



EFT Psychoeducation Program to Reduce Anxiety Levels in PLWHA

Ervina Kumalasari¹, Siswanto², Alphonsus Rachmad Djati Winarno³

^{1,2,3} Faculty of Psychology, Soegijapranata Catholic University, Semarang, Indonesia

Email: ervinakumalasari.ek@gmail.com

ABSTRACT

HIV/AIDS infections are having the characteristics of chronic and terminal diseases and cause a weakening of the body's ability to fight infections that occur in the body. PLWHA experience both major physiological and psychosocial stressors such as difficult life experiences, decreased quality of life, and the emergence of stigma attached to individuals. They tend to experience more anxiety than the general population. EFT is a method that can be used to reduce anxiety levels by lightly tapping the fingertips on the body's meridian points followed by thoughts reprocessing and acceptance therapy to overcome negative emotions and thoughts. This study aims to determine the effectiveness of EFT to reduce anxiety in PLWHA. The method used is an experimental one-group pretest-posttest design. The participants in this study were eight volunteers from the Yayasan Sehat Peduli Kasih (YS Peka) which focuses on social support and rehabilitation services for PLWHA. The data analyzed using a statistical test of Wilcoxon Signed Rank Test between the pretest and posttest showed a significant decrease in anxiety ($Z = -2.539, p < .05$). The recommendation given to PLWHA is to practice doing EFT independently to help overcome anxiety.

Keywords: Acquired Immunodeficiency Syndrome; Anxiety; Emotional Freedom Technique; Human Immunodeficiency Virus; Psychoeducation

Copyright © 2023: Ervina Kumalasari et al.

INTRODUCTION

HIV (Human Immunodeficiency Virus) is a type of virus that attacks the human immune system, while AIDS (Acquired Immune Deficiency Syndrome) is a collection of disease symptoms (syndromes) that are acquired due to decreased immunity caused by HIV which can cause death. Based on data released by the Ministry of Health of the Republic of Indonesia, the cumulative number of PLHIV found (HIV cases) reported up to March 2022 was 329,581 people, while the cumulative number of AIDS cases reported was 137,397 (P2P Kemenkes RI, 2022).

HIV and AIDS infections have a specificity, which are having the characteristics of chronic and terminal disease and causing a weakening of the body's ability to fight infections that occur in the body (Manhas, 2014). This is because HIV damages the immune system by attacking CD4 cells in white blood cells, which causes the body's resistance to decrease so that infected individuals will be susceptible to disease (Dalmida, Koenig, Holstad, & Wirani, 2013). There has not been found a treatment that can cure HIV/AIDS to this day. Treatment that can be sought to maintain the body condition of people living with HIV/AIDS (PLWHA) is through Antiretroviral (ARV) to suppress the amount of virus in the body so that patients do not reach the final stage of AIDS (Khairani, 2021).

PLWHA experiences major physiological and psychosocial stressors. They are more susceptible to contracting infectious diseases that are developing around them, which are called side

diseases (opportunistic). PLWHA also has to face social, psychological, and spiritual problems. The illness and medical interventions that must be routinely followed by PLWHA can cause negative feelings such as anxiety, depression, anger, feelings of helplessness, and other negative feelings that tend to exacerbate the illness. This is because most people associate a serious illness including HIV/AIDS as a traumatic experience throughout their lives.

PLWHA are facing three major challenges, namely facing reactions to a disease that is attached to a stigma, dealing with the possibility of a limited life with a diagnosis of death, and developing strategies to maintain physical and emotional well-being. This condition is often referred to as the critical period. During this period PLWHA tends to experience mental health issues such as anxiety and depression.

Difficult life experiences, health behaviors, or physical factors are factors that can trigger anxiety in PLWHA. What's more, HIV/AIDS does not only cause a descent in individual health conditions but is also closely related to the threat of death risk, risky sexual behavior, diminished quality of life, and the emergence of stigma (associated with morally wrong behaviors that deserve punishment as a result of their behavior) attached to individuals (Dalmida et al., 2013).

HIV/AIDS itself does not cause anxiety disorders, but PLWHA tends to experience more anxiety than the general population. Certain drugs used to treat HIV can also cause symptoms of anxiety. Fortunately, anxiety disorders are among the most treatable psychiatric conditions. Anxiety disorders seem to appear at important moments in the HIV disease experience, such as at the time of initial HIV diagnosis, a decreased CD4 count, or other things that indicate HIV infection in the body (Camara, et al., 2020). In addition to the discomfort caused by anxiety, anxiety can interfere with the successful management of HIV because anxiety is a major cause of non-adherence to treatment.

According to Camara, et al. (2019), anxiety is a subjective feeling that appears in the form of fear, tension, a feeling that something bad will happen, and an effort to avoid the object or situation that triggers it. These uncertain feelings are generally unpleasant and can cause or be accompanied by physiological and psychological changes. Individuals experience anxiety because of uncertainty in the future. Anxiety is perceived when thinking about something unpleasant that will happen. Anxiety also affects people's behavior, as the manifestations of this defense against anxiety. Anxiety is characterized by the emergence of feelings of fear and caution or alertness that is unclear and unpleasant. The symptoms of anxiety that appear can be different for each person. Some of the symptoms of anxiety include (Nevid, Ratus, & Greene, 2018) physical, behavioral, and cognitive symptoms.

The ability of PLWHA to face their critical period will help increase their ability to have a life expectancy and survive. However, not all PLWHA can adjust to the changes in themselves to face this critical period. Psychosocial changes in some people can be a mental burden or stressor, notably due to an illness. One of the efforts that can be made to overcome these feelings is to provide information related to the illness, the anxiety experienced, and the efforts that can be made to manage this anxiety. Assistance and biopsychosocial support are needed by patients in dealing with their illnesses.

The emotional freedom technique (EFT) is adequate for most anxiety, safe, and easy to do by a companion or as a form of self-help (performed independently by the patient). Many studies have been conducted on EFT and found it can reduce anxiety levels. A decrease in anxiety levels was experienced by 90% of patients who received treatment with the tapping technique (EFT). Data also reveals that EFT can relieve anxiety symptoms by 76%. Although EFT can also be used to treat other psychological problems like depression and addiction, research has found that it is more suitable for treating anxiety. This is also amplified because of the exposure factor in the EFT (Clond, 2016). The study in the systematic review conducted by Lataima et al. (2020) found several benefits of EFT interventions for clients with symptoms of anxiety, such as EFT is effective in dealing with emotional problems in chronic illness and also supports physical health (Kalla et al., 2017); EFT can contribute to reducing



anxiety by 57% and reducing blood cortisol levels by 43% (Mardjan et al., 2018); EFT is more effective in lowering levels anxiety compared to PMR (Konig et al., 2019).

EFT is performed by lightly tapping the fingertips on the body's meridian points followed by reprocessing of the thoughts that arise and acceptance therapy to overcome negative emotions and thoughts (Clond, 2016). In practice, EFT can be used twice a day by following the following steps (Bach, et al., 2019) (1) identification (identify the emotion or thought that desire to treat and rate the intensity of that emotion or thought at a score of 0 up to 10. This score is called the SUD (Subjective Unit of Distress) scale and is used to determine the level of discomfort experienced); (2) setup statement (by managing and paying attention to every breath, at this stage, the participants state affirmations in the format of half the initial statement emphasizing awareness of the feelings or thoughts they have followed by redefining unpleasant things in the context of acceptance); (3) tapping sequence (tapping on the meridians of the body while repeating the statement starting from the karate chop, the ends of the eyebrows, the sides of the eyes, under the eyes, under the nose, between the lower lip and chin, collarbones, under the arms and on the crown. Keep repeating the beats on these sections five to ten times or until the SUD score drops and feel more comfortable). The EFT technique can overcome anxiety problems through a setup process to be spoken and acknowledged and reinterpreted through a process of acceptance of the source of anxiety. Reinterpretation and acceptance are carried out through an affirmation process when performing beats.

METHOD

Participant

The participants in this study were eight volunteers, called *pendukung sebaya* (PS) or peer supporters, from the Yayasan Sehat Peduli Kasih (YS Peka) Semarang which focuses on social support and rehabilitation services for people living with HIV/AIDS (PLWHA) and collaborates with various health facilities in Semarang. PS is tasked with following up and assisting patients with HIV+, including assisting in counseling, consultation, and accessing treatment. They come from a background of PLWHA and are called to serve other patients who need assistance. 2 of them were women, while the other 6 were men.

Study Design

This study used an experimental one-group pretest-posttest design. The independent variable is the emotional freedom technique (EFT) intervention, and the dependent variable is anxiety.

O1 □ X □ O2

O1 : Pretest data collection

X : treatment (EFT)

O2 : Posttest data collection

Measurement

Evaluation of the interventions given to participants was carried out quantitatively by using the Subjective Unit of Distress Scale (SUDS) and qualitatively by comparing the changes before and after the therapy was given. Comparisons are made through participant reporting with observation and interview processes. SUDS is a scale of zero (a state of absolute calmness) to ten (intense or unbearable)

to measure the sensitivity to disturbance or distress currently experienced by the individual. Individuals judge themselves where they are on the scale. The SUD serves therapists as an important tool for evaluating the therapeutic process and is used to measure inner experiences such as fear, anger, stress, and other painful emotions (Kim et al., 2008; Tanner, 2012; Williams et al., 2015). The SUDS measure showed convergent validity with state anxiety, discriminant validity with trait anxiety, and concurrent validity (Kim et al., 2008). Previous research stated that psychologists assess Global Assessment of Functioning (GAF) negatively related to the patient's self-assessment of their emotional discomfort ($r = -.439, p < .001$). The study also found that the use of SUD was stated to be valid for measuring the discomfort experienced by individuals towards certain stimuli, both emotionally and physically, or separately but related (Tanner, 2012).

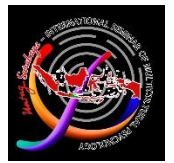
Procedure

This research was conducted through several stages. The stages include the following activities: 1) psychological assessment; 2) needs analysis; 3) explanation of the intervention process; 4) administration of pre-test; 5) intervention process; 6) administration of post-test. The description of the ongoing procedure is as follows in Table 1 and Table 2.

Table 1. Stages of Research Implementation

Date	Stage	Activity
05-28-2021 until 06-10-2021	Psychological assessment	Observations, interview PS 1-PS 7
08-18-2021	Psychological assessment	Observations, interview coordinator of PS YS Peka Semarang
08-19-2021	Psychological assessment Needs analysis	Focus group discussion (8 participants) Analyze assessment result data and develop an intervention program
08-20-2021	Needs analysis	Analyze assessment result data and develop an intervention program
08-27-2021	Intervention	EFT psychoeducation to reduce anxiety levels in PLWHA was carried out on Friday, 27th of August 2021 from 1 PM to 4 PM. In the first session, participants were encouraged to recognize and understand more deeply about anxiety. In the second session, participants were taught about EFT and followed by a simulation of EFT implementation.

Table 2. The EFT Psychoeducation Intervention Procedure



Session	Duration	Activity
I	20'	Opening and pretest. <ul style="list-style-type: none"> ● Opening and introduction. ● Explanation of research and informed consent. ● Pretest (SUD).
II	40'	Anxiety psychoeducation. <ul style="list-style-type: none"> ● Definition. ● Anxiety symptoms. ● Causes. ● Anxiety level. ● HIV and anxiety. ● Anxiety management. ● Discussion.
III	40'	EFT psychoeducation. <ul style="list-style-type: none"> ● EFT principle. ● EFT and anxiety. ● EFT procedure.
IV	60'	EFT practice and practice evaluation.
V	20'	Posttest (SUD) and termination.

Analysis

The data analysis technique used to determine the effectiveness of the EFT psychoeducation program to reduce anxiety in PLWHA uses non-parametric analysis techniques using the Wilcoxon Signed Rank Test in the SPSS 16.0 program. The non-parametric analysis of the Wilcoxon Signed Rank Test was chosen in this study due to the small number of research participants, so it was assumed that the data was not normal. Different tests were carried out by comparing pretest and posttest data.

RESULT

The results of a different test using the Wilcoxon Signed Rank Test to determine the effectiveness of the EFT psychoeducation program to reduce anxiety in PLWHA obtained the results as presented in Table 3.

Table 3. Wilcoxon Signed Rank Test Analysis Results

	Z	Asymp. Sig. (2-tailed)	Annotation	Conclusion
Test Statistics	-2.539	.011	<.05	Significant

Based on statistical analysis, the Wilcoxon pre-test and post-test, a Z value of -2.539 was obtained with a significance level of .011 (<.05). This shows that there is a significant difference between the anxiety experienced by participants before and after the intervention carried out.

Figure 1 shows a comparison chart of SUD scores before and after receiving treatment. Furthermore, an explanation of the changes experienced by participants based on the results of observations and interviews after the treatment was carried out is presented in Table 4.

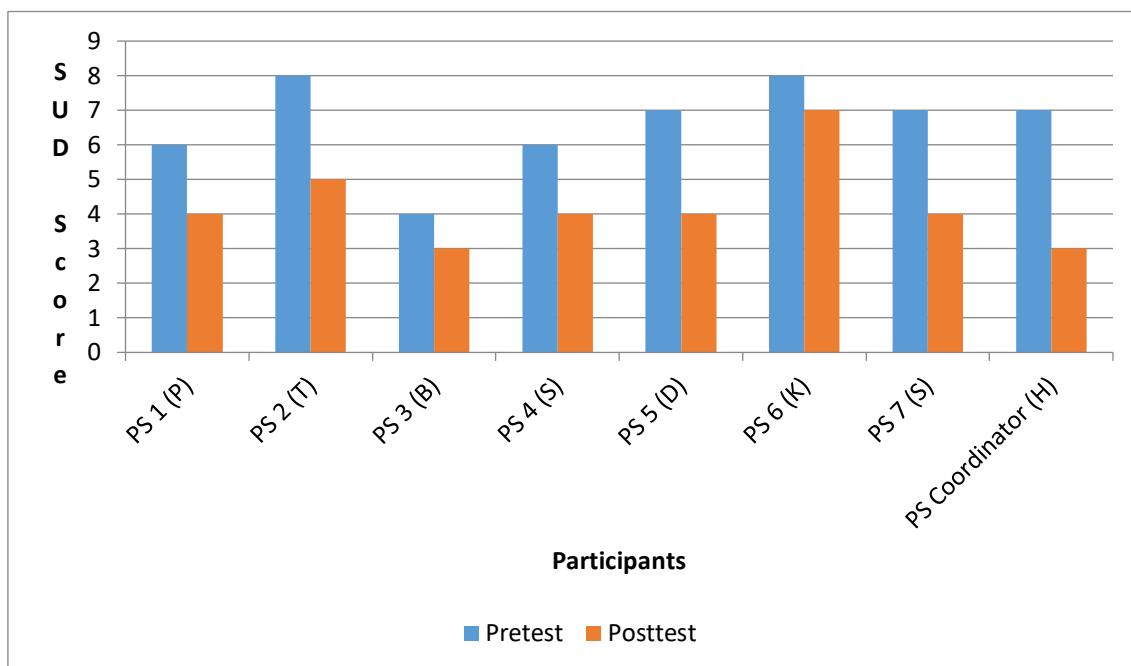


Figure 1. SUD Score Comparison

Table 4. Changes in the intensity of negative thoughts and feelings experienced by participants.

Before Treatment	After Treatment
<p>PS 1 (P)</p> <p>At first, P had difficulty determining the setup. Finally, after being encouraged P found that currently, he was feeling his health and physical condition degenerate. This also causes P to feel tired quickly, anxious about his health and feels more irritable towards the people around him.</p>	<p>The most significant change that P felt was the reduction in the intensity of the pain in his head. Furthermore, when the EFT was carried out, P realized that currently he was harboring a lot of negative feelings and trying to ignore them.</p>
<p>PS 2 (T)</p> <p>Currently, T is feeling deep sadness because he just broke up with his partner. T tried to keep himself busy to divert his feelings. This method is seen as successful when T is doing a lot of activities. Even so, when he was alone, T still often cried and felt hurt.</p>	<p>When doing EFT T cries deeply but continues to carry out the EFT steps to completion. After the EFT was completed T said that the feeling of sadness was still there, but it had decreased and felt a little relieved.</p>
<p>PS 3 (B)</p> <p>The feelings B is currently experiencing are sadness and anxiety. This is because since opening his status as HIV+ people until now B's relationship with his family</p>	<p>B feels that the EFT has helped B to be calmer, and reduce the sadness and feeling that he felt stuck.</p>



is not good. B feels that the family cannot accept his condition.

PS 4 (S)

S currently feels fatigued and reluctant to move. S is also experiencing anxiety about her future, mainly related to her life partner.

She felt her body more relaxed so the tension in her muscles began to decrease. S also found the insight to be patient in waiting for the right time to get a partner and to fill her days more usefully, for example by helping the patients she supports.

PS 5 (D)

D said that currently he is feeling exhausted and overwhelmed because of all the busyness he is facing. D feels that this is making it difficult for him to focus.

The first impact of doing EFT was a relaxed feeling in his body. D shared that when EFT was performed, he could practice focusing more on the taps and statements mentioned so that he was not easily distracted by his thoughts.

PS 6 (K)

K is anxious about her unstable financial condition, especially because she has to pay for his child's school fees. K is also worried about the condition of her son who is also PLWHA and is currently experiencing health problems.

K said that even though her financial problems had not been resolved, her anxiety and fear of her inability had lessened a little. K feels this helps to think more clearly about possible solutions.

PS 7 (S)

In the beginning, S said that currently, he was not experiencing intense emotions. He said that all this time he didn't want to bother about the thoughts and feelings that arose, so he used to ignore these things because he thought that everything would get better with time. After being encouraged to better recognize what he is thinking or feeling, he realized that there is still a feeling of anger with his partner but tried to ignore it.

The insight that S got was that the negative feelings and thoughts that are experienced will not be resolved if they are not acknowledged. All this time he tried to avoid these thoughts. He felt that EFT is a way that can help him realize what is being thought or felt. After that, the therapist also emphasized that recovery can occur with acceptance and begins with the awareness that conditions are not going well.

PS Coordinator (H)

H felt that his mind was in disarray, his focus was easily distracted and his physical condition was getting worse.

H said that when doing EFT at first it was difficult to focus on the statement and the tapping process. Many things came, crossed H's mind, and distracted him. Even so, he kept trying until the EFT process was complete. H explained that in the middle of doing the EFT, he finally started to focus and was no longer distracted. The feeling of tiredness and "not feeling well" that was previously felt was also greatly reduced.

DISCUSSION

HIV/AIDS and anxiety are interlinked. HIV+ diagnosis may trigger symptoms of anxiety, especially about their ability to deal with illness, facing the possibility of death, denial, boredom because of drugs that must be taken every day, and anxiety about stigma and negative responses from the environment that will be received. At each stage of the illness development whether at the time of receiving the diagnosis, when the symptoms are felt to be more real (appears extreme weight loss, prolonged high fever, prolonged diarrhea, prolonged cough, skin disorders and irritation, fungal infections of the mouth and throat, and swollen lymph nodes), health conditions that go up and down are almost always followed by the appearance of negative feelings due to the disease, medical, social or treatment consequences that must be undertaken and side effects. Anxiety often exacerbates the client's conditions by declining health conditions, motivation to survive, and adherence to treatment to the emergence of a desire to end one's life.

One of the non-medical treatments for anxiety problems can be done by providing EFT. In previous studies, measurements in the EFT intervention were found to provide a large effect size compared to the control group of adult participants. The group that was given the EFT intervention also showed maintenance of post-intervention conditions during follow-up. The study also stated that another advantage of EFT is that EFT can be done in a short time and independently by clients (Gaesser & Karan, 2017).

In line with previous research, the results of this study showed that participants experienced an improved condition compared to before receiving treatment. The changes that have occurred are increasing the client's awareness of their thoughts or feelings, acquiring new skills to apply and practice EFT techniques independently, and changes in anxiety and negative emotions experienced by participants. All eight participants reported finding EFT calming, relaxing, and helpful.

As hypothesized, providing interventions with EFT psychoeducation has been shown to significantly reduce the level of anxiety experienced by PS (in this case also PLWHA). The reduction of anxiety can be seen from the decrease in the participants' subjective pressure/anxiety resulting from the psychoeducation process followed by a simulation of the implementation of EFT to overcome anxiety.

Anxiety experienced decreased along with the increased sense of calmness among the participants. For some participants, the relaxation they experience can help improve their skills in managing anxiety. When the EFT process is carried out, the participants also report getting new insights about how they interpret the unpleasant events or feelings that are being experienced. Participants perceive EFT as a skill that can be learned and practiced independently and can be used to assist in other aspects of their life. With the help of the modules that have been provided, participants can use them as a guide to teach EFT techniques to be applied independently by their assisted clients. Clond (2016) states that the technique in EFT is easy to use, even participants can master the technique in just one session and several studies report significant results in one guided session. This finding is in line with previous research conducted by Boath et al. (2017).

EFT therapy is beneficial to help a person become more relaxed and be able to deal with difficult situations or circumstances in their life. Previous research found that the application of EFT was proven to be able to suppress stress hormones, namely the hormone cortisol by up to 24%. This decrease correlates with a statistical diminish in anxiety scores, which is as much as 58% (Clond, 2016). The positive energy system flow and positive affirmation make EFT therapy effective. The relaxing nature of EFT can also reduce tension and anxiety where the parasympathetic nervous system works more dominantly than the sympathetic nervous system. The tune-in phase EFT also supports the



relaxation process where that phase is done by saying positive affirmations that are repeated several times (Kalla et al., 2018; Bach et al., 2019; Lataima et al., 2020).

Based on the research that has been done, the researchers also found that to be able to apply the EFT technique, several previous processes were needed, especially related to awareness, and recognition of the participants themselves about the thoughts and feelings they experienced. Apart from focusing on the process of implementing EFT, in this study, there was also a process of psychoeducation for PS regarding anxiety and EFT itself. The psychoeducation process can be said to be going well and the participants show attention and interest in the material provided. This can be seen from the responses given to the questions and discussions raised and the enthusiasm to follow the instructions from the researchers. The process of transferring knowledge and skills is supported by four stages of learning as stated by Bandura (Horsburgh & Ippolito, 2018): (1) attention (how much attention the learner pays to the learning topic), (2) representation (the learner needs to internalize and retain what has been seen, involving cognitive processes in which a learner mentally trains the behavior or action to be reproduced), (3) production (learners need opportunities to reproduce behavior by changing the information obtained from attention and retention processes into action), and (4) motivation (learners need to be motivated to make or practice the observed behavior). Viewed from the four learning stages put forward by Bandura as written above, it can be concluded that participants want to pay attention to the psychoeducational material provided so as to increase the absorption of information. Participants were also invited to internalize this information by viewing and discussing based on real cases encountered by participants in the field, as well as observing when practitioners gave examples of EFT applications. After that, the participants were invited to practice the EFT technique with the direction and supervision of the researcher. From the practice itself, there is also a willingness and encouragement to try to apply it in everyday life and share it with assisted clients. The practitioner said that this willingness arose because he had personally experienced the benefits of EFT.

This research reveals that the EFT psychoeducation program has proven successful in reducing anxiety levels in PLWHA. Through the three stages carried out, the eight participants became more aware of their emotional and cognitive conditions, diminished symptoms of anxiety experienced, as well as providing calmness and serenity to the participants. Participants also found that EFT could be performed independently in other situations where anxiety might feature. EFT is also a technique that can be learned without requiring special skills, so it can be transferred to PS support patients. In addition, EFT can also be done not only to overcome anxiety but can also be applied to broader aspects of the participant's life so that it is expected to help improve the quality of life of PLWHA.

ACKNOWLEDGE, FUNDING & ETHICS POLICIES

The author expresses our gratitude and sincere appreciation to the participants who agreed to provide their time, experiences, and insights. Their willingness to participate in this research were very substantial to the success of this research. We also wish to thank the Soegijapranata Catholic University and the supervisor for the guidance, mentorship, support, and encouragement throughout the entire process. This research is funded independently without the assistance of other parties.

REFERENCES

- Alneyadi, M., Drissi, N., Almeqbaali, M., & Ouhbi, S. (2021). Biofeedback-Based Connected Mental Health Interventions for Anxiety: Systematic Literature Review. *JMIR MHealth and UHealth*, 9(4). <https://doi.org/10.2196/26038>
- Bach, D., Groesbeck, G., Stapleton, P., Sims, R., Blickheuser, K., & Church, D. (2019). Clinical EFT (Emotional Freedom Techniques) Improves Multiple Physiological Markers of Health. *Journal of Evidence-Based Integrative Medicine*, 24, 1–12. <https://doi.org/10.1177/2515690X18823691>

- Blacher, S. (2023). Emotional Freedom Technique (EFT): Tap to Relieve Stress and Burnout. *Journal of Interprofessional Education and Practice*, 30(January). <https://doi.org/10.1016/j.xjep.2023.100599>
- Boath, E., Good, R., Tsaroucha, A., Stewart, T., Pitch, S., & Boughey, A. J. (2017). Tapping Your Way to Success: Using Emotional Freedom Techniques (EFT) to Reduce Anxiety and Improve Communication Skills in Social Work Students. *Social Work Education*, 36(6), 715–730. <https://doi.org/10.1080/02615479.2017.1297394>
- Camara, A., Sow, M. S., Touré, A., Sako, F. B., Camara, I., Soumaoro, K., Delamou, A., & Doukouré, M. (2019). Anxiety and Depression Among HIV Patients of the Infectious Disease Department of Conakry University Hospital in 2018. *Epidemiology and Infection*, 4–9. <https://doi.org/10.1017/S095026881900222X>
- Clond, M. (2016). Emotional Freedom Techniques for Anxiety a Systematic Review with Meta-Analysis. *Journal of Nervous and Mental Disease*, 204(5), 388–395. <https://doi.org/10.1097/NMD.0000000000000483>
- Dalmida, S., Koenig, H., Holstad, M., & Wirani, M. (2013). The Psychological Well-Being of People Living with HIV/AIDS and The Role of Religious Coping and Social Support. *International Journal of Psychiatry in Medicine*, 46(1), 57–83. <https://doi.org/10.2190/PM.46.1.e>
- Demirel, O. F., Mayda, P. Y., Yıldız, N., Sağlam, H., Koçak, B. T., Habip, Z., Kadak, M. T., Balcıoğlu, & Kocazeybek, B. (2018). Self-Stigma, Depression, and Anxiety Levels of People Living with HIV in Turkey. *European Journal of Psychiatry*, 32(4), 182–186. <https://doi.org/10.1016/j.ejpsy.2018.03.002>
- El Alama, H., Fatihi, T., Benmoussa, A., & Barkat, A. (2020). Assessment of Anxiety and Depression in HIV-Positive Patients. *Journal of Pharmacy and Pharmacognosy Research*, 8(4), 260–268.
- Gaesser, A. H., & Karan, O. C. (2017). A Randomized Controlled Comparison of Emotional Freedom Technique and Cognitive-Behavioral Therapy to Reduce Adolescent Anxiety: A pilot Study. *Journal of Alternative and Complementary Medicine*, 23(2), 102–108. <https://doi.org/10.1089/acm.2015.0316>
- Halmahera, P. (2021). *Tugas, Fungsi & Wewenang*. <https://dinkes.semarangkota.go.id/halmahera/page/547>
- Heissel, A., Zech, P., Rapp, M. A., Schuch, F. B., Lawrence, J. B., Kangas, M., & Heinzl, S. (2019). Effects of Exercise on Depression and Anxiety in Persons Living with HIV: A Meta-Analysis. *Journal of Psychosomatic Research*, 126(February), 109823. <https://doi.org/10.1016/j.jpsychores.2019.109823>
- Horsburgh, J., & Ippolito, K. (2018). A Skill to be Worked at: Using Social Learning Theory to Explore the Process of Learning from Role Models in Clinical Settings. *BMC Medical Education*, 18(1), 1–9. <https://doi.org/10.1186/s12909-018-1251-x>
- Kalla, M., Simmons, M., Robinson, A., & Stapleton, P. (2018). Emotional Freedom Techniques (EFT) as A Practice for Supporting Chronic Disease Healthcare: A Practitioners' Perspective. *Disability and Rehabilitation*, 40(14), 1654–1662. <https://doi.org/10.1080/09638288.2017.1306125>
- Kandeger, A., Guler, H. A., Egilmez, U., & Guler, O. (2018). Major depressive disorder comorbid severe hydrocephalus caused by Arnold – Chiari malformation Does exposure to a seclusion and restraint event during clerkship influence medical student ' s attitudes toward psychiatry ? *Indian Journal of Psychiatry*, 59(4), 2017–2018. <https://doi.org/10.4103/psychiatry.IndianJPsychiatry>
- Khairani. (2021). Aids/Hiv. In *Pusat Data dan Informasi Kementerian Kesehatan Republik Indonesia*. <https://doi.org/10.4324/9781315700724-16>
- Kim, D., Bae, H., & Chon Park, Y. (2008). Validity of the Subjective Units of Disturbance Scale in EMDR. *Journal of EMDR Practice and Research*, 2(1), 57–62. <https://doi.org/10.1891/1933-3196.2.1.57>
- Kiyimba, N., & O'Reilly, M. (2020). The Clinical Use of Subjective Units of Distress Scales (SUDs) in Child Mental Health Assessments: A Thematic Evaluation. *Journal of Mental Health*, 29(4), 418–423. <https://doi.org/10.1080/09638237.2017.1340616>
- König, N., Steber, S., Seebacher, J., von Prittwitz, Q., Bliem, H. R., & Rossi, S. (2019). How therapeutic tapping can alter neural correlates of emotional prosody processing in anxiety. *Brain Sciences*, 9(8). <https://doi.org/10.3390/brainsci9080206>
- Lataima, N. S., Kurniawati, N. D., & Astuti, P. (2020). Manfaat Emotional Freedom Technique (EFT)



- bagi Pasien Dengan Gangguan Kecemasan. *Jurnal Penelitian Kesehatan "SUARA FORIKES" (Journal of Health Research "Forikes Voice")*, 11(2), 129. <https://doi.org/10.33846/sf11204>
- Manhas, C. (2014). Self-Esteem and Quality of Life of People Living with HIV/AIDS. *Journal of Health Psychology*, 19(11), 1471–1479. <https://doi.org/10.1177/1359105313493812>
- Motlova, L. B., Balon, R., Beresin, E. V., Brenner, A. M., Coverdale, J. H., Guerrero, A. P. S., Louie, A. K., & Roberts, L. W. (2017). Psychoeducation as an Opportunity for Patients, Psychiatrists, and Psychiatric Educators: Why Do We Ignore It? *Academic Psychiatry*, 41(4), 447–451. <https://doi.org/10.1007/s40596-017-0728-y>
- Nevid, Jeffrey S.; Ratus, Spencer A.; Greene, B. (2018). *Psikologi Abnormal*. Erlangga.
- P2P Kemenkes RI. (2022). Laporan Perkembangan HIV-AIDS dan Penyakit Infeksi Menular Seksual (PIMS) Triwulan 1 Januari-Maret 2022. In *Kementrian Kesehatan Republik Indonesia*. https://siha.kemkes.go.id/portal/files_upload/Laporan_TW_1_2022.pdf
- Pandey, N. (2020). EFT as a Tool to Resolve Anxiety: A Case Study Approach. *International Journal of Psycho-Social Research*, 9, 12–18.
- Paster, A. B. (2022). The Efficacy of EFT on the Symptoms of Depression, Anxiety and Stress among College Students' during the COVID-19 Pandemic: Basis for the Development of Psychological Acupuncture Intervention. *International Journal of Multidisciplinary Research and Analysis*, 05(07), 1626–1641. <https://doi.org/10.47191/ijmra/v5-i7-06>
- Saadat, M., Behboodi, Z. M., & Saadat, E. (2015). Comparison of Depression, Anxiety, Stress, and Related Factors among Women and Men with Human Immunodeficiency Virus Infection. *Journal of Human Reproductive Sciences*, 8(1), 48–51. <https://doi.org/10.4103/0974-1208.153128>
- Sarkhel, S., Singh, O. P., & Manu, A. (2020). Clinical Practice Guidelines for Psychoeducation in Psychiatric Disorders General Principles of Psychoeducation. *Indian Journal of Psychiatry*, 62(2), S319–S323.
- Tambunan, M. B., Suwarni, L., Setiawati, L., & Mardjan, M. (2022). EFT (Emotional Freedom Technique) As An Alternative Therapy To Reduce Anxiety Disorders and Depression in People Who Are Positive Covid-19. *Psikostudia: Jurnal Psikologi*, 11(1), 59. <https://doi.org/10.30872/psikostudia.v11i1.7104>
- Tanner, B. A. (2012). Validity of Global Physical and Emotional SUDS. *Applied Psychophysiology Biofeedback*, 37(1), 31–34. <https://doi.org/10.1007/s10484-011-9174-x>
- Vural, P. I., Körpe, G., & Inangil, D. (2019). Emotional freedom techniques (EFT) to reduce exam anxiety in Turkish nursing students. *European Journal of Integrative Medicine*, 32(March). <https://doi.org/10.1016/j.eujim.2019.101002>
- Williams, M. T., Capozzoli, M. C., Buckner, E. V., & Yusko, D. (2015). Cognitive-Behavioral Treatment of Social Anxiety Disorder and Comorbid Paranoid Schizophrenia. *Clinical Case Studies*, 14(5), 323–341. <https://doi.org/10.1177/1534650114559717>
- Zhang, C., Li, X., Liu, Y., Zhou, Y., Shen, Z., & Chen, Y. (2018). Impacts of HIV Stigma on Psychosocial Well-Being and Substance Use Behaviors Among People Living With Hiv / Aids in China : Across the Life Span. 30(2), 108–119. <https://doi.org/10.1521/aeap.2018.30.2.108>. IMPACTS