

Systematic Review - Meta Analysis

Intervention with the Wellness Therapy Spiritual Emotional Freedom Technique (SEFT) in Cancer Patients and with Chemotherapy: A Scoping Review

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ABSTRACT

Background: Patients with cancer undergoing chemotherapy often experience psychological and physical symptoms that affect their quality of life. The Spiritual Emotional Freedom Technique (SEFT) is a potential nonpharmacological intervention to address these issues. **Objective:** This study aimed to determine the effects of SEFT therapy in patients with cancer undergoing chemotherapy. **Methods:** A scoping review was conducted via Google Scholar to search for articles published between 2020 and 2024 with keywords related to SEFT, cancer, and chemotherapy. Eleven articles that met the inclusion criteria were analyzed. **Results:** The review analyzed 11 studies published between 2020 and 2024, focusing on the impact of SEFT on various psychological and physical outcomes. The findings consistently demonstrate that SEFT therapy significantly reduces anxiety, stress, depression, and pain levels while improving sleep quality and overall quality of life in cancer patients receiving chemotherapy. The therapy typically involves 10-20 min sessions conducted 2-3 times per week, consisting of setup, tune-in, and tapping phases. SEFT's mechanism of action is theorized to involve the modulation of the hypothalamic-pituitary-adrenal axis and influencing neurotransmitter activity through the stimulation of acupressure points. **Conclusion:** SEFT therapy shows promise as a complementary intervention for improving the well-being of patients with cancer undergoing chemotherapy. It addresses both psychological and physical symptoms and potentially enhances overall quality of life. Further research should compare the effectiveness of SEFTs with that of conventional methods and evaluate its long-term impact on cancer patients undergoing chemotherapy.

KEYWORDS

Neoplasms, psychotherapy, complementary therapies, quality of life, chemotherapy, adjuvant therapy

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INTRODUCTION

Cancer represents a significant global health challenge and is characterized by the uncontrolled growth and division of abnormal cells that can invade surrounding tissues and metastasize to other parts of the body [1]. The World Health Organization (WHO) reported that cancer was the leading cause of death worldwide in 2020, accounting for nearly 10 million fatalities or approximately one in six deaths globally [2,3]. This alarming statistic underscores the pervasive nature of the disease and its profound impact on public health.

This problem extends beyond the physical manifestations of cancer, as patients undergoing treatment, particularly chemotherapy, often experience severe psychological distress. Anxiety, stress, depression, and fear of death are common emotional responses that can significantly affect a patient's quality of life and potentially exacerbate their physical condition [4–6]. Moreover, cancer patients may face social stigma, isolation, and cognitive impairments such as "chemo-brain," which further compound their challenges. These psychological impacts raise critical questions about how to address the holistic needs of patients with cancer effectively, balancing both physical treatment and mental well-being. The urgency of this issue is evident in the need for comprehensive care approaches that extend beyond standard medical interventions. Although current cancer management strategies encompass preventive, curative, rehabilitative, and palliative approaches [7,8], there remains a significant gap in addressing the psychological and emotional needs of patients undergoing chemotherapy. This gap highlights the necessity for innovative nonpharmacological therapies that can complement existing treatment protocols and improve patients' overall wellness.

In response to this need, the spiritual emotional freedom technique (SEFT) has emerged as a potentially relevant intervention. SEFT combines energy system therapy with spiritual practices and tapping techniques at specific body points. This therapy aims to promote relaxation, stimulate neurological pathways for healing, and enhance patients' connections to their spiritual beliefs. SEFT is grounded in energy psychology principles, which posit that disruptions in the body's energy systems contribute to psychological distress [9–11]. By combining elements of cognitive restructuring with stimulation of acupressure points, SEFT is theorized to recalibrate the body's energy meridians, potentially modulating the hypothalamic-pituitary-adrenal axis and influencing neurotransmitter activity.

The relevance of SEFT lies in its potential to address the psychological impact of cancer treatment, offering a holistic approach that may improve patients' quality of life during the challenging process of chemotherapy. By exploring the efficacy of nonpharmacological therapies such as SEFT, researchers and healthcare providers can work toward closing the gap in comprehensive cancer care, addressing both the physical and the psychological needs of patients. This approach aligns with the growing recognition of the importance of holistic care for improving treatment outcomes and overall patient well-being.

MATERIALS AND METHODS

Research design

The scoping review method was applied to gather broader information from the latest evidence regarding the effect of SEFT in cancer patients undergoing chemotherapy [7,12]. The methodological framework for the coverage review consisted of five stages: (1) determining the topic of the literature, (2) searching for relevant sources, (3) selecting relevant sources, (4) classifying and analyzing the selected literature, and (5) summarizing the research results [13].

Search strategy

A literature search was conducted in one of the electronic databases, Google Scholar, with filters from 2020-2024. Keywords and Boolean operators included "SEFT" OR "Spiritual Emotional Freedom Technique" OR "spiritual wellness" AND "cancer" AND "chemotherapy." The inclusion criteria were scientific publications, scientific articles, journal articles, case studies, and experiments in Indonesia or English, such as original research and reviews. The exclusion criteria were theses, essays, papers, commentary reports, and research conducted before 2020.

Identification article selection and data extraction

Duplicate articles were initially excluded and screened on the basis of their titles and abstracts. The eligibility level was determined on the basis of the inclusion and exclusion criteria. Eleven articles were included in this qualitative review. All steps were conducted via the standardized preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines [14]. The selected articles were organized into working tables. The extracted data were organized on the basis of author information, sample characteristics, research design, research findings, and other relevant special considerations. Flowchart scoping review presented in [Figure 1](#).

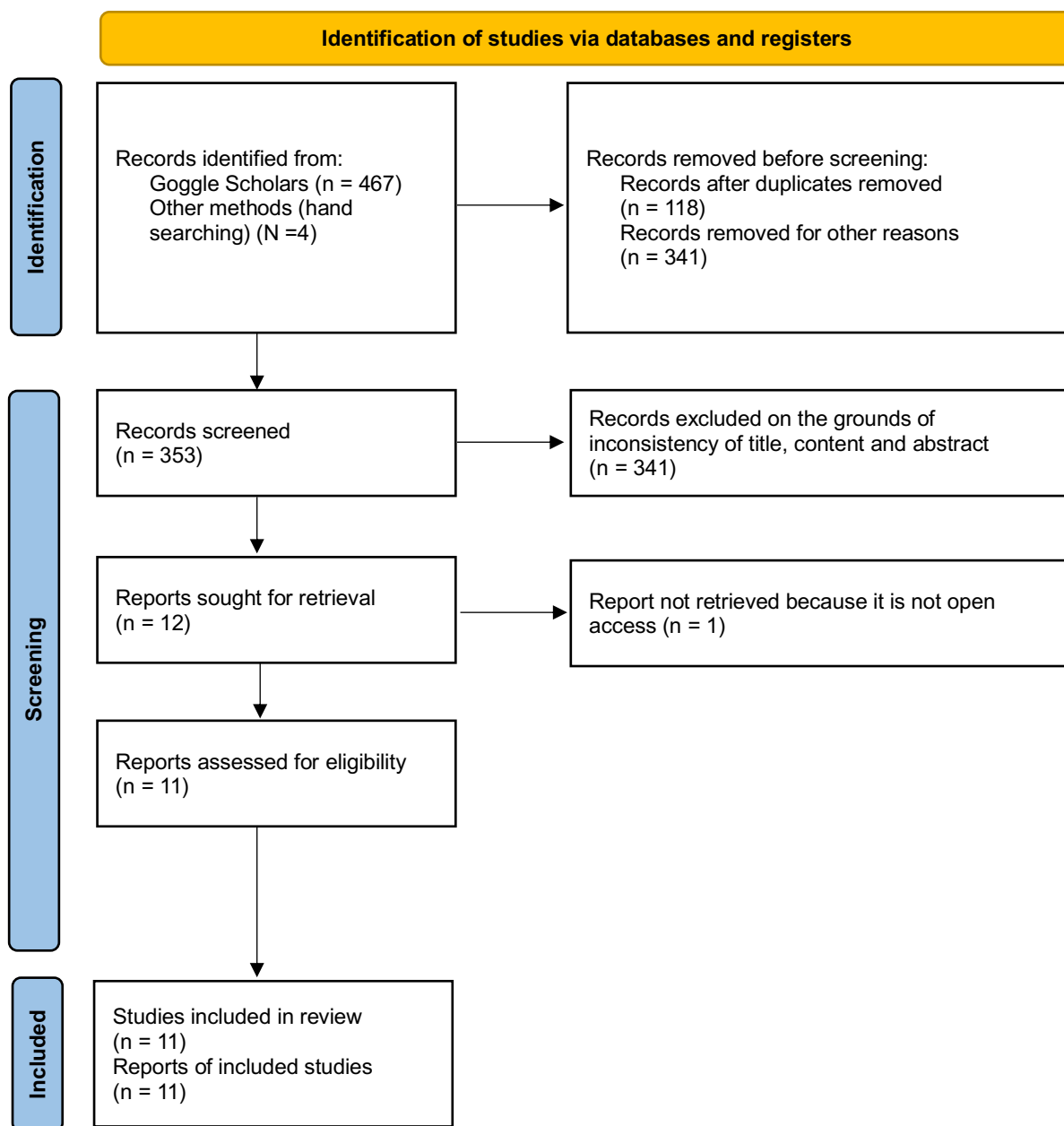


Figure 1. Flowchart Scoping Review

Data analysis

All included articles are summarized in the extraction table. This table includes information on the author, article title, research design, sample characteristics, intervention, outcomes, and results for practical consideration. Practical considerations are used to further enrich the information related to the effectiveness of SEFT therapy in improving the wellness of patients with cancer undergoing chemotherapy. The characteristics of the articles were evaluated quantitatively and are presented as percentages in Table.

Table 1. The use of the SEFT in cancer chemotherapy patients

Author	Design	Sample Characteristics	Intervention	Outcome	Results
Saputra et al. [10]	Quantitative study using experimental research methods with pre and post test control group design	The sample consisted of 30 people who were divided into 2 groups, namely, 15 people in the control group and 15 people in the intervention group.	The intervention in the intervention group (treatment) was given SEFT therapy, while the control group was not treated with therapy.	Outcomes to determine the effect of SEFT therapy on anxiety levels in cancer patients undergoing chemotherapy.	The results of the study in the group given therapy were that there was a significant effect of SEFT therapy from the majority of respondents (60%) who experienced mild anxiety levels, there was a decrease with 40% of respondents not experiencing anxiety after therapy.
Maryatun [15]	Quasy experimental with a nonequivalent control group design approach	Sample of 24 respondents consisting of 12 intervention groups and 12 control groups.	The intervention group was given SEFT therapy & supportive therapy. While the control group was given SEFT therapy alone, then conducted pretest and posttest in both groups.	Outcomes include reduced stress levels in cancer patients.	The results showed the average stress level of the intervention group before the intervention was 20.58 while the average stress level after the intervention was 11.50. Therefore, there is a significant effect of SEFT therapy on reducing stress levels.
Hasal [16]	Pre-experimental design using pretest posttest.	The characteristics of the research sample were cancer patients at the Griya Sehat Al-Afiat Clinic with a total research sample of 15 respondents.	SEFT (Spiritual Freedom Emotional Technique) therapy intervention was conducted on cancer patients.	Outcomes include a decrease in anxiety levels in cancer patients.	There is an effect of SEFT therapy on reducing anxiety levels in cancer patients.
Lisarni et al. [17]	Quasi experiment with a pretest and posttest	Sample characteristics are stage II and III inpatient cancer patients with sleep disorders in the age range	The intervention was divided into 2 groups. The experimental group intervention was in the	Outcomes include improved sleep quality in cancer patients.	There was a change in the average sleep quality score among respondents in the experimental group

		of 36-55 years willing to participate and have never received SEFT therapy at Arifin Achmad General Hospital, Riau.	form of an explanation of sleep quality and SEFT therapy for 10 minutes, giving SEFT therapy for 15 minutes, carried out 6 days a week from 16.00-17.00. While the control group was given the usual care management intervention to overcome sleep problems.		from 12.33 to 8.93, while in the control group from 13.40 to 13.20. This means that there is a significant difference between the quality of sleep before and after SEFT therapy in both groups.
Nasution et al. [18]	Quasy eksperimental with non-equivalent control group design	The sample population was 24 respondents consisting of 12 intervention groups and 12 control groups in the surgical oncology inpatient room of Dr. Mohammad Hoesin Hospital Palembang.	The intervention was carried out by giving SEFT therapy to the intervention group based on the SOP for 3 days with 1 treatment every day in the intervention group.	Outcomes include a decrease in the stress level of breast cancer patients.	The results showed an influence between SEFT therapy and the stress level of breast cancer patients.
Rahayu et al. [19]	Descriptive method	The sample was 2 respondents with inclusion criteria and patients with cancer who experienced stress, and were willing to be treated.	The intervention was in the form of providing SEFT therapy which was carried out for 3 days with each therapy session lasting 15 minutes was evaluated by reassessing stress levels using the Perceived Stress Scale (PSS) questionnaire.	Outcomes in the form of a decrease in patient stress levels at the Indonesian Cancer Foundation Shelter House.	The results showed that the average patient stress score before therapy was 13 and after therapy for 3 days decreased with an average score of 8.5. Therefore, there is a decrease in the stress level of cancer patients before and after SEFT therapy.
Majid et al. [11]	Quasy-Experimental with pre posttest control group design	The study sample totaled 36 respondents consisting	The intervention group was given SEFT and a combination of dhikr.	Outcomes include decreased depression	The results showed that after being given seft intervention combined

		of 18 intervention groups and 18 control groups.	While the intervention in the control group with standard therapeutic interventions that are only provided by the hospital.	and improved quality of life.	with dhikr in the intervention group the majority had a very good quality of life, while in the control group after being given standard hospital therapy most had a moderate-good quality of life, meaning that the control group did not experience a significant increase in quality of life.
Wijayati et al. [20]	Pre-experimental with pre and posttest.	The study sample amounted to 33 respondents with the criteria of cervical cancer patients who underwent chemotherapy more than 2 times and who experienced mild to moderate depression.	The intervention was in the form of giving SEFT therapy and giving pretest posttest.	Outcomes include a reduction in depression levels.	The results showed that the respondent's depression score before SEFT therapy was 28 (moderate depression), and after SEFT therapy was 20 (clinical depression). So that there is an effect of SEFT therapy on reducing the patient's depression level.
Yuliatin et al. [21]	One group pretest and posttest design	The research sample amounted to 2 people with breast cancer.	Intervention provided in the form of implementation of SEFT therapy performed with 3 techniques which include set-up, tune-in and tapping.	Outcomes include a decrease in the level of depression in breast cancer patients.	The results of the study in sample 1 before and after the intervention obtained a decrease in depression score from 16 to 4, while in sample 2 obtained a decrease in depression score from 17 to 6. Hence there is a decrease in the level of depression in both subjects after being given SEFT intervention.

Haris et al. [9]	Quasy-experimental	The study sample amounted to 60 cancer patients who experienced anxiety then divided into 2 groups, namely, the intervention group and the control group.	Intervention in the intervention group was given dhikr and SEFT therapy, the provision of this therapy was carried out for 10-15 minutes three times for 2 days. Meanwhile, the control group only received treatment from the hospital.	The output is to know the effect of therapy on reducing the anxiety of cancer patients undergoing chemotherapy at TK II Pelamonia Hospital Makassar.	There is a significant effect between the effect of combined dhikr and SEFT therapy on anxiety levels in the intervention group and there is no significant effect in the control group.
Niken et al. [22]	Descriptive sampling through a case study approach	The sample consisted of 4 participants with cancer who complained of moderate to severe pain.	Interventions were carried out measuring the pain scale with NRS and interviews on the first day. On the second-fourth day, SEFT therapy was performed. On the fifth day, the pain scale was measured again after the previous intervention and an interview was conducted.	Outcome is a reduction in pain scale in cancer patients.	The results after being given SEFT therapy intervention in patients 1 and 2 there was a decrease in the pain scale from 7 to 6, in patient 3 there was a decrease in the pain scale from 6 to 3, and in patient 4 there was a decrease in the pain scale from 5 to 3. So that there is an effect of giving SEFT therapy on reducing the patient's pain scale.

Remarks: Data tabulation and extraction in this study were done manually by the authors by reviewing each selected paper.

RESULTS

Article characteristics

The included articles were published in the journals Health STIKES Darul Azhar Batulicin (0.9%, n=1), Journal of Nursing (2.7%, n=3), Comprehensive Health Care (0.9%, n=1), Journal of Nursing and Health Services (IJNHS) (0.9%, n=1), Proceeding National Nursing Seminar (0.9%, n=1), Unimus Journal (0.9%, n=1), Journal of Clinical Medicine (0.9%, n=1), Journal of Clinical Medicine (0.9%, n=1), and Journal of Clinical Medicine (0.9%, n=1).

Intervention and output

The intervention provided in the findings article is SEFT therapy (spiritual emotional freedom technique), either as the main intervention or in combination with other therapies such as supportive therapy and a combination of dhikr with several methods of dividing the intervention group and control group, the pretest-posttest method, and SEFT therapy intervention for several exercises and several days. The expected outcome of all the articles was that SEFT therapy had a significant effect on reducing psychological and physical symptoms in cancer patients. The expected outcomes, specifically in the findings, vary in the form of a decrease in anxiety or anxiety levels, a decrease in stress levels, a reduction in pain scale scores, improved sleep quality, decreased depression, and improved quality of life, especially in cancer patients undergoing chemotherapy.

Summary of articles

A summary of all article findings is provided in Table 1, which includes detailed information on the authors, journal article titles, study designs, sample characteristics, interventions performed, outcomes, results, and specific findings of the included articles.

DISCUSSIONS

The mechanism and efficacy of SEFT therapy in reducing negative emotions and improving patient well-being

The emotional freedom technique (SEFT) is a therapeutic approach designed to alleviate negative emotions, particularly stress and related psychological issues [23]. This technique comprises three distinct stages: setup, tuning, and tapping. During the setup and tuning phases, patients are encouraged to articulate negative feelings associated with their illness, express acceptance of these emotions, and engage in calming prayers [24]. This process was intended to induce bodily relaxation and mental tranquility. The tapping stage involves gently stimulating 18 major energy meridians on the body, which are believed to activate the pituitary gland in the hypothalamus and modulate corticotropin-releasing factor (CRF). This modulation is thought to result in reduced levels of cortisol and adrenocorticotrophic hormone (ACTH), a known stress hormone, while simultaneously increasing the production of neurotransmitters, endorphins, and serotonin [6,23,25,26]. In the final stage, patients are instructed to express gratitude and practice mindful breathing, with the suggestion that inhalation draws positive energy while exhalation expels negative emotions [18,27].

Several studies have demonstrated the efficacy of SEFT therapy across diverse patient populations. Adhistry et al. [28] investigated the effects of SEFT therapy on stress and adaptation in three ovarian cancer patients and reported that the therapy effectively reduced stress levels and improved adaptation. In a study focusing on patients without cancer, Anggraini and Safinatunnajah [29] reported that SEFT therapy significantly enhanced sleep quality in both postoperative patients and those who did not undergo surgery. Furthermore, Prabowo [30] examined the impact of SEFT therapy on anxiety levels in patients with congestive heart failure (CHF) who had undergone surgery. The study revealed that two sessions of SEFT therapy over two days resulted in a significant reduction in patients' anxiety levels. Collectively, these studies provide compelling evidence for the beneficial effects of SEFT therapy interventions in mitigating negative emotions and enhancing overall patient well-being in both oncological and nononcological contexts [17,[23]. Consequently, SEFT shows promise as a complementary

therapeutic approach to improving wellness and promoting holistic well-being by addressing the spiritual, emotional, and psychological dimensions of patient care.

Efficacy and mechanism of SEFT in improving the well-being of cancer patients

The Spiritual Emotional Freedom Technique (SEFT) has demonstrated significant positive effects on both the psychological and physical well-being of cancer patients, particularly those undergoing chemotherapy. This holistic approach, which can be implemented either as a standalone intervention or in combination with practices such as dhikr, offers promising results in alleviating the challenges faced by patients with cancer. The therapy protocol typically involves sessions lasting 10–20 min, conducted 2–3 times per week, and consists of three key components: setup, tuning, and tapping [10].

The setup phase aims to neutralize psychological reversal by addressing subconscious negative beliefs that may impede the body's energy flow. The tune-in stage encourages patients to accept their condition sincerely and surrender to greater power, fostering a sense of calm and positive expectations. The tapping phase involves stimulating specific points along the body's 12 meridian pathways while maintaining a state of tune-in and concluding with gratitude. SEFT offers flexibility in its application, with both full and abbreviated versions available, differing primarily in the number of tapping points utilized: 18 for the full version and 9 for the short-cut version [15]. Several studies have demonstrated the efficacy of SEFT therapy in improving various aspects of well-being in cancer patients. Saputra and Saputra [10] conducted an experimental study with two groups and revealed that SEFT therapy reduced anxiety levels in cancer patients undergoing chemotherapy. Maryatun [15] reported that SEFT therapy, when combined with other supportive therapies, decreased stress levels in patients with CC. Additional studies have shown similar positive outcomes, including decreased anxiety levels [9,16], improved sleep quality [17], reduced depression [20,21,31], and decreased pain [22].

The mechanism underlying SEFT's effectiveness involves the tapping method on the "major energy meridians" points [32,33], which is believed to reduce negative emotions and balance the body's energy flow. This process stimulates the release of endorphins, thereby providing a sense of comfort and calm. Furthermore, the tapping method and affirmations in the SEFT activate the parasympathetic nervous system, leading to decreased heart rate, blood pressure, and stress hormones such as cortisol [27,34]. This physiological response may contribute to strengthening the immune system, which is crucial for improving the quality of life of patients with cancer undergoing chemotherapy [8,31]. Consistent findings across various research designs highlight the potential of SEFT therapy as a wellness intervention and holistic approach for treating cancer patients, especially those receiving chemotherapy. By focusing on spiritual and emotional aspects, SEFT offers a complementary strategy to address both the psychological and physical challenges faced by patients with cancer during treatment.

Gaps in current clinical practice

Despite the promising results of the Spiritual Emotional Freedom Technique (SEFT) in improving the well-being of cancer patients undergoing chemotherapy, several significant gaps persist in current clinical practice. These gaps hinder the widespread adoption and integration of SEFT into conventional cancer care protocols, potentially depriving patients of their benefits. The foremost among these gaps is the lack of integration of SEFT into standard oncological care frameworks. Conventional cancer treatment typically focuses on medical interventions, such as chemotherapy, radiotherapy, and surgery, often overlooking complementary therapies that address patients' emotional and spiritual needs [23,30]. This narrow focus results in SEFTs rarely being practiced in clinical settings despite their potential to alleviate psychological distress and improve the quality of life of cancer patients.

Another critical gap lies in the limited understanding and awareness of spiritual-emotional therapies among healthcare professionals and the public. Many clinicians may be unfamiliar with SEFTs' principles, mechanisms, and potential benefits, leading to skepticism or hesitation in recommending or incorporating them into treatment plans. This lack of awareness extends to patients and their families, who may be reluctant to engage in unfamiliar therapies, particularly

those with a spiritual component, owing to misconceptions or cultural barriers. Furthermore, there is a paucity of standardized protocols and guidelines for implementing the SEFT in clinical settings. The absence of clear, evidence-based guidelines makes it challenging for healthcare institutions to incorporate SEFT into their care pathways, even when there is interest in doing so. The lack of standardization also complicates efforts to conduct large-scale, rigorous clinical trials, which are crucial for building a stronger evidence base and gaining wider acceptance in the medical community.

Additionally, there is a gap in the training and certification of healthcare professionals regarding SEFT techniques. Unlike many conventional medical interventions, SEFT requires specific skills and understanding, which are not typically part of standard medical education. The shortage of qualified practitioners limits the availability of SEFTs to patients, even in settings where it may be welcomed. Finally, there is a notable gap in the reimbursement and coverage of SEFT by healthcare systems and insurance providers. The lack of recognition of SEFT as a legitimate complementary therapy by many healthcare payers creates financial barriers for patients who may benefit from this intervention, further limiting its accessibility and integration into comprehensive cancer care. Addressing these gaps requires a multifaceted approach that involves education, research, policy changes, and interdisciplinary collaboration. By bridging these gaps, the healthcare community can work toward a more holistic model of cancer care that acknowledges and addresses the complex interplay of physical, emotional, and spiritual factors in patient well-being.

Feasibility of applying SEFT therapy in patients receiving chemotherapy

The implementation of SEFT therapy in patients undergoing chemotherapy is subject to several factors that warrant careful consideration. These factors encompass both patient-specific and systemic elements that can significantly influence the effectiveness and applicability of therapy. First, the severity of the patient's condition is a crucial determinant. Advanced stages of cancer or severe side effects of chemotherapy may lead to physical deterioration, potentially compromising the patient's ability to focus and actively participate in SEFT sessions. This physical limitation could impede the efficacy of SEFT, which relies on the patient's engagement and concentration.

The availability of trained clinical practitioners is critical. SEFT requires specialized knowledge and skills, and a shortage of qualified therapists can limit its accessibility and integration into standard care protocols. Healthcare institutions must invest in training programs and recruit specialists to ensure the availability of competent SEFT practitioners. Patient readiness, both mentally and emotionally, plays a vital role in therapy success. The psychological impact of a cancer diagnosis and treatment can affect a patient's willingness to engage in complementary therapies. Therefore, it is essential to assess and prepare patients for SEFTs to maximize their potential benefits. Social support, particularly from family members or close associates, is instrumental in facilitating SEFT. Supportive individuals can encourage patient participation, assist in practice outside clinical settings, and provide emotional reinforcement. The absence of such support may hinder the consistent application and effectiveness of the SEFT.

Finally, the patient's ability to learn and independently manage SEFT techniques is crucial for the long-term success of therapy. While the initial sessions may be guided by professionals, patients must develop the capacity to apply SEFT techniques autonomously to derive sustained benefits. This aspect requires consideration of patients' cognitive abilities, motivation, and physical capabilities. While SEFT shows promise as a complementary therapy for cancer patients undergoing chemotherapy, its feasibility is contingent on a complex interplay of factors. Addressing these elements through comprehensive patient assessment, healthcare system adaptations, and supportive interventions is essential for optimizing the integration and effectiveness of SEFT in oncological care.

Clinical recommendations

Clinical recommendations for spiritual emotional freedom (SEFT) therapy in cancer patients, especially those receiving chemotherapy, include guidance, instruction, and guidance of therapy

by health professionals; adjustment of therapy according to patient conditions; and regular monitoring and evaluation of patient responses. Ideally, SEFT therapy should be adjusted over a period of 10–20 min. This is because the longer the therapy session lasts (within the maximum range), the more likely it is that the patient will achieve a deeper level of calmness and concentration. Deep calmness and concentration allow the respondent to manage their emotions and thoughts more easily, allowing the patient to respond to their challenges and improving their quality of life.

Limitations

It is important to note that many of the studies included in this review had small sample sizes and lacked rigorous controls, which may limit the generalizability of their findings. Furthermore, the inherent difficulty in blinding participants to SEFT interventions introduces the possibility of placebo effects influencing reported outcomes. Future research should prioritize larger, randomized controlled trials with active control groups to more definitively establish the efficacy of SEFT in cancer care.

CONCLUSIONS

This scoping review highlights the significant positive impact of emotional freedom technique (SEFT) therapy on patients with cancer, particularly those undergoing chemotherapy. The reviewed studies consistently reported improvements in both psychological and physical aspects, including reduced anxiety, stress, pain, and depression, as well as enhanced sleep and overall quality of life. SEFT has emerged as a promising wellness therapy that offers a holistic approach to improving patient outcomes. However, practitioners must be vigilant of potentially intense emotional reactions during therapy. The role of healthcare professionals in SEFT implementation is multifaceted, encompassing facilitation, emotional support, education, and monitoring of patient responses. While SEFT shows promise as a complementary intervention for improving the well-being of cancer patients undergoing chemotherapy, its integration into standard care protocols requires further investigation. Future studies should focus on optimizing SEFT protocols for different cancer types and treatment regimens, exploring potential synergies with other psychosocial interventions, and conducting cost-effectiveness analyses to support its broader implementation in oncology settings.

CONFLICT OF INTEREST

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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AUTHOR CONTRIBUTIONS

Conceptualization: GG., NKDP; Methodology: GG., NKDP; Software: GG., NKDP; Validation: GG., NKDP; Formal analysis: GG., NKDP; Investigation: GG., NKDP; Resources: GG., NKDP; Data Curation: GG., NKDP; Writing - Original Draft: GG., NKDP; Writing - Review & Editing: GG., NKDP; Visualization: GG., NKDP; Supervision: GG., NKDP.

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