

The Effect of Deep Breathing combined with Spiritual Emotional Freedom Technique (DB-SEFT) Therapy in Reducing Anger Behavior Among the Elderly at Sentra Terpadu Pangudi Luhur Bekasi Indonesia

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ABSTRACT

Anger behavior in the elderly must be addressed due to its negative impact on physical, psychological, and social well-being. Recurrent anger can disrupt social relationships, trigger chronic stress, and reduce overall quality of life. One potential solution to manage this problem is psychosocial therapy. This study investigates the effectiveness of DB-SEFT therapy (Deep Breathing combined with Spiritual Emotional Freedom Technique) in reducing anger behavior among the elderly. A quantitative approach with an experimental method was used, employing a Single Subject Design (SSD) with a Reversal A-B-A model. Data were collected through tally behavior observation sheet focused on specific anger behaviors such as yelling, insulting, grumbling, and throwing objects. DB-SEFT therapy integrates deep breathing, dzikir (Islamic chanting), and prayer with the SEFT steps: setup, tune-in, and tapping—modified to suit the elderly. The participants were older adults living at Sentra Terpadu Pangudi Luhur (STPL) Bekasi, Indonesia. Findings revealed a decrease in the frequency of anger behaviors following the intervention, as shown through graphical trend analysis and comparisons within and between conditions. The therapy is simple, adaptable, and can be practiced independently or with assistance from a therapist. DB-SEFT is recommended as an alternative psychosocial intervention for reducing anger in the elderly.

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1. INTRODUCTION

The The elderly population in Indonesia has experienced a significant increase, in line with rising life expectancy and demographic transitions. According to data from Statistics Indonesia (Badan Pusat Statistik, 2024), the number of older adults in

2024 reached 33 million, accounting for approximately 10.82% of the total population. This indicates that Indonesia has entered the phase of an aging population structure. The growth of the elderly population has broad implications across various aspects of life, including increased vulnerability to both physical and psychological health problems

[1]. If older adults are unable to accept their condition or lack adaptive capacity, they are at risk of facing various challenges, including psychosocial issues [2].

One of the common psychosocial problems experienced by the elderly is difficulty in managing emotions, particularly anger. The World Health Organization (2023) reports that approximately 15% of older adults suffer from mental and psychological disorders that can affect their emotions, behavior, and cognitive patterns. In old age, mental health is shaped not only by physical and social environments but also by the cumulative impact of past life experiences and aging-related stressors. Exposure to adversity, loss of intrinsic capacity, and declining functional abilities can lead to significant psychological distress [3].

Untari (2014) notes that the aging process may lead to emotional changes such as irritability, anger, anxiety, and depression, often stemming from physical, psychological, and social changes. Symptoms observed in the elderly may include emotional instability, heightened sensitivity, feelings of worthlessness, sadness, disappointment, and perceived rejection [4]. Uncontrolled anger in older adults can result in hormonal imbalances, psychological tension, and negatively impact both quality of life and social relationships (Rusma, 2016).

According to Spielberger (1991, as cited in Dey et al., 2014), anger consists of two key components: state anger and trait anger. *State anger* refers to a temporary emotional condition characterized by subjective feelings of tension and arousal of the autonomic nervous system, with varying intensity ranging from mild irritation to intense fury. This intensity tends to increase in response to perceived frustration or injustice. In contrast, *trait anger* refers to a stable personality characteristic—an individual's tendency to experience anger more frequently and across a wide range of situations perceived as unpleasant or disappointing [5].

Spielberger also conceptualizes anger as encompassing three dimensions, such as : physiological, social-cognitive, and behavioral reactions. The physiological

dimension involves bodily changes triggered by anger-provoking situations. The social-cognitive dimension explains that anger is largely influenced by how individuals interpret and give meaning to events based on their symbols, beliefs, judgments, and thought patterns [6].

Anger can also be expressed through assertive, aggressive, or passive behavior. Uncontrolled anger is frequently manifested in the form of verbal or physical aggression, such as yelling, insulting, grumbling, or throwing objects [7]. While it is natural for individuals to experience and express anger—as it is a fundamental human emotion—the inability to regulate it can have detrimental consequences, both for the individual and for those around them. Poorly managed anger may not only result in interpersonal conflict and emotional distress, but also contribute to social isolation and deteriorating psychological well-being.

The Sentra Terpadu Pangudi Luhur (STPL) in Bekasi, a facility providing holistic care for older adults, has reported significant challenges related to anger behavior among several elderly residents. Such issues have created tension within the residential environment, disrupting comfort and harmony among beneficiaries and contributing to social isolation for those affected. In response, social workers at STPL have implemented psychosocial interventions, including deep breathing relaxation techniques, aimed at alleviating physical tension and calming the mind [8]. This method has shown temporary effectiveness in reducing symptoms of negative emotions such as anger and stress. Specifically, deep breathing positively influences anger behavior by activating the parasympathetic nervous system, which is responsible for the body's relaxation response.

According to Benson (1975), founder of the Mind/Body Medical Institute, regular practice of deep breathing relaxation can elicit a "relaxation response" that lowers heart rate, reduces blood pressure, and relieves muscle tension—physiological effects that can suppress expressions of anger. Similarly,

Greenson (2008) noted that diaphragmatic breathing disrupts the stress-induced fight-or-flight response, enabling individuals to respond to provoking situations with greater calm and control. Rahma Tania BR Manik, Bambang Eryanto, and Juwita Handayani (2023) further observed that deep breathing enhances anger regulation in patients at risk of violent behavior, indicating improvements in emotional self-regulation. A major advantage of this technique, as supported by various studies, lies in its simplicity, ease of application, and immediate calming effect at the physiological level.

However, despite its benefits, research also highlights several limitations of deep breathing in addressing anger behavior. The technique's impact is often short-term and fails to address deeper emotional and spiritual aspects that contribute to anger. Linehan (1993) argued that while deep breathing effectively soothes the body's physiological response to intense emotions like anger, it is often insufficient to resolve the underlying cognitive patterns or emotional dysfunctions. The method lacks the capacity to alter core beliefs, cognitive schemas, or unresolved trauma—often root causes of chronic anger. Likewise, McKay, Davis, and Fanning (2007) emphasized that although relaxation techniques can reduce the physical intensity of anger, they do not necessarily teach individuals how to identify and challenge irrational thoughts or dysfunctional beliefs that reinforce anger. They advocate for more comprehensive interventions involving cognitive restructuring and problem-solving skill development.

Further, Sumirta, Githa, and Sariasih (2013) suggested that deep breathing alone may not produce long-term effects unless supported by complementary approaches that address the psychological and cognitive roots of anger. Their findings underscore the importance of integrating deep breathing with broader therapeutic models. In addition, Rahma Tania BR Manik et al. (2023) acknowledged that while deep breathing helps manage symptoms, it lacks specificity in addressing complex triggers such as trauma, dysfunctional belief systems, or relational

conflicts, revealing a gap in the scope of this single-modality intervention.

To address these limitations, there is a need for an innovative therapeutic approach that integrates physiological, emotional, cognitive, and spiritual dimensions into a single intervention framework. In response, the researcher developed a combined intervention known as DB-SEFT Therapy (Deep Breathing Combined with Spiritual Emotional Freedom Technique). This therapy represents a psychosocial intervention innovation that merges deep breathing techniques, spiritual practices (such as prayer and *dzikir*), and SEFT (Spiritual Emotional Freedom Technique), which focuses on emotional regulation through stimulation of energy points on the body (*tapping*), inner alignment (*tune-in*), and positive affirmations (*set-up*).

The integration of deep breathing and SEFT was based on scientific evidence demonstrating SEFT's effectiveness in reducing anxiety, stress, and other negative emotions commonly associated with anger in older adults [11]

Moreover, incorporating spiritual techniques such as *dzikir* is believed to promote inner peace and shift negative perceptions of life's challenges toward acceptance and sincerity, ultimately enhancing self-control and improving the quality of life among the elderly (Kusuma & Surakarta, 2024; Putri et al., 2023). By combining these four key components—physical, emotional, cognitive, and spiritual—DB-SEFT therapy is expected not only to temporarily alleviate anger, but also to address its root causes and foster greater emotional resilience in older adults. This therapeutic model aims to support elderly residents at Sentra Terpadu Pangudi Luhur (STPL) Bekasi in managing anger behavior, improving emotional regulation, enhancing quality of life, and creating a more harmonious and comfortable living environment. Based on this rationale, the researcher was motivated to conduct a study entitled **"The Effect of DB-SEFT Therapy in Reducing Anger Behavior among the Elderly at Sentra Terpadu Pangudi Luhur Bekasi."**

This study is considered essential to empirically examine the effectiveness of DB-SEFT therapy in mitigating anger behavior among the elderly in this setting.

2. LITERATURE REVIEW

2.1 Theory of elderly

According to WHO (as cited in Lisa, 2019), older adults are individuals aged 60 and above. Lisa E. Coex (2019) further explains that aging is marked by gradual biological, psychological, and social changes, including the decline of bodily functions as individuals near the end of the life cycle. Older adults often face challenges such as reduced social roles, economic dependency, and isolation, which may lead to stress and negative emotions. Putri et al. (2023) noted that the elderly are vulnerable to stress and psychosocial issues due to role loss, declining health, and social isolation, which often trigger negative emotions such as anger.

2.2 Theory of Anger Behavior

Daniel Goleman (2007) emphasizes that anger is a basic human emotion that arises when a person feels threatened, offended, or frustrated due to unmet desires. Poorly regulated anger can activate the brain's limbic system, leading to emotional outbursts and impairing rational thinking. In older adults, uncontrolled anger not only damages social relationships but also increases the risk of interpersonal conflict, social isolation, and feelings of worthlessness.

According to Beck (as cited in Al-Baqi, 2015), anger expression consists of three main components: anger directed inward (anger-in), anger

directed outward (anger-out), and controlled anger expression (anger-control). *Anger-out* refers to aggressive behaviors intended to harm others, whether through physical or verbal actions, directly or indirectly. *Anger-in* involves suppressing anger and directing it toward oneself, which may manifest in self-blame or internal distress. Meanwhile, *anger-control* represents the ability to manage and regulate anger in a constructive manner.

Spielberger (as cited in Anggarasari et al., 2014) classifies anger into state and trait anger. Uncontrolled anger may lead to verbal or physical aggression. A recent study by Rahmawati & Suryani (2021) revealed that elderly individuals with low emotional control tend to express anger more frequently in social environments, especially in care facilities.

2.3 Theory of Deep Breathing Technique

Deep breathing is a relaxation technique that helps reduce both physical and emotional tension. Yusuf et al. (2023) found that it lowers blood pressure, calms the nervous system, and improves emotional regulation in elderly individuals experiencing stress and anger.

Deep breathing is a relaxation method designed to calm the nervous system and reduce negative emotions. Smeltzer & Bare (as cited in Mutawarudin, 2022) explain that it enhances lung ventilation, relieves stress, and promotes mental calmness. Yusuf et al. (2023) found that regular deep breathing reduces blood pressure and emotional reactivity in elderly individuals.

Additionally, Jayanti et al. (2022) emphasized its role in improving concentration and delaying anger. Rizki et al. (2023) noted that deep breathing activates the parasympathetic nervous system, helping regulate calmness and emotional balance.

2.4 *Theory of Spiritual Emotional Freedom Technique*

SEFT is a therapeutic approach that combines meridian tapping with spiritual affirmations to address negative emotions. Craig (1999) explains that disruptions in the body's energy system lead to emotional issues like anger, and SEFT restores balance through energy stimulation and positive affirmations. Anika & Wiryansyah (2024) confirmed that SEFT effectively reduces anxiety and anger in older adults. Maraya (2019) noted that SEFT works across spiritual, cognitive, and emotional levels simultaneously. Melisa (2014) added that spiritual elements such as prayer and surrender in SEFT enhance relaxation and strengthen emotional regulation.

The benefits of SEFT include stress reduction, improved emotional control, deep relaxation, and restoration of psychological balance (Maraya, 2019; Anika & Wiryansyah, 2024). It is non-invasive, requires no equipment, and can be self-practiced, making it highly suitable for the elderly.

The key success factors in SEFT, according to Melisa (2014) and Anika (2024), include:

1. Awareness and acceptance of negative emotional states,
2. Spiritual involvement, such as invoking God's

name or engaging in dhikr,

3. Consistent repetition of tapping and positive affirmations.

Its relation to anger reduction has been supported by research showing that elderly individuals who consistently undergo SEFT interventions experience a decrease in both the intensity and frequency of anger outbursts. This is because SEFT helps calm the limbic system (emotional center), reduces muscle tension, and fosters surrender and spiritual calmness (Rohimah et al., 2022).

2.5 *Theory of Spirituality and Dhikr*

Spirituality is an essential dimension of human life that reflects a person's relationship with God, the meaning of life, and inner peace (Koenig, 2015). Among the elderly, spirituality plays a vital role as a coping mechanism to face physical decline, social loss, and psychological stress.

Dhikr, as a spiritual practice in Islam, involves the repeated recitation of God's names or specific phrases with full awareness and sincerity. Scientific studies have shown that dhikr helps reduce stress and improve mental well-being. Huda et al. (2020) found that dhikr therapy effectively reduces anxiety and anger among elderly individuals in care facilities. Similarly, Isnaini et al. (2021) reported that dhikr lowers sympathetic nervous system activity, producing a calming effect.

Kusuma & Surakarta (2024) emphasized that integrating spiritual practices like prayer and dhikr into social interventions fosters inner calm

and aids elderly individuals in managing negative emotions, including anger. Furthermore, Nurhayati & Salim (2023) highlighted that strong spirituality is associated with greater forgiveness, patience, and acceptance of difficult life circumstances, all of which contribute to a reduction in emotional outbursts.

Dhikr in Islam consists of specific phrases such as "Laa ilaah illallah," "Astaghfirullah," "Alhamdulillah," "Subhanallah," and "Allahu Akbar." According to Jalaluddin (2016), dhikr phrases are not merely ritualistic but carry deep psychological meanings that support emotional regulation and calmness in the face of adversity (Fadlullah and Sari 2021).

3. METHODS

This study employed a quantitative experimental approach using a Single Subject Design (SSD) with a reversal (A-B-A) format to evaluate the effectiveness of DB-SEFT therapy in reducing anger behavior among older adults. SSD is designed to examine the functional relationship between independent and dependent variables through repeated measurements across different conditions: baseline (A1), intervention (B), and return-to-baseline (A2). Data were collected using event recording (tally observation), interviews, and questionnaires. Anger behaviors such as yelling, insulting, grumbling, and throwing objects were observed across 7 sessions in the first baseline (A1), 8 sessions during intervention (B), and 7 sessions in the second baseline (A2). Visual graph analysis was used to assess changes within and between conditions, focusing on trend direction, data stability, level change, and percentage of overlap.

Participants were selected using purposive sampling based on the following criteria: (1) residents of Sentra Terpadu

Pangudi Luhur (STPL) Bekasi, (2) elderly individuals exhibiting anger behavior, (3) those capable of effective communication, and (4) possessing adequate memory function. Validity was ensured through expert judgment, while inter-rater reliability was assessed using the percentage agreement method between the researcher and a social worker as observers. This methodology enabled a structured evaluation of therapeutic impact on emotional regulation in elderly individuals with anger issues.

4. RESULTS AND DISCUSSION

The results of this study were analyzed using visual graphic representation, displaying the subject's behavior across three phases: the initial baseline phase (A1) before the intervention was administered, the intervention phase (B) during which the therapy was applied, and the second baseline phase (A2) following the completion of the intervention. The analysis was conducted in accordance with the Single Subject Design (SSD) utilizing an A-B-A reversal design. Baseline measurements were conducted over seven sessions from March 17 to March 25, 2025. The intervention phase included eight measurement sessions and seven therapy sessions, carried out between April 8 and April 22, 2025. The second baseline phase consisted of seven sessions, conducted from April 23 to April 29, 2025.

The study involved three elderly participants: (1) Subject PR, female, 79 years old; (2) Subject SH, female, 75 years old; and (3) Subject RF, male, 79 years old. The target behaviors observed and intended for modification included: (1) yelling or raising one's voice, (2) insulting or demeaning others, (3) grumbling, and (4) throwing objects.

Sentra Terpadu Pangudi Luhur (STPL) Bekasi is a technical implementation unit under the Ministry of Social Affairs of the Republic of Indonesia, serving as a frontline institution in addressing social welfare issues. STPL Bekasi provides integrated services including social rehabilitation, social security, social empowerment, and social protection for vulnerable groups. Among the residential

clients served by STPL are abandoned older adults accommodated in the PL 1 elderly cluster. As of the period between February and May 2025, the total number of elderly residents at STPL Bekasi was 87 individuals, consisting of 52 male residents (52%) and 35 female residents (35%).

DB-SEFT (Deep Breathing combined with Spiritual Emotional Freedom Technique) is a psychosocial intervention that integrates physiological, emotional, cognitive, and spiritual components. The therapy consists of four phases: preparation, implementation, closing, and reflection. In the preparation phase, the therapist prepares a comfortable setting and guides the elderly client into a relaxed position. The therapist arranges a calm and comfortable setting and invites the elderly client to sit in a relaxed posture. This stage aims to foster a sense of safety and readiness before beginning the intervention. The implementation phase includes the following structured steps:

1. Assessment:

Initial exploration of the client's emotional state and anger triggers. The therapist conducts an initial assessment using observation and a standardized anger behavior questionnaire to identify the client's emotional condition and determine baseline anger scores.

2. Deep Breathing:

Clients perform diaphragmatic breathing (4-7-8 technique) for 5–10 cycles to promote physical relaxation.

3. Set-Up:

While tapping the karate chop point, clients recite self-acceptance affirmations to reduce psychological resistance. Clients recite affirmations of self-acceptance and intention, which help neutralize negative beliefs and psychological blocks.

4. Tune-In and Deep Breathing:

Clients recall anger-inducing events while repeating deep breaths and spiritual

affirmations. Positive affirmations such as: "O Allah, I sincerely accept my problem. Remove my anger, remove my fear, heal my soul. Ameen."

5. Tapping, Dhikr, and Prayer:

Clients tap on 18 energy meridian points while reciting calming affirmations, Islamic dhikr (remembrance of God) *Astaghfirullah*, *Subhanallah*, *Allahu Akbar*, *laailahailallah*, followed by supplicatory prayers for emotional healing, and prayers for emotional relief.

6. Deep Breathing and Self-Talk:

Deep breathing is reinforced with positive self-talk to support emotional regulation. Clients repeat deep breathing while engaging in self-affirming statements to enhance emotional regulation and reinforce adaptive coping.

7. Cognitive Reconstruction:

The therapist helps the client reframe irrational or dysfunctional thoughts contributing to anger. Therapists assist clients in identifying irrational or dysfunctional thoughts and reconstructing them into more adaptive interpretations of past events and anger triggers.

8. Nine Gamut Procedure:

A series of eye movements, counting, and humming is performed to enhance emotional processing.

In the closing phase, to conclude the session, clients take a calming deep breath and express gratitude through a brief prayer (*Alhamdulillah*). This stage serves as a gentle closure and reinforces emotional relief and mindfulness.

The last, **evaluation and reflection phase**. The reflection and evaluation phase involves a therapist-led discussion exploring emotional, cognitive, and spiritual responses, followed by encouragement for continued independent practice. After the intervention, the therapist conducts a guided reflection session with the client. This includes discussing the emotional changes experienced during the therapy, the cognitive shifts in how

anger was perceived, and the spiritual meaning the client may have derived from the sessions.

DESIGN OF DB-SEFT THERAPY (DEEP BREATHING COMBINED WITH SPIRITUAL EMOTIONAL FREEDOM TECHNIQUE)

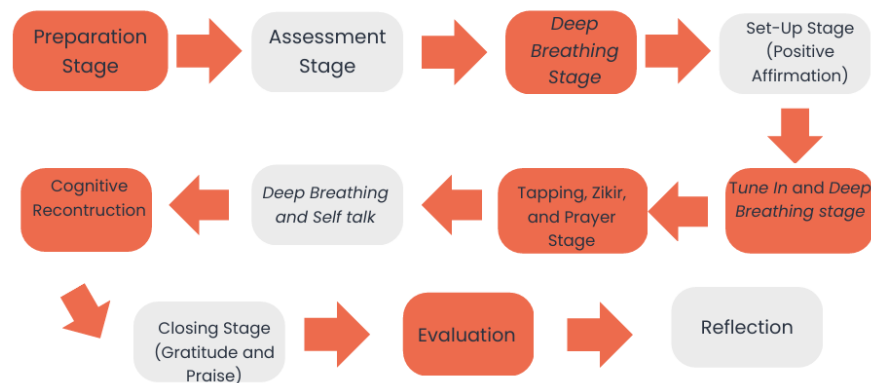


Figure 1. DB-SEFT Therapy Design

4.1 Result

Analysis of The Effect of Db-Seft Therapy on Reducing Anger Behavior among The Elderly at Sentra Terpadu Pangudi Luhur

Bekasi Condition During Baseline Phase 1 (A1), Intervention (B), and Baseline Phase 2 (A2)

Table 1. Baseline (A1) Phase

No.	Date	Aspects											
		Yelling Behavior			Insulting Behavior			Grumbling Behavior			Throwing Objects Behavior		
		PR	SH	RF	PR	SH	RF	PR	SH	RF	PR	SH	RF
1.	17 March 2025	8	12	6	6	5	7	10	8	6	2	3	2
2.	18 March 2025	8	11	7	5	6	8	9	6	7	2	3	2
3.	19 March 2025	9	10	8	6	8	9	10	7	6	1	3	2
4.	20 March 2025	8	10	8	5	7	7	10	6	6	2	3	3
5.	21 March 2025	8	10	8	5	7	7	10	6	7	2	3	2
6.	24 March 2025	8	10	8	5	7	7	10	6	8	2	3	2
7.	25 March 2025	8	10	8	5	7	7	11	6	6	2	4	1

Source: Processed Primary Data (2025)

The table above shows that no significant changes were observed in the anger-related behaviors of the three subjects, as the DB-SEFT therapy intervention had not yet been implemented to address their anger

issues. The data indicate that there was no noticeable or consistent reduction in the subjects' anger behavior, as their emotional responses remained unstable and fluctuated over time.

Table 2. Intervention (B) Phase

No.	Date	Aspects											
		Yelling Behavior			Insulting Behavior			Grumbling Behavior			Throwing Objects Behavior		
		PR	SH	RF	PR	SH	RF	PR	SH	RF	PR	SH	RF
1.	08 April 2025	8	10	6	4	6	5	8	7	5	2	3	1
2.	10 April 2025	7	11	5	4	5	6	10	6	6	1	2	0
3.	12 April 2025	7	9	5	5	4	5	9	6	5	1	3	1
4.	14 April 2025	7	9	5	4	4	5	8	7	5	0	2	1
5.	16 April 2025	7	9	5	3	4	5	8	6	4	1	2	0
6.	18 April 2025	7	9	5	4	4	5	8	6	5	1	2	0
7.	20 April 2025	7	9	4	4	3	4	7	6	5	1	2	0
8.	22 April 2025	7	9	4	3	3	4	8	5	5	0	1	0

Source: Processed Primary Data (2025)

The table above shows that during the intervention phase (baseline B), there was a noticeable decrease in the aspects of anger behavior exhibited by subjects PR, SH, and

RF. This indicates that the DB-SEFT therapy administered was effective in reducing the level of anger behavior experienced by the three research subjects.

Table 3. Baseline 2 Phase (B)

No.	Date	Aspects											
		Yelling Behavior			Insulting Behavior			Grumbling Behavior			Throwing Objects Behavior		
		PR	SH	RF	PR	SH	RF	PR	SH	RF	PR	SH	RF
1.	23 April 2025	6	9	6	3	4	4	6	5	4	1	2	0
2.	24 April 2025	6	8	7	4	3	3	8	4	3	0	2	0
3.	25 April 2025	7	7	8	3	3	3	6	4	5	0	1	1
4.	26 April 2025	8	7	7	3	3	3	6	4	4	0	1	0
5.	27 April 2025	6	7	7	3	3	3	6	4	3	0	0	0
6.	28 April 2025	6	7	8	3	3	3	5	4	4	0	0	0
7.	29 April 2025	6	7	9	2	3	2	4	4	4	0	0	0

Source: Processed Primary Data (2025)

In Table 3, which presents the baseline 2 condition (A2) following the implementation of DB-SEFT therapy, it can be observed that there was a decrease in the frequency of anger behaviors among all three

subjects—PR, SH, and RF—when compared to the data from baseline 1 and the intervention phase. This reduction was evident across nearly all behavioral aspects, including yelling/raising the voice, insulting,

grumbling, and throwing objects. These findings suggest that the DB-SEFT therapy provided had a positive impact in reducing expressions of anger in the elderly. The table also shows a relatively stable and consistent decline in various anger behaviors, indicating the effectiveness of the DB-SEFT technique in helping older adults manage anger more adaptively.

The following are the research findings on the anger behavior of elderly subjects PR, SH, and RF before, during, and after the implementation of Deep Breathing combined with Spiritual Emotional Freedom Technique (DB-SEFT) therapy.

1. Yelling Behavior

Observational results for subject PR during the second baseline phase (A2) showed a decrease in the frequency of yelling behaviors following the implementation of DB-SEFT therapy. Based on the recorded observations, the total number of behaviors displayed by subject PR during the intervention phase was 45, with an average frequency of 6.42 and a stability trend of 87.5% (stable). The average frequency of behavior continued to decline in this phase compared to previous phases, where the average scores were 7.125 in baseline 1 and 8.14 during intervention. For subject SH, a similar reduction in behavior frequency was observed after receiving the DB-SEFT intervention. A total of 52 behaviors were recorded with an average of 8.095 and a stability trend of 87.5% (stable). This indicates that the average behavioral frequency in the second baseline phase was lower than in baseline 1 (10.42) and the intervention phase (9.375), suggesting a post-intervention decrease in anger-related behavior. In contrast, subject RF showed an increase in yelling/raised voice behavior during the second baseline compared to the intervention phase. This increase was attributed to external economic stressors, specifically the subject not receiving his monthly allowance from his nephew during the baseline 2 measurement period, which triggered his anger. A total of 52 yelling behaviors were recorded, with an average of 7.42 and a stability trend of 71.42%

(variable). However, despite the increase compared to the intervention phase, the behavior frequency remained lower than in the initial baseline phase, indicating an overall reduction in yelling behavior after the intervention. Therefore, it can be concluded that DB-SEFT therapy was effective in reducing yelling behavior in subject RF.

2. Insulting Behavior

Observational results for subject PR during the second baseline phase (A2) showed a decrease in the frequency of insulting behaviors following the implementation of DB-SEFT therapy. A total of 21 behaviors were recorded during this phase, with an average frequency of 3 and a stability trend of 71.42% (variable). The average frequency of behavior continued to decline in this phase compared to the previous phases, where the data from baseline 1 and the intervention phase showed averages of 7.57 and 4.25, respectively. Similarly, for subject SH, the observation results indicated a reduction in behavior frequency after receiving the DB-SEFT intervention. A total of 22 behaviors were recorded during the second baseline phase, with an average frequency of 3.14 and a stability trend of 87.5% (stable). This data shows that the average frequency of behavior in baseline 2 was lower than in baseline 1 (6.71) and the intervention phase (3.25), indicating a post-intervention decline in anger-related behaviors. For subject RF, a reduction in insulting behavior was also observed. A total of 21 insulting behaviors were recorded, with an average frequency of 3 and a stability trend of 71.42% (variable). The average frequency during this phase was lower than in baseline 1 (7.42) and the intervention phase (4.875), indicating a clear reduction in insulting behavior in subject RF. Based on these findings, it can be concluded that DB-SEFT therapy is effective in reducing anger-related behavior in the form of insulting among elderly individuals.

3. Grumbling Behavior

Observational results for subject PR during the second baseline phase (A2) indicated a reduction in the frequency of

grumbling behaviors following the implementation of DB-SEFT therapy. A total of 41 behaviors were recorded during this phase, with an average frequency of 5.85 and a stability trend of 75% (variable). The average behavioral frequency in this phase was lower than in the previous phases, where baseline 1 and intervention phase averages were 10 and 8.375, respectively. For subject SH, the results also revealed a decrease in behavior frequency after receiving the DB-SEFT intervention. A total of 29 behaviors were recorded, with an average of 4.14 and a stability trend of 87.5% (stable). These findings indicate that the average frequency of behavior during baseline 2 was lower than during baseline 1 (6.42) and the intervention phase (6.125), suggesting a decline in anger-related behavior after the therapy was applied. Similarly, subject RF showed a reduction in grumbling behavior. A total of 27 grumbling behaviors were recorded with an average of 3.85 and a stability trend of 87.5% (stable). The average number of grumbling behaviors in this phase was lower than in baseline 1 (6.57) and the intervention phase (5.71), indicating a noticeable decline in this specific behavior following the DB-SEFT intervention. Based on these results, it can be concluded that DB-SEFT therapy is effective in reducing grumbling behavior as a form of anger expression among elderly individuals.

4. Throwing Objects

Observational results for subject PR during the second baseline phase (A2) showed a decrease in the frequency of anger-related behavior following the implementation of DB-SEFT therapy. A total of 1 behavior was recorded in this phase, with an average frequency of 0.14 and a stability trend of 87.5% (stable). The average frequency of behavior in this phase continued to decline compared to the previous phases, where baseline 1 and intervention phase averages were 1.85 and 0.875, respectively. For subject SH, observation results also indicated a reduction in behavior frequency after receiving the DB-SEFT intervention. A total of 6 behaviors were recorded, with an average of 0.857 and a stability trend of 71.42% (variable).

These data show that the average behavioral frequency in baseline 2 was lower than in baseline 1 (3.14) and the intervention phase (2.125), indicating a behavioral decrease following the intervention. Similarly, for subject RF, a reduction in object-throwing behavior was observed. A total of 1 behavior was recorded, with an average frequency of 0.1 and a stability trend of 87.5% (stable). The average number of behaviors during this phase was lower than in baseline 1 (2) and the intervention phase (0.5), indicating a decline in object-throwing behavior after the DB-SEFT therapy. Based on these findings, it can be concluded that DB-SEFT therapy is effective in reducing object-throwing behavior as one form of anger expression among elderly individuals.

4.2 Discussion

Anger behavior experienced by the elderly needs to be addressed because it has a negative impact on physical, psychological, and social conditions. If left untreated, repeated angry behavior can cause social relationship disorders, chronic stress, and even a decrease in quality of life. One approach that can be used to overcome the problem of anger behavior is to implement psychosocial therapy interventions. The elderly need a comfortable, effective, and appropriate therapy method for their emotional and spiritual needs. Therefore, it is important to develop a therapy method that touches on physical, cognitive, emotional, and spiritual aspects in an integrated manner. DB-SEFT (Deep Breathing combined with Spiritual Emotional Freedom Technique) therapy is an integrated psychosocial intervention that combines deep breathing techniques, tapping techniques (SEFT), spiritual affirmations, and prayers and dhikr, which aims to stabilize the emotions of the elderly, especially in reducing anger behavior. The application of this therapy is intended to answer psychosocial problems that are often experienced by the elderly, such as disorders in managing emotions and a tendency to get angry easily which can have a negative impact on social relationships and the quality of life of the elderly. In this study, DB-SEFT therapy

was given to three elderly people, namely subjects PR, SH, and RF who live in the Sentra Terpadu Pangudi Luhur Bekasi, Indonesia. All three subjects showed almost similar forms of anger expression, such as yelling or raising voices, insulting, grumbling, and throwing objects. These behaviors not only disturb the comfort of other residents, but also reflect psychological burdens and unresolved internal conflicts from the past.

Spielberger (1991) classifies anger into two primary forms: state anger, which refers to a transient emotional response triggered by specific events, and trait anger, which reflects an individual's predisposition to experience anger across a wide range of situations. Within the context of this study, particularly in the elderly subjects RF, SH, and PR, the observed anger predominantly aligns with trait anger, as it stems from accumulated life experiences marked by emotional trauma and perceived injustices. The expression of this anger typically manifested as anger-out, characterized by verbal and physical aggression directed toward others (Beck, as cited in Al-Baqi, 2015). For instance, subject PR exhibited anger rooted in a history of childhood bullying, three failed marriages, and the loss of personal assets due to mistreatment by her in-laws. Subject RF's anger was influenced by a strict military upbringing, marital betrayal, and the psychological burden of losing autonomy due to blindness and subsequent social exclusion. Subject SH demonstrated angry outbursts associated with social frustration, interpersonal conflict with a roommate, and unresolved emotional wounds. All three subjects displayed characteristic expressions of anger, including yelling, verbal abuse, excessive suspicion, controlling behavior, and object-throwing when provoked or disturbed. DB-SEFT therapy addresses anger holistically by targeting the three dimensions identified by Spielberger: the physiological, cognitive-social, and behavioral components of anger.

Physiologically, the deep breathing technique used in this therapy has been shown to stimulate the parasympathetic nervous system, thereby reducing muscle tension, heart rate, and reducing the general

stress response (Benson, 1975; Greeson, 2008). This helps the elderly to achieve relaxation and inhibit impulsive responses such as screaming or throwing things. However, as mentioned by Linehan (1993) and McKay et al. (2007) deep breathing techniques alone have limitations because they do not touch on deeper cognitive, emotional, and spiritual aspects. Therefore, in DB-SEFT therapy, deep breathing is combined with SEFT (Spiritual Emotional Freedom Technique). SEFT is a therapeutic approach that uses tapping techniques on the body's energy points accompanied by positive affirmations and spiritual surrender, which have been proven effective in neutralizing negative emotions forming a trait anger pattern in the elderly [15]. SEFT also works as energy psychology that helps the elderly to reprocess past trauma, change dysfunctional thoughts, and strengthen self-regulation. In addition, this therapy also integrates dhikr and prayer as spiritual elements. In the intervention process, the calmness obtained through spirituality helps subjects such as PR and SH find meaning in their past suffering. Spirituality, as explained by Isnaini (2021) and Nurhayati & Salim (2023), has an important role in creating inner peace, self-acceptance, and strengthening confidence in facing life. Elderly people who were originally not can accept the situation and tend to project their anger onto others, begin to learn to forgive, make peace, and control emotions through this spiritual approach.

The present study demonstrates that DB-SEFT therapy effectively reduces anger behavior in elderly residents. This finding is in line with recent research emphasizing that physiological arousal reduction techniques such as deep breathing and mindfulness consistently alleviate anger and aggression (Rahma, Eryanto, & Handayani, 2023; Kusuma & Surakarta, 2024). Meta-analytic reviews have also highlighted that interventions combining breathwork, meditation, and relaxation yield significant decreases in both arousal and aggressive behavior). In addition, recent empirical studies on SEFT and EFT (Emotional/Spiritual Freedom Techniques) support the

effectiveness of tapping-based interventions across various populations. For instance, Anika and Wiryansyah (2024) reported significant reductions in aggressive behavior among adolescents following SEFT treatment. Similarly, a program targeting patients at risk of violence between 2021 and 2023 demonstrated noticeable symptom reductions with SEFT-based approaches (Rahma et al., 2023). These findings reinforce the results of this study, indicating that combining tapping with spiritual elements significantly enhances emotional regulation in elderly individuals.

The cognitive reconstruction component integrated into DB-SEFT therapy is also supported by advancements in cognitive therapy. The CRDial model developed by Mulyani and Prasetya (2023) showed that multi-step cognitive restructuring dialogues are effective in transforming negative thought patterns and improving emotional regulation. This theoretical basis validates the inclusion of structured self-talk and cognitive reframing within the DB-SEFT therapy, which contributed to observable behavioral changes in the study's participants. Furthermore, the role of spiritual practices including dhikr and prayer in enhancing emotional resilience is supported by recent literature. A systematic review by Kusuma & Surakarta (2024) found that embedding spiritual components into therapeutic interventions significantly improves coping abilities, particularly in older adults. Spiritual activities foster acceptance, patience, and inner calm—reflected in the participants' increased forgiveness and emotional self-acceptance in this study.

Observation results during the therapy process revealed significant behavioral improvements in all three subjects. For example, persistent grumbling behavior in subject PR gradually diminished over time. Subject SH exhibited a marked reduction in object-throwing and yelling, with the most prominent improvement seen in the decrease in insulting behavior. Subject RF, who tended to be dominant, controlling, and easily provoked, showed a reduction in verbal aggression following the intervention phase.

Although a slight increase in yelling was observed during the second baseline due to external family-related triggers, other behaviors such as insulting and grumbling decreased significantly. Data analysis across conditions demonstrated a downward trend in anger-related behaviors. The reduction in overlap percentages below 90% and session-to-session data stability exceeding 80%, based on Sunanto's (2005) criteria, provide strong empirical support that DB-SEFT therapy had a meaningful and observable impact on the participants' anger behavior. In summary, these findings align with a growing body of interdisciplinary evidence suggesting that effective anger management in the elderly necessitates an integrated intervention model. DB-SEFT combines evidence-based elements—deep breathing, tapping, affirmations and self-talk, cognitive restructuring, and spiritual practices—into a single unified protocol. This therapeutic synergy likely underlies its effectiveness, as evidenced by reductions in anger-related behaviors, decreased behavioral overlap (<90%), and session-to-session data stability (>80%), as per Sunanto's (2005) criteria.

Based on the findings, it can be concluded that DB-SEFT therapy is effective in reducing anger behavior among the elderly. The efficacy of this intervention does not stem from a single component, but because of the integration of three main aspects, which combines physiological regulation (deep breathing), emotional and cognitive restructuring (SEFT techniques), and spiritual reinforcement (dhikr and affirmations of surrender). Through this multidimensional approach, elderly individuals not only acquire skills to manage physiological arousal, but also begin to cultivate self-acceptance, forgiveness, and the capacity to release unresolved emotional burdens.

This therapy is conceptually straightforward, practically applicable, and can be performed either independently or with the assistance of a therapist or social worker. As such, DB-SEFT therapy is recommended as an alternative psychosocial intervention for addressing anger-related

issues in the elderly population. In accordance with the research hypothesis state that "DB-SEFT therapy has a significant effect on reducing anger behavior among the elderly at Sentra Terpadu Pangudi Luhur Bekasi". The results of this study provide empirical support, both theoretically and through direct behavioral observations of therapeutic change in the subjects.

5. CONCLUSION

This study concludes that DB_SEFT Therapy (Deep Breathing combined with Spiritual Emotional Freedom Technique) is effective in reducing anger behavior among the elderly residing at the Sentra Terpadu Pangudi Luhur Bekasi. The therapy's success lies in its integrative approach, combining physiological regulation, emotional and cognitive restructuring, and spiritual reinforcement. Through these methods, elderly individuals were able to manage anger more constructively, develop inner calm, and demonstrate improved self control. The intervention not only addressed verbal













and physical expression of anger such as yelling, grumbling, insulting, and throwing objects, but also supported the development of acceptance, emotional resilience, and reduced psychological distress.

The consistent behavioral improvements observed throughout the therapy process indicate that DB-SEFT can serve as an effective tool for managing emotional issues rooted in psychosocial trauma, loss, and unmet needs during old age. This study recommended that DB-SEFT therapy be further studied and adopted more broadly across elder care institutions and community-based social service settings. With proper training and consistent application, this therapy can be utilized by therapists, psychologist, social workers, and caregivers to support emotional regulation and psychosocial well-being among the elderly. Future research may explore its long-term effects, scalability, and adaptation across diverse cultural or religious contexts to ensure its sustainability and relevance in addressing emotional health in aging populations.

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