in 1 respondent (3.1%). Based on the Bivariate Correlation Test conducted to determine the relationship between the diseases suffered and death anxiety scores, the result yielded a significance value of 0.166, which is greater than 0.05. This indicates that there is no significant relationship between the respondents' underlying diseases and their levels of death anxiety.

Death Anxiety Scores Among the Elderly Before the Intervention

Based on the research findings regarding elderly individuals who experienced anxiety before the intervention, the Mean \pm SD score was 17.00 ± 48.13 , indicating that, on average, the respondents had a moderate level of death anxiety.

Death Anxiety Scores Among the Elderly After the Intervention

Based on the research findings on elderly individuals experiencing anxiety after the intervention, the Mean \pm SD score was 7.90 \pm 31.39. This indicates that following the administration of SEFT therapy based on dzikir and prayer, the average respondent no longer experienced death anxiety, with a score reduction of 9.09. This reflects a clear decrease in death anxiety levels post-intervention, with no respondents exhibiting severe or very severe anxiety.

These findings are consistent with a study conducted by Asmawati (2020), which also demonstrated the effect of SEFT therapy on anxiety. In her research, the Wilcoxon test yielded a p-value of 0.001 ($p < 0.05$), indicating that SEFT therapy significantly influenced anxiety levels among drug rehabilitation residents at Pelita Jiwa Foundation, Insani Padang. This aligns with the results of the present study, which also showed a reduction in anxiety after the implementation of SEFT therapy based on dzikir and prayer (Asmawati et al., 2020).

Furthermore, this study supports the findings of Nurrohmah (2022), who found a significant difference between pre- and post-therapy anxiety scores. In that study, the mean anxiety score prior to SEFT therapy was 11.14, while the post-therapy score was reduced to 6.43, with a mean difference of 4.714. This reflects a substantial decrease in anxiety levels, indicating a measurable change in the respondents' emotional state (Nurrohmah & Rinaldi, 2022).

Differences in Death Anxiety Scores Before and After the Administration of SEFT Therapy Based on Dzikir and Prayer in the Elderly

The data analysis in this study was conducted using an inferential statistical approach, specifically employing the Paired Sample T-test to examine significant

differences. Prior to performing this test, the first step was to assess the normality of the data distribution. Given the sample size of 32 respondents, the Shapiro-Wilk test was chosen as the method for testing data normality. The Shapiro-Wilk test is considered more appropriate for sample sizes under 50, making it a more suitable choice compared to other normality tests.

The results of the normality test showed significance values of 0.608 before the intervention and 0.563 after the intervention. Both values exceed the threshold of 0.05, which is the significance level used in the Shapiro-Wilk test applied in this study. These results indicate that the data on death anxiety scores, both before and after the intervention, were normally distributed. Therefore, the data met the requirements for further analysis using a parametric statistical test, namely the Paired Sample T-test.

The Paired Sample T-test was applied to evaluate changes in death anxiety scores before and after the intervention. Based on the analysis, a p-value of 0.000 was obtained, which is below the significance level of 0.05, as defined in the Paired Sample T-test. This indicates that the research hypothesis was accepted, meaning there was a significant difference in death anxiety levels among the elderly before and after receiving SEFT therapy based on dzikir and prayer.

Based on these results, the researcher concluded that there was a reduction in death anxiety scores and an observable improvement in the symptoms experienced by the respondents. This reduction occurred after undergoing SEFT therapy based on dzikir and prayer for one week, with the therapy administered once daily. The anxiety levels showed a gradual decrease until the therapy was completed. During the SEFT sessions, the researcher also communicated directly with the respondents about their feelings, and they reported feeling more relaxed and more resigned to the will of Allah after the therapy.

This is attributed to the respondents feeling more relaxed and calm after undergoing the therapy process. The principle behind the tapping technique is that it sends activation and deactivation signals to the brain, which regulates the body's energy flow, balances and harmonizes the system, relaxes emotions, and optimizes the mind-body connection. This process can help respondents feel more at ease and calm (Dincer & Inangil, 2021).

These findings are consistent with the results of a study conducted by Dincer (2020), which demonstrated that Emotional Freedom Techniques (EFT) are effective in reducing stress, anxiety, and fatigue among nurses caring for COVID-19 patients. The study reported a significant decrease in stress levels ($p < .001$), anxiety ($p < .001$), and fatigue ($p < .001$), indicating that EFT has a strong impact. Therefore, it can be concluded that Emotional Freedom Technique is an effective method for managing stress, anxiety, and fatigue (Dincer & Inangil, 2021).

In addition to the relaxation process through tapping, SEFT therapy is also enriched with spiritual affirmations. In the Set-Up stage, the therapy begins with prayer and surrender to Allah, followed by the utterance of the phrase "Istighfar" seven times while pressing the sore spot and karate chop points. This stage is followed by The Tapping, which involves tapping on nine body meridian points while reciting dzikir phrases, helping the respondents feel more surrendered and calm. In the final stage, which involves prayer, respondents ask for safety in this world and the hereafter, fostering feelings of submission and sincerity to Allah. The sentences of dzikir and prayers recited during the therapy serve as affirmations and reinforcement of their helplessness, while also representing a complete surrender to Allah. This process is able to transform the respondents' beliefs, making

them more adaptive to previously feared objects or situations.

Similar findings were reported by Kusuma (2020), who stated that dzikir therapy significantly contributed to reducing anxiety in chronic kidney disease patients undergoing hemodialysis procedures in Indonesia. dzikir, performed by remembering, mentioning, and maintaining a connection with Allah through words, movements of the heart, or body, is understood as a means to seek inner peace. Through dzikir, it becomes a form of worship that brings tranquility to the soul, strengthens closeness to Allah, and serves as a path to attain safety and liberation from various difficulties, in accordance with the guidance of Allah and His Messenger (Kusuma et al., 2020).

Thus, therapy that combines spirituality through Istighfar, dzikir, prayer, sincerity, and submission, along with an energy psychology approach through tapping, has proven effective in neutralizing negative emotions. This combination helps respondents become more adaptive in facing anxiety, particularly when thinking about death.

Based on the analysis of the questionnaires filled out by respondents in the moderate and severe anxiety score categories before the intervention, many respondents expressed concerns about death. These concerns included fear of facing death, worry about suffering from prolonged illness before death, fear of experiencing a painful death, and worry about what will happen after death. According to a statement from one respondent with diabetes mellitus, who had a severe anxiety score before the intervention, the statement "I am worried about dying" received an anxiety score of 2 (very worried). The statement "I am worried about suffering from a long illness before dying" also received a score of 2 (very worried). Furthermore, the statement "I am worried that I will face a very painful death" received a score of 2 (very worried), and the statement "I am worried about what will

happen after I die" also received a score of 2 (very worried). After the intervention, the respondent was asked to fill out the questionnaire again. Based on the statement "I am worried about dying," the respondent received a score of 1 (slightly worried). For the statement "I am worried about suffering from a long illness before dying," the score was 1 (slightly worried). Next, the statement "I am worried about facing a very painful death" received a score of 1 (slightly worried), and the statement "I am worried about what will happen after death" was scored as 1 (slightly worried). Overall, these results reflect a decrease in the anxiety score of the respondent after the intervention, from 2 (very worried) to 1 (slightly worried). Although the reduction has not yet reached a score of 0 (not worried), these results still indicate a positive effect of the intervention in reducing the respondent's anxiety regarding death.

The data analysis indicates a statistically significant difference in death anxiety scores among the elderly before and after the implementation of SEFT therapy based on dzikir and prayer.

Several studies provide convincing evidence of the effectiveness of SEFT therapy in reducing anxiety. One such study conducted by Ardan (2020) revealed that SEFT therapy can help reduce depression levels in individuals with HIV and AIDS. The results of the Paired Sample T-test, which yielded p-values of 0.001, 0.000, and 0.000, confirm a statistically significant reduction. These findings indicate that after undergoing SEFT therapy, there was a significant decrease in depression levels among individuals with HIV and AIDS (Ardan et al., 2020).

This study aligns with the findings of a study conducted by Fadil (2020), which showed a significant reduction in anxiety levels in clients after undergoing SEFT therapy. Fadil stated that SEFT therapy effectively

addresses various physical and emotional issues, supports healthier psychological personal development, and does not have side effects on the social environment. This therapy has also been proven to be highly effective in reducing stress, depression, and anxiety levels (Fadli et al., 2020).

This study is consistent with the research conducted by Nuroh (2022), which demonstrated the effectiveness of SEFT therapy in reducing death anxiety (thanatophobia) in the elderly at Masjid Nurul Ikhsan. With a significance value of 0.012 in the regression coefficient test, which is less than 0.05, it can be concluded that SEFT therapy has a statistically significant impact on managing death-related anxiety. A significant reduction in anxiety was recorded, with a 62% reduction in high-level anxiety, 80% in moderate-level anxiety, and 100% in mild anxiety (Nuroh, 2022).

CONCLUSIONS AND RECOMMENDATION

This study produced a p-value of 0.000, indicating a high level of significance as it is below the threshold value of 0.05, according to the Paired Sample T-test standard. Therefore, the research hypothesis is accepted, which indicates that there is a significant difference in death anxiety scores before and after the SEFT therapy based on dzikir and prayer was administered to the elderly.

Given the findings of this study, which demonstrate that SEFT therapy based on dzikir and prayer is effective in reducing death anxiety among the elderly, this intervention can be considered a relevant non-pharmacological alternative in gerontological nursing practice. This approach is not only emotionally therapeutic but also provides the spiritual comfort that elderly individuals need in facing the final stage of life. Therefore, a proposed solution is the integration of SEFT therapy into elderly healthcare services, both in primary healthcare settings such as community health centers (*puskesmas*) and

integrated service posts (*posyandu*), as well as in community-based nursing practices. Training programs for healthcare workers and *posyandu* cadres are necessary to equip them with the skills required to deliver spiritually-based SEFT techniques, enabling independent and sustainable implementation of the therapy.

In addition, the involvement of families and communities plays a crucial role in creating a supportive and religious environment for the elderly. Based on these findings, it is recommended that future research further explore the effectiveness of SEFT therapy in other contexts, such as among elderly individuals with chronic illnesses, loss of physical independence, financial difficulties, or family-related problems. Future studies are also encouraged to employ more rigorous experimental designs with larger and more diverse populations to enhance the generalizability of the results. Support from policymakers is also expected in the form of regulations and funding to develop spiritual therapy programs within primary healthcare services. Thus, SEFT therapy based on *dzikr* and prayer has the potential to become an integral component of a holistic approach to improving the quality of life of the elderly.

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