MADANI MULTIDISCIPLINARY JOURNAL (MUDIMA)
Homepage: https://journal.formosapublisher.org/index.php/mudima
ISSN: 2808-5639 (Online)
Research Article

Volume 5, No 1, January (2025)	DOI: https://doi.org/10.55927/mudima.v5i1.13683	Page: 1-13

The Effectiveness of the *Spiritual Emotional Freedom Technique* (SEFT) to Reduce Anxiety in Hypertensive Patients in Hospital X Banyuwangi City in Terms of *Big Five Personality Traits*

Ajeng Pradnyaswari Suryawirawan[1*], IGAA Noviekayati[2], Dyan Evita Santi[3]
University 17 August 1945 Surabaya
Corresponding Author: Ajeng Pradnyaswari Suryawirawan 522200005@surel.untag-sby.ac.id

ARTICLEINFO

Keywords: Hypertension, Spiritual Emotional Freedom Technique, Big Five Personality Traits

Received : *3 November*
Revised : *23 December*
Accepted : *22 January*

ABSTRACT

This study aims to examine the effectiveness of the *Spiritual Emotional Freedom Technique* therapy to reduce anxiety in patients with hypertension and to determine whether there are differences in anxiety reduction based on the five dimensions of the *Big Five* personality. This study consisted of 6 subjects who met the research criteria after going through a *screening* process involving medical records, measuring anxiety using HARS, and assessing personality dimensions using the *Big Five* scale. SEFT (*Spiritual Emotional Freedom Technique*) therapy was given as an intervention to reduce anxiety in patients. Data analysis was performed using the *Wilcoxon Signed Ranks Test* to compare anxiety before and after the intervention. In addition, *the Kruskal-Wallis* Test was used to test the difference in anxiety between different personality groups. The results of the analysis showed that SEFT (*Spiritual Emotional Freedom Technique*) therapy was effective in reducing the anxiety of hypertensive patients. *The Wilcoxon* test showed a significant decrease in anxiety levels, with an average value of patient anxiety before intervention of 33.50 and after intervention of 23.00. This proves that SEFT therapy can reduce anxiety in patients. Meanwhile, the *Kruskal Wallis* Test showed no significant difference in anxiety reduction based on personality with a p-value (*Asymp.Sig*) of 0.303 > 0.05. Thus, it can be concluded that although SEFT therapy can reduce anxiety in hypertensive patients, personality does not affect the response to this intervention

INTRODUCTION

Middle age is generally seen as the age period between 40 and 60. This period is ultimately characterized by physical and mental changes (Hurlock, 2011). Middle age is an extended period, and as they age, individuals in the middle adulthood phase have a greater fear of death than any other developmental stage (Santrock, 2012). Radical adjustments to changing roles and life patterns, especially when accompanied by various physical changes, always tend to break a person's physical and psychological homeostasis and lead to a period of stress, a time when several significant adjustments must be made in the home, business, and social aspects of their lives (Santrock, 2012). Developmental tasks in middle age are one of them adjusting to changes in physiological functioning. Changes in the external body co-occur with changes in the internal organs and their functioning. Middle age is characterized by a decline in general physical fitness and other common problems such as easy fatigue, changes in body parts, directly or indirectly caused by changes in body tissues, increased blood pressure, and many experiencing heart attacks (Hurlock, 2011). In middle adulthood, blood pressure and cholesterol levels generally increase. Both can be influenced by various factors, such as heredity, gender, an irregular diet with food also consumed, less health, and so forth. Increased blood pressure in middle-aged women is also influenced by menopause. During menopause, women experience hormonal changes (Tiara & Qudsyi, 2018).

Hypertension generally occurs in individuals over 40 due to the decreased elasticity of the blood vessels (Prayitno, 2013). With a decrease in body function, blood vessels become increasingly stiff, causing problems in blood flow. One study showed that the age group of 50-64 years is the age group with the most hypertension (Adriani, 2016). Hypertension occurs in the productive age population in Indonesia in the age group 18-24 years, accounting for 13.2% of the total population. This figure increased to 20.1% for the 25-34 age group. The productive age group, namely 35-44 years, dominates with a percentage of 31.6%. Meanwhile, the 45-54 years and 55-64 years age groups contributed 45.3% and 55.2% respectively (Hintari, 2023). Based on previous results by Irma, Setiyawan, and Antara (2021) revealed based on the results of the study, it is known the respondents in the early adult age category or 26-35 years of age were 12 respondents with a percentage of (34.3%). Meanwhile, respondents in the late adulthood category or aged 36-45 years were 23 respondents with a percentage of (65.7%). Other studies have found that as age increases, the response given by individuals to situations that threaten health is a better understanding of the concept of health and the need to maintain health so that efforts to prevent disease will be better. According to Galih's research (2017), someone who has found out that he has hypertension then at that time also experiences anxiety and thinks worse about his illness because it becomes a significant burden in his health problems.

Hypertension is a pathological condition characterized by a chronic increase in arterial blood pressure, where systolic and diastolic values exceed the standard limit of more than 140/90 mmHg. (Sanjani, 2022). People with high blood pressure often experience complaints such as headaches, dizziness, weakness, difficulty breathing, feeling restless, nausea, and vomiting, which can cause decreased consciousness (Pratama, 2022). Hypertension is often called *The Silent Killer* because it is often without complaints (Kemenskes RI, 2020). In Indonesia, the prevalence of hypertension cases in 2022 reached 63,309,620 people, while the death rate due to hypertension was recorded at 427,218 people. (Alkhusari, 2023). Hypertension is becoming an increasingly serious global health problem. The number of sufferers continues to soar and is expected to reach 1.5 billion by 2025. The impact is enormous, with around 9.4 million people dying every year due to this disease and other comorbidities. World Health Organization (WHO) statistics in 2019 showed that the prevalence of hypertension in the 7.7 billion total world population, Southeast Asia is in the third

highest position with a prevalence of 25% of the total population. Data from the Regional Health Research (Riskesdas, 2018) of Sumatra province shows that 63 million West Indonesian residents suffer from hypertension. The estimated number of hypertension cases in Indonesia is 63,309,620 people, while the death rate in Indonesia due to hypertension is 427,218 people. Yusuf (2023) shows that hypertension is becoming a serious global health problem, with 1.28 billion adults aged 21-79 years, especially in low- and middle-income countries, living with this condition. For hypertension, factors in adulthood can be caused by unhealthy lifestyles such as smoking, excessive alcohol consumption, low physical activity, poor diet, lack of sleep duration or poor sleep quality, and stress and anxiety due to work demands (Siswanto et al., 2020). In addition, psychological disorders in the form of anxiety, stress, and depression significantly affect the increase in blood pressure, and unstable emotional conditions can also trigger high blood pressure or hypertension (Pratama, 2022). Physiologically, anxiety arises because the *hypothalamic corticotropin-releasing hormone (ACTH) and the hormone cortisol* are active so that blood pressure increases. Anxiety that is not treated will cause weakening of the patient's condition and can lead to worsening of the patient's condition, such as irregular heart rhythm, rapid pulse, dyspnea, and headache. In addition, anxiety in hypertensive patients is caused because hypertension tends to be extended in treatment, and there is a risk of complications (Mukti, 2022).

Anxiety is a feeling that arises when someone is faced with life-threatening circumstances; someone who feels excessive anxiety can result in anxiety disorders (Dean, 2016). Feelings of tension, worry, anxiety, and fear characterize anxiety. Anxiety in hypertensive patients physiologically when anxious *hypothalamus corticotropin-releasing hormone* (ACTH) and cortisol hormone will be active so that it can increase blood pressure (Mukti, 2022). Anderson (2005) states that anxiety and stress conditions will increase the release of cortisol and pheochromocytoma hormones that play a role in increasing blood steroid hormone levels. Steroid hormones will increase the production of excessive adrenaline so that epinephrine increases, which impacts increasing heart rate and blood pressure (hypertension). Anxiety can result in sympathetic stimulation, increasing the heart, the frequency of cardiac output beats, and vascular resistance; this sympathetic effect increases blood pressure. Anxiety increases blood pressure by 30 mmHg (Arifuddin, 2018). Anxiety in hypertensive patients can affect quality of life and adherence to treatment. In addition, research by Seafira et al. (2024) revealed that the longer a person has hypertension, the higher the level of anxiety felt. This is due to the belief that a disease that has been suffered for a long time but does not go away can cause fear of more severe complications. The duration of hypertension is the time a person is diagnosed with hypertension; the cause of the duration of hypertension is, of course, some of the speed with which a person develops hypertension. This is closely related to the factors that cause hypertension. The more factors that cause hypertension in a person, the more it will be possible to get hypertension faster than people who have no risk factors or who have few risk factors. (Merlis Simon, 2022). Complications from hypertension are also a factor that causes anxiety in patients; this anxiety arises because of the fear that worse conditions will occur, which makes patients experience severe anxiety. Complications from hypertension are also a factor that causes anxiety in patients; this anxiety arises because of the fear of worse conditions that will occur, and this makes patients experience severe anxiety. According to Rusdi & Nurlaela (2009), hypertension is a heart disease; someone suffering from hypertension has the potential to experience a stroke, heart disease, and glaucoma. These complications of hypertension tend to make sufferers experience severe anxiety and even panic.

Patients who experience hypertension complications such as stroke will experience physical mobility limitations that affect activity. Limited physical mobility will hinder a person. This

condition causes psychological problems for someone because they are not ready for the situation at hand, resulting in anxiety. Another factor that causes anxiety is the economy; economic limitations will cause an anxious response. Worry and fear for their health condition, besides changes in lifestyle in treatment and the length of time in treatment, will trigger hypertensive patients to feel anxious about their recovery. It is said that in people with hypertension who have had this disease for a long time, the level of anxiety they experience will be even higher (Suciana et al., 2020). Based on the results of research by Saefira, Khasanah, and Susanti (2024), this will make hypertensive patients feel afraid of death. The long process of treating hypertension that does not go away also increases the level of anxiety. Respondents who have had hypertension for a longer time tend to have a heavier level of anxiety because the longer the hypertension illness will cause the belief that the disease is getting worse. After all, it has suffered for a long time but has not gone away. Moreover, this hypertension disease will increasingly damage the vascular system, which will cause greater fear of death and more severe complications of hypertension. Based on the results of interviews with 15 respondents suffering from hypertension at Banyuwangi City Hospital who experienced anxiety. The anxious behavior obtained is difficulty starting to sleep; these respondents revealed that they experienced poor sleep triggered by anxiety, which made their minds uneasy, worried about the potential for hypertension / worsening the condition. The third behavior is that the respondent seeks reassurance about the condition and continuously checks blood pressure at the hospital or a health facility to ensure that his blood pressure is within normal limits. He follows several alternative treatments, such as consuming herbal remedies. In addition, respondents experienced physical symptoms such as muscle tension, difficulty breathing, chest pain, and headaches. It can be grouped based on the type of anxiety of the 15 respondents. Namely, overall, respondents experience physical anxiety and the appearance of excessive worry. This can include fear of complications of hypertension such as heart attack or stroke. Five respondents have the habit of checking their health condition excessively. Six respondents showed the behavior of taking excessive supplements and following several alternative treatments that were believed to cure their hypertension. In addition, the interview results obtained were feeling emotional sensitivity, such as being more irritable and sensitive to feeling depressed when facing stressful situations.

Anxiety experienced by hypertensive patients is manifested physically through physiological changes in the form of tremors, hyperhidrosis, tachycardia, abdominal pain, and shortness of breath. It is followed by visible signs of anxiety that are more restless, fast-talking, and startled reactions (Anam., et al., 2020). The feeling arises due to fear and ignorance of a person about what he is experiencing and what will happen next (Istirokhah, 2017). In line with the study by (Suciana, Agustuna, and Zakiatul, 2020), this anxiety arises because of the fear that worse conditions will occur; this is what makes patients experience severe anxiety. Another factor that causes anxiety is the economy; economic limitations will cause an anxious response. Various types of work will cause different anxious responses or psychological pressure due to their income; patients who do not have a fixed income and want to take treatment tend to experience anxiety. A person who has suffered from hypertension for a long time may become anxious due to hypertension, which tends to require relatively long treatment; there is a risk of complications, and it can shorten life (Hawari, 2013). The dimensions of personality can significantly influence anxiety disorders in the Big Five Personality model. Neuroticism, as the dimension most strongly associated with anxiety, reflects a person's tendency to experience negative emotions such as anxiety, stress, and depression. Individuals with high scores in neuroticism are more prone to anxiety disorders because they are more sensitive to stress and have higher emotional reactivity, making it easier to experience more

intense anxiety symptoms (Costa & McCrae, 1992). Various aspects of personality can influence anxiety, and the relationship between personality and anxiety levels can be explained through various psychological theories. Sigmund Freud, in his view of anxiety as an emotional reaction to the internal conflict between the id, ego, and superego, suggested that an individual's personality plays a key role in determining levels of anxiety. Freud identified three types of anxiety-reality anxiety, neurotic anxiety, and moral anxiety-all of which can be influenced by the internal dynamics of personality. Individuals with personality structures that tend to have more significant internal conflict or a stricter superego may experience higher anxiety (Freud, 1926). The dimensions of personality can significantly influence anxiety disorders within the Big Five Personality model. Neuroticism, as the dimension most strongly associated with anxiety, reflects a person's tendency to experience negative emotions such as anxiety, stress, and depression. Individuals with high scores in neuroticism are more prone to anxiety disorders because they are more sensitive to stress and have higher emotional reactivity, making it easier to experience more intense anxiety symptoms (Costa & McCrae, 1992).

A big five personality is a person's personality composed of five personality traits that have been formed using factor analysis and have a direct relationship with biological or natural heredity. The five dominant personalities can describe all people, but some people are characterized by extreme values on one of these dimensions; in other words, humans tend to have one of the dominant factors (Cervone & Pervin, 2012). Feist (2009) revealed that the big five is one of the personalities that can predict and explain behavior; this approach is used in psychology to see personalities that have been formed using factor analysis. Five traits are extraversion, agreeableness, conscientiousness, neuroticism, *and openness to experience*. Goldberg (1992) explains that the Big Five personality is one of the groupings of five traits that humans have in general, where each individual has a higher tendency among the five traits to be able to describe personality traits that distinguish from other people. In principle, there are five main types of a person's personality, namely openness to experience, conscientiousness, extraversion, agreeableness, *and neuroticism*. In the context of anxiety, Allport's view suggests that individuals with certain core traits, such as those associated with neuroticism, may be more prone to anxiety disorders. For example, individuals who have primary traits such as excessive uncertainty or a tendency to respond to stress in extreme ways may experience more intense and sustained anxiety. Central and secondary traits, although perhaps less dominant, can also play a role in how individuals cope with or manage anxiety. For example, traits that favor compliance and self-control may help individuals reduce the level of anxiety encountered, while traits such as emotional sensitivity may exacerbate anxiety symptoms (Allport, 1937). *Extraversion*, which reflects the extent to which an individual is comfortable in social situations and orientated towards the outside world, also plays a role in anxiety management. Individuals with high scores in extraversion are usually more confident and social and thus can better cope with social anxiety through social support and interaction (McCrae & Costa, 2004). However, may still experience anxiety in certain social situations, despite being more likely to have effective coping strategies thanks to the support from the social environment received. Chamorro-Premuzic and Furnham (2008) support this by showing that extroverted individuals can utilize social skills to relieve anxiety. *Openness* to experience is a dimension that describes the extent to which a person is open to new ideas and experiences. Research by McCrae and Costa (1997) suggests that openness can influence how a person deals with stress and anxiety, and open individuals can better adjust to change and challenges. *Conscientiousness* relates to levels of orderliness, responsibility, and attention to detail. Individuals scoring high on this dimension are typically more organized and disciplined, which can help manage anxiety through good planning and organization. Conversely,

individuals with low scores on conscientiousness may be more prone to feeling depressed due to a lack of structure in life (Digman, 1990). *Agreeableness*, which describes how an individual tends to be cooperative and considerate towards others, also affects anxiety. Individuals with high scores on agreeableness are usually more empathic and can build positive relationships with others, which may help the individual feel more secure and less anxious (Goldberg et al., 2006). In line with (McCrae Costa, 1999), individuals with trait agreeableness may experience less social anxiety due to more excellent social support. Conversely, individuals with low scores on agreeableness may experience more interpersonal conflict, which can increase anxiety.

Several therapies can reduce anxiety, namely Progressive Muscle Relaxation therapy in Elderly With Essential Hypertension in Jambi City, showing a decrease in anxiety where the relaxed state created by practicing progressive muscle relaxation techniques will cause a decrease in muscle tension levels, which has an impact on vasodilation of epinephrine and non-epinephrine blood vessels, resulting in a decrease in heart rate frequency, the movement of progressive muscle relaxation techniques can also reduce (Fitrianti, Putri, 2018). In addition, *Guided Imagery* therapy on Reducing Anxiety of Preoperative *Sectio Caesarea* Patients. Shows that the effect of reducing anxiety with guided imagery relaxation techniques causes the release of 'happiness' hormones (beta-endorphins) to increase to reduce feelings of stress or anxiety (Safitri, Agustin, 2020). In research (Adiyanti & Wilianto, 2012), Cognitive behavioral therapy to reduce anxiety in patients with high blood pressure showed a decrease in anxiety in the long term, able to activate the limbic system, which helps long-term memory more efficiently. Researchers will use another technique, the Spiritual Emotional Freedom Technique (SEFT), in this study. As part of complementary therapy, SEFT therapy is widely used for various physical problems, emotions, thoughts, attitudes, and motivation quickly, easily, and universally (Fitriana., et al., 2023). The key to the success of this SEFT technique is that the subject must be confident, surrender, sincere, khusyuk, and grateful so that the techniques used to reduce stress will be effective. (Zainuddin, 2010). Spiritual power is found in the set-up and tune-in stages where the subject is asked to pray surrender to Allah SWT, that whatever problems and pain are experienced, sincerely accept and surrender healing only to Allah SWT. The emotional burden (negative thoughts) experienced by individuals is the leading cause of the physical and non-physical illnesses they suffer from not being resolved. Unresolved emotional pressure will hinder the flow of energy in the body so that the body becomes weak and easily infected with disease, so the subject needs to neutralize negative thoughts with prayer sentences and foster a positive attitude that whatever psychological, mental, and pain problems are experienced if sincerely accept and surrender their healing to Allah SWT (Zainuddin, 2010).

According to Zainuddin (2010), the Spiritual Emotional Freedom Technique (SEFT) combines psychological energy, spiritual strength, and prayer to overcome negative emotions. The cognitive approach process in this SEFT technique uses negative thoughts and emotions experienced by the patient, changing them into positive thoughts by surrendering to Allah and submitting healing only to Allah, which will impact positive emotions. This is in line with the opinion of (Faiz in Rajin, 2012); SEFT therapy focuses on words or sentences spoken repeatedly with a regular rhythm accompanied by an attitude of surrender to Allah SWT. When a patient prays calmly (accompanied by a sincere heart and surrender), the body will experience relaxation and cause a patient to calm down. Breathing becomes regular, heart rate becomes regular and stable, blood circulation flows into the body, and they are genuinely relaxed. This problem is interesting to study with the title "The Effectiveness of Spiritual Emotional Freedom Technique (SEFT) Therapy to Reduce Anxiety in Hypertensive Patients at Hospital X Banyuwangi City, given the *Big Five Personality.*

METHODS

The population in this study were hypertensive patients at X Hospital in Banyuwang City, and the sample totaled 199 patients. Sugiyono (2014) states that the sample is part of the population's number and characteristics. Samples taken from the population must be representative (representative) and can describe the actual state of the population. In this study, researchers used *Purposive Sampling Technique*. This *Purposive Sampling* technique is a technique whose retrieval method is based on specific characteristics or traits already known in advance (Arifin, 2011). The criteria in this study are the age of the subject of this study, namely middle age: 40 - 60 years old, subjects are patients who have hypertension with blood pressure (140-159) concerning hospital medical records and have long diagnosed with hypertension for 1-2 years, subjects who have diverse personalities that refer to the five basic personalities (*Big Five Personality),* subjects also experience anxiety with moderate to high scores based on the HARS scale and are willing to follow the process from beginning to end and provide information by the purpose of the study, and are willing to fill in and agree to sign an *informed consent.* Taking subjects in this study refers to the personality type that meets the anxiety category of 6 subjects willing to follow and participate as research subjects. This study uses a type of experimental research with a *one-group* design. This study uses one experimental group that will later conduct support before and after the intervention.

RESULTS AND DISCUSSION

After the intervention, to answer the research hypothesis that the effectiveness of SEFT can reduce the anxiety level of hypertensive patients and whether there is a difference in reducing anxiety scores in hypertensive patients after the intervention is given, data analysis is carried out using the *Wilcoxon Signed Ranks Test* and *the Kruskal Wallis Test.* The results of the *Wilcoxon Signed Ranks Test* analysis to see the patient's anxiety level showed that there were differences in anxiety levels before and after the intervention in the form of SEFT. The difference can be seen from the comparison of the mean (average) before the intervention, which shows a value (of 33.50), and after the intervention, it shows a value (of 23.00). This shows that there is a decrease in anxiety in hypertensive patients. Thus, it can be concluded that the hypothesis in this study states that SEFT therapy can reduce anxiety in hypertensive patients. From the calculation results, it can be concluded that all subjects (N = 6) have experienced a decrease in HARS scores. From descriptive statistics, it can be seen that the average value of the Pre-Test score (33.50) is higher than the Post-Test score (23.00). This shows that there is a decrease in *HARS* scores after SEFT. The value of Asymp was found in the Wilcoxson Test data analysis results. *Sig. (2-tailed)* = 0.027, because the p-value (0.027) is smaller than 0.05, these results answer the researcher's first hypothesis, which states that there is an effect of SEFT to reduce Anxiety in Hypertension patients. It can be concluded that based on the results of the Wilcoxson Test, SEFT therapy has a significant effect on reducing anxiety in research subjects. All research subjects experienced a decrease in scores after SEFT therapy, and statistical tests proved that this decrease had a significant effect.

The results of the *Kruskal Wallis* Test analysis to see the hypothesis of whether there is a difference in anxiety levels after being given SEFT intervention in hypertensive patients obtained mean data obtained in hypertensive patients with Neuroticism personality with a value of 5.50 and the value in the *Kruskal Walllis* test is (0.303> 0.0005). This shows that after the SEFT intervention, there is no difference in reducing anxiety levels in subjects with different personality types. Based on the results obtained, it can be concluded that the *Spiritual Emotion Freedom Technique* can reduce anxiety. However, no significant differences were found between the different personalities of the research subjects. It is known that the number of student data experiencing Anxiety with *Conscientiousness personality is 1 subject. The Agreeableness personality is 1 subject,*

the Openness personality is 1 subject, the Extraversion personality is 1 subject, and the Neuroticism personality is 2 subjects. Subjects with the *Neuroticism* personality type have the highest mean rank value, namely (5.50), which means that subjects with the highest score on the *Neuroticism* personality type show a more significant decrease in anxiety than other personality types. At the same time, subjects with *Openness* personalities have (a mean rank of 4.00) lower than Neuroticism but higher than Agreeableness, Extraversion, and *Conscientiousness*. Subjects with the traits Agreeableness (mean rank = 1.00) and Extraversion and Conscientiousness (mean rank = 2.50) have a lower *mean rank*, which indicates that this type of personality experiences a smaller decrease in anxiety than the *Neuroticism* personality type. The results showed that the *p-value* = 0.303 > 0.05, meaning there is no significant difference in the reduction of Anxiety scores between the *Big Five* personality types (*Openness, Conscientiousness, Agreeableness*, and *Neuroticism*). In other words, these results indicate that SEFT does not show significant differences in effectiveness based on the personality types of *openness, Consciousness, Agreeableness*, and *Neuroticism*. In the subject of this study, it can be concluded that the type of personality possessed by the subject does not affect the effectiveness of SEFT administration in reducing anxiety in the subject of this study. However, looking through the *Mean Ranks* in the rank results table for *Self-Harm* data after being given SEFT on subjects with the *Neuroticism* personality type obtained a mean of (5.50). Then, the Neuroticism personality type experienced a faster decline when given SEFT compared to the openness, Consciousness, and *Agreeableness personality types.*

The results of the first hypothesis are that *Spiritual Emotional Freedom Technique is effective in* reducing anxiety in hypertensive patients. The conclusion of the results showed that the first hypothesis test was accepted. SEFT therapy is proven to be effective in reducing anxiety in hypertensive patients. This anxiety arises because of the fear that a worse condition will occur, which makes patients experience severe anxiety. According to Rusdi & Nurlaela (2009), hypertension is a heart disease; someone suffering from hypertension has the potential to experience a stroke, heart disease, and glaucoma. These complications of hypertension tend to make sufferers experience severe anxiety and even panic. Anxiety experienced by hypertensive patients will worsen the condition of hypertension. Physiologically, anxiety can activate the hypothalamus, which will then release corticorticotrophin-releasing hormone (ACTH) and cortisol hormone, thus causing an increase in blood pressure. According to Galih's research (2017), someone who has found out that he has hypertension then at that time also experiences anxiety and thinks worse about his illness because it becomes a significant burden in his health problems. According to Stuart (2007), mental conflict is one of the causes of anxiety; the emergence of anxiety is highly dependent on individual conditions in the sense that emotional experiences or mental complications that occur in individuals will facilitate the onset of anxiety symptoms. According to Stuart (2005), physical changes are internal factors that cause anxiety in a person, such as changes in the cardiovascular, nervous, respiratory, and decreased immune systems. The success of SEFT therapy in reducing anxiety is in line with the mechanism of action. The tapping technique at specific points stimulates the hypothalamus to release calming endorphins and simultaneously reduce cortisol levels. This stress hormone plays a role in increasing blood pressure. (Hintari, 2023). This is related to research conducted by Pratama (2022) based on the results of research conducted by hypertension respondents experiencing mild anxiety after the Spiritual Emotional Freedom Technique (SEFT) therapy. The decrease in anxiety occurs due to patients feeling calmer and more relaxed. The development of this technique includes a combination of relaxation techniques with elements of meditation involving factors of surrender and belief (Pratama, 2022).

Respondents attempt to achieve a state of deep relaxation by repeating positive words about surrender. This state allows the body to regulate hormone production more optimally. The body can release the emotions of anger and resentment experienced. All the burdens of the mind are entirely released at that time so that they feel calm, more confident, have increased confidence, have reduced burdens, and are more able to accept the situation than before. In line with research (Hintari, 2023), all negative thoughts of the patient will be changed into positive things by neutralizing them with surrender prayers accompanied by sincerity and sacrifice, which can strengthen the effect of SEFT therapy. This can trigger the release of stress hormones such as cortisol and epinephrine, which can trigger heart function (Hintari, 2023).

Direct comparison of this study with previous findings exploring the relationship between personality traits and hypertension is not possible due to the use of different personality assessment tools and sample characteristics, and studies focusing on the relationship between personality dimensions are missing. The current study found that high neuroticism traits were associated with hypertension. This aligns with previous research that states that individuals who score high in neuroticism tend to view the world negatively. In addition, a person with neuroticism traits, who experiences negative emotions and is over-reactive to stress, may have a greater chance of developing hypertension. In this study, the *Big Five Personality* Scale was used to identify how the five dimensions of personality may influence the response to SEFT therapy. Differences in anxiety from *Big Five Personality Neuroticism* have a significant relationship with anxiety levels in hypertensive patients. Individuals with high scores on neuroticism tend to be more prone to stress and worry. Previous research by Strickhouser et al. (2017) showed that *neuroticism* is positively associated with the risk of anxiety disorders, especially in individuals with chronic health conditions such as hypertension. Increased blood pressure can exacerbate the stress response, strengthening the relationship between neuroticism and anxiety. Individuals with high levels of extroversion tend to have lower anxiety than those who are introverted. *Extroverted* traits, which include being optimistic, social, and energetic, may help them manage stress better. This finding is consistent with the research of Terracciano et al. (2008), who found that *extroversion* can be protective against the adverse effects of anxiety in individuals with chronic illness. Openness to experience had a less significant relationship with anxiety in hypertensive patients. Individuals with high openness may be more receptive to information related to their health condition, but the impact on anxiety management varies. According to Soto et al. (2011), *Openness* is not directly related to anxiety but may influence the way individuals process medical information. Patients with high *agreeableness* scores showed lower levels of anxiety. Their tendency to be cooperative and orientated towards interpersonal relationships can increase social support, an important factor in lowering anxiety levels. This is reinforced by the findings of Aschwanden et al. (2021), who emphasized that *agreeableness* is related to improving the quality of social relationships that contribute to emotional well-being. Individuals with *conscientiousness* have lower anxiety compared to those who are less *conscientious*. This personality trait is associated with better time management, planning, and responsibility, so they tend to adhere to medication and maintain a healthy lifestyle. Research by Bogg and Roberts (2013) supports these findings, showing that *conscientiousness* is associated with adherence to medical therapy in hypertensive patients, which can reduce stress and anxiety. The results showed that although each personality showed different levels of anxiety before the intervention, SEFT therapy can significantly reduce anxiety in all dimensions of personality, namely *Openness, Conscientiousness, Extraversion, Agreeableness*, and *Neuroticism.*

Factors that may influence the absence of differences in anxiety in hypertensive patients based on Big Five Personality type are factors in medical

management; hypertensive patients generally get similar medical management, such as antihypertensive drugs, regular consultations, and healthy lifestyle recommendations. This uniformity can reduce anxiety levels, regardless of personality differences. Consistent medical care plays a role in stabilizing blood pressure, which indirectly reduces psychological stress (Banegas, 2011). In addition, based on the results of Layton's (2010) research, social support from family, friends, or community can be a buffer for anxiety, regardless of individual personality type. Patients who feel supported have a better ability to deal with psychological pressure, so personality differences are not very influential. As well as the role of the concomitant disease, i.e., hypertension as a chronic disease, affects all patients deeply, regardless of their personality. The primary focus of patients is often disease management rather than emotional responses to psychological distress. This may reduce the influence of personality on anxiety (Williams, 2018).

CONCLUSION

Based on the results of the study, it can be concluded that Spiritual Emotional Freedom Technique (SEFT) therapy is effective in reducing anxiety levels in hypertensive patients. This is evidenced through the Wilcoxon Signed Ranks Test analysis, which shows a decrease in the average anxiety level before and after the intervention. This decrease reflects that SEFT is successful in reducing anxiety, which often arises from patients' concerns about serious complications of hypertension, such as stroke, heart disease, and glaucoma. However, based on the results of the Kruskal-Wallis Test, there was no significant difference in the reduction of anxiety levels after SEFT intervention in hypertensive patients with different personalities, although patients with Neuroticism traits tended to show higher anxiety levels. These findings suggest that SEFT can reduce anxiety in hypertensive patients in general, regardless of personality type. However, the results of this study indicate that music therapy can also significantly reduce anxiety on various dimensions of personality, namely Openness, Conscientiousness, Extraversion, Agreeableness, and Neuroticism, without any significant difference between personality types. It can be concluded that SEFT therapy is effective in reducing anxiety in hypertensive patients as a whole. However, this study had no significant differences based on personality dimensions. This decrease in anxiety provides excellent benefits for hypertensive patients in preventing further complications. This study confirms the importance of psychological interventions such as SEFT as part of a holistic approach to managing anxiety in patients with chronic conditions.

Although this study has strengths, it still has some limitations. Firstly, the data collected in this region may be unique, and replication of the study in other regions may yield different results. Secondly, the sample size of this study is relatively small as the researcher did not find a relationship between personality types. Nonetheless, this research forms the basis for a longitudinal study to evaluate this relationship further. Thirdly, the study's results will be limited in terms of generalisability. Further research examines populations from other countries.

REFERENCES

Alkhusari, Kheniva Diah Anggita, & Agum Satrio. (2023) The Effect of Health Education in Home Care Services on Changes in Lifestyle Behaviour of Patients with Hypertension. Aisyiyah Medika Journal. 8(2), 42-51.

Anam, Upoyo, Isworo et al (2020). *Spiritual Emotional Freedom Technique (SEFT)* to reduce anxiety levels in hypertension patients. Journal of Community Health Development Vol.1 No.1.

Arifin, M.H.B.M, Weta, I.W. & Ratnawati, N.L.K.A. (2016). Factors associated with hypertension in the elderly in UPT Pusesmas petang 1 Bandung district working area in 2016.

Aschwanden, D., Gerend, M. A., Luchetti, M., Terracciano, A., & Stephan, Y. (2021). Personality traits and health behavior change: A coordinated integrative review. *Health Psychology*, 40(7), 494-506.

Bell, J. A. (2001). Length of course and levels of statistics anxiety. Education, 121(4), 713–716.

Bogg, T., & Roberts, B. W. (2013). The case for conscientiousness: Evidence and implications for a personality trait marker of health and longevity. *Annals of Behavioural Medicine*, 45(3), 278–288.

Chew & Dillon. (2013). *Statistics anxiety and the Big Five personality factors. Procedia Social and Behavioural Sciences* 112 (2014) 1177–1186.

Clark, D.A., & Beck, A.T. (2012). The anxiety and worry workbook: The cognitive behavioral solution. New York, NY: Guilford Press.

Costa PT, McCrae RR. Personality in adulthood: a six-year longitudinal study of self-reports and spouse ratings on the NEO Personality Inventory. J Pers Soc Psychol. 1988;54(5):853-863.

Costa, P.T. & McCrae, R.R. (1992). Revised NEO personality inventory (NEOPI-R) and Neo Five-Factor Inventory (NEO-FFI). Odessa: Psychological Assessment Resources.

Fadli, Putri, Amalianita et al (2020). *Treatment of fro Anxiety Using Spiritual Emotional Freedom Technique. Journal of Counselling and Educational Technology. Vol.3 No.1* pp. 41-46.

Fatmasari, Widyana, Budiyani. (2019). *Spiritual Emotional Freedom Technique (SEFT)* to Lower Stress in Hypertension Patients. Journal of Psychology, Vol 15, No 1, 10-19.

Fitriana, Vera, et al. (2023). Application of Spiritual Emotional Freedom Technique (Seft) Therapy to Lower Blood Pressure in the Elderly: A Literature Study. JKM (Journal of Public Health) Cendekia Utama 11(1): 117-127.

Goldberg, L. R., Johnson, J. A., Eber, H. W., Hogan, R., Ashton, M. C., Cloninger, C. R., & Gough, H. G. (2006). The international personality item pool and the future of public-domain personality measures. Journal of Research in Personality, 40(1), 84–96.

Greenberger, D., & Padesky. (2004). Mind management: Powerful methods of organizing the mind to overcome depression, anger, anxiety, and other destructive feelings. Bandung: PT Mizan Pustaka.

Hamilton, M. A. X. (1959). The assessment of anxiety states by rating. British Journal of Medical Psychology.

Hawari, D. (2013). Stress management anxiety and depression. Jakarta.

Hintari, Sri, & Arulita Ika Fibriana. (2023). Hypertension in the Productive Age Population (15-59 Years) in the Pageruyung Health Centre Working Area, Kendal Regency Sri. Nigeria Journal of Public Health Research and Development 7(2): 208-218.

Hurlock, E. B. (2011). Developmental Psychology: An Approach Throughout Life. Jakarta: Erlangga

Irma, Setiyawan, Antara. (2021). The Relationship between Length of Hypertension Suffering and Anxiety Level in Adults 26-46 Years of Age in Sempu Hamlet, Wonokerto Sleman Village, Yogyakarta. Indonesian Nursing and Health Science Magazine *Vol.10 / No.2.*

Istirokah, I., Surtiningsih, A., & Nurulita, U. (2017). The effect of laughter therapy on reducing anxiety levels in hypertensive patients in the Pengandan Health Center working area, Semarang.

Indonesian Ministry of Health. (2020). Indo Health Profile 2019. In Ministry of Health of the Republic of Indonesia.

Kurnia, A. (2020). Self-Management of Hypertension. Surabaya. Publisher: Jakad Media Publishing.

Laka K.O. Widodo et al. The relationship between hypertension and anxiety levels in the elderly

at Posyandu Banjarejo Village, Ngantang District, Malang. Nurs News - J Ilm Mhs Keperawatan. 2018; Volume 3:1.

Liang X, Hao G, Xiao L, et al. Association between extraversion personality and the blood pressure level in adolescents. Front cardiovasc Med. 2022;9 :711474.

Liang X, Su S, Hao G, et al. Determinants of pulse wave velocity trajectories from youth to young adulthood: the Georgia Stress and Heart Study. Am J Hypertens. 2019;37(3):563.

Lone & Albotuaiba. (2023). *Association Between Big Five Personality Traits and Hypertension in Saudi Patients: A Case-Control Study. Psychology Research and Behaviour Management* 2023:16.

Nevid, J. S., Rathus, S. A., & Greene, Beverly. (2005). Abnormal psychology. Jakarta: Erlangga, 96-101.

Ningsih, Lukman, Ardianty. (2022). *Spiritual Emotional Freedom Technique (SEFT) Intervention on Blood Pressure among Pregnancy with Hypertension. Vol 1 No 9: 1903-1912.*

Nurfitri, Safruddin, Asfar. (2021). The Relationship between Anxiety Level and Increased Blood Pressure in the Elderly at Jumpandang Baru Health Centre. Window of Nursing Journal, Vol. 02 No. 02: 139-148.

Prabowo, P. S., & Sihombing, J. P. T. (2010). An overview of anxiety disorders in Faculty of Medicine students of University "X" class 2007. Jkm, 9(2), 161-168.

Prabowo, R. K., Nurachmah, E., & Dahlia, D. (2018). The Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy on Anxiety Levels in Congestive Heart Failure (CHF) Patients. In Indra Husada Health Journal (Vol. 6, Issue 2).

Pratama Engla Rati, Silvis Intan Suri, & Siska Damaiyanti. (2022). The Effect of Spiritual Emotional Freedom Technique (SEFT) Therapy on Reducing Anxiety in Hypertension Patients in the Working Area of Puskesmas Tigo Baleh Bukittinggi City. Malahyati Nursing Journal, 4(8), 1983-1994.

Priyatno, Erman Amti, Basics of Guidance and Counselling, (Jakarta: Rineka Cipta, 2013).

Priyoto. (2014). The Concept of Stress Management. Yogyakarta: Nuha Medika.

Rahmadani, Sulistywati, Sulisetyowati. (2024). The Effect of *Spiritual Emotional Freedom Technique* (SEFT) Therapy on the Anxiety Level of Hypertension Patients in Jerukwangi Hamlet.

Riskesdas. (2018). Ministry of Health Research and Development 2018.

Saefira, Khasanah, Susanti. (2024). The Relationship of Hypertension Sickness Duration with Anxiety Level in the Elderly. *Journal of Language and Health.*

Santrock, J.W. (2012). A Tropical Approach to Life Span Development. McGraw-Hill Education: New York.

Savitri Ramaiah. (2003). Anxiety How to Cope with Its Causes.Jakarta: Obor Popular Library.Semarang: IKIP Semarang Press.

Shaltzer, Bruce and Shelly C. Stone, Fundamentals of Counselling, (New York: Houghton Mifflin Company, 2010).

Smeltzer S. C B. No Title. Textbook of Med Surg nursing. 2015;2.

Soto, C. J., John, O. P., Gosling, S. D., & Potter, J. (2011). Age differences in personality traits from 10 to 65: Big Five domains and facets in a large cross-sectional sample. *Journal of Personality and Social Psychology*, 100(2), 330–348.

Suciana, Agustina, Zakiatul. (2020). Correlation of Length of Hypertension Suffering with Anxiety Level of Hypertension Patients. Cendekia Utama: Journal of Nursing and Public Health STIKES Cendelian Utama Kudus.

Sugiyono. (2010). Qualitative qualitative research methods and R & D. Bandung: Alfabeta.

Simanjuntak, J. M. (2009). Erik Erikson's Psychosocial Theory and its Application for

the Formation of Middle-aged Adults in the Church. Kharis Journal Edition III, 2009.

Sulistyarini, I., & Indonesia, U. I. (2013). Relaxation Therapy to Lower Blood Pressure and Improve Quality of Life for Hypertension Patients. Journal of Psychology, 40(1), 28-38.

Stackhouse, J. E., Zell, E., & Krizan, Z. (2017). Does personality predict health and well-being? A meta-analysis. *Health Psychology*, 36(8), 797–810.

Tambunan, Fauziah, et al. (2021). Pocket Guide to Hypertension, the Silent Killer "Let's Recognise Prevention and Handling." ed. Reni Agustina. Medan: CV. Pusdikra Mitra Jaya.

Tao, Liu, Hou, et al (2022). *The Mediating Role of Emotion Regulation Strategies in the Relationship Between Big Five Personality Traits and Anxiety and Depression Among Chinese Firefighters. Frontiers in Public Health.*

Teguh Purwanto. Handbook of Mental Health Nursing. First. Student Library; 2015.

Terracciano, A., Lockenhoff, C. E., Zonderman, A. B., Ferrucci, L., & Costa, P. T. (2008). Personality predictors of longevity: Activity, emotional stability, and conscientiousness. *Psychosomatic Medicine*, 70(6), 621-627.

WHO. (2019). World Health Statistics 2015. In Journal of Physics A: Mathematical and Theoretical (Vol. 44, Issue 8).

Zainuddin, A.F. (2006). Spiritual Emotional Freedom Technique (SEFT) Healing Success, Happiness, Greatness. Jakarta: Afzan Publishing.

Zainuddin, Ahmad Faiz, Spiritual Emotional Freedom Technique (Jakarta: Arga Publishing, 2010).