



# Mother's Concern in the Family about Her Child with Post-Traumatic Due to the Tornado in Central Java, Indonesia – A Qualitative Study

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## Abstract

**BACKGROUND:** Natural disasters continue to occur worldwide, influencing the economy, finances, and psychological problems. Traumatic on children is an impact of the catastrophe likely a burden on the family, especially mothers who accompany their children as caregivers.

**AIM:** The purpose of the study was to explore children's traumatic experiences from mothers in a family in a rural community in Indonesia.

**METHODS:** We conducted six focus groups with mothers to explore their traumatic children's experiences using a qualitative research design. Thirty mothers with children 3–10 years old contributed to the focus groups across all sites. We formed focus groups with six mothers and continued in-depth interviews, including nine mothers.

**RESULTS:** The mothers had similar experiences understanding their children's trauma due to natural tornado disasters. This study revealed three overarching themes shaping the mothers' experience: anxiety in children, trauma trigger, and lingering distress. All themes lead to the main theme is psychological distress in the face of a child suffering from PTSD. From the hermeneutical perspective, topics can be identified as terms, including being-thrownness, being-fallenness and being-alongside.

**CONCLUSION:** Children with post-traumatic stress disorder may impact family physiological problems, especially the mother. The study found that may place the burden of care for children on the person's families.

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## Introduction

There has been a significant increase worldwide in the number of people experiencing and living with a mental disorder. A survey of people with mental illnesses undertaken by the World Health Organization revealed that approximately 450 million people had experienced a behavioral disorder at some stage in their life. While the literature identified several different mental illness diagnoses, it did not indicate the prevalence of mental illness [1]. It is argued that even mild mental health problems could impact the quality of life and physical health [1], [2], [3], [4].

Post-traumatic stress disorder (PTSD) is one type of mental disorder that can impact the quality of life. The World Mental Health Survey of 68,894 traumatic patients, a burden of PTSD, determined by multiplying trauma prevalence by trauma-specific PTSD risk and persistence, was 77.7 per year per 100 respondents. A hurricane in the local area in the USA, 6 months after the disaster, identified 14.5% of adults as suffering from

PTSD; another study described that a total of 19.4% of the flood survivors with PTSD in 2000 continued to suffer from PTSD in 2013–2014; flood victims of natural disaster in Indonesia bring about 52% experiencing PTSD of 356 survivors [5], [6], [7], [8].

Some survivors would experience psychological symptoms if they survived a traumatic event, usually accompanied by grief, loss, and other memory of traumatic events, while others did not [9]. During this pandemic, the Indonesian Meteorology, Climatology, and Geophysics Council reported that natural disasters in Indonesia are still ongoing, such as floods, tornadoes, volcanic eruptions, and landslides [10]. Management in the Natural Disaster Mitigation currently focuses more on material losses and financial and physical injuries. There was a lack of attention to the psychological impact. The investigation process in the current study is the crucial assessment and appropriate action in handling this psychological problem.

A natural disaster is an inevitable event, where it can occur somewhere and every time. Many studies found several findings on the number of people with PTSD due to natural disasters [11], [12], [13]. PTSD

usually occurs a few months after the accident and can happen for all ages [14], [15]. Handling PTSD individuals and families in the community is critical; this requires in-depth information appropriate from the individual, family, and local community regarding the psychological needs and support needed [16]. A family member is indirectly affected by the quality of life of those close to them; therefore, it is likely that exploring a mother's lived experience on their children's health behavior modifies the health status of their family members. In a previous study, approximately 50% of families displayed positive thinking and attitude changes through expressed feelings and received psycho-education [17].

The importance of exploring individuals, families, and communities who have experienced trauma due to natural disasters has been discussed in several studies [7], [14], [18]. Further investigation is also required to improve our current understanding of childhood trauma types' impact on parenting domains [19]. On the other hand, exploring this caregiver is essential because mothers can become a team with health workers in the community to achieve optimum child development by minimizing disturbances such as trauma [20], [21]. Therefore, this study explores the experiences of mothers who face their children who have PTSD due to natural tornado disasters.

## Methods

### *Study design*

This study explored experience among mothers with children with PTSD who survived the 2019 tornado disaster in a district of Indonesia. We investigated 6 months after the tornado disaster. We completed the interview and focused group for 2 months in the sub-village hall and participants' homes. This research is part of a longitudinal investigation to study post-traumatic stress disorder for a village due to a tornado disaster. This disorder can occur in adults or children in the community life. The current study aimed to explore the mother's lived experience who has children with PTSD. Data analysis used a hermeneutic phenomenological approach. A qualitative design is applied for fulfilling a procedure of Consolidated criteria for Reporting Qualitative research (COREQ). The research design and method are examined to align with the underpinning philosophical and theoretical work of Heidegger (1927) and Gadamar (1960). Before settling on a strategy, it is needed to have a framework consistent with the theory. It is argued that a part of individual expression is an interpretation and then can be interpretive to understand everyday emotional life; therefore, hermeneutic phenomenology focuses on unique lived experiences [22], [23]. This study explains from Heidegger that refers to an existence that should be "being-in-the-world." It means a temporally lived experience that occurs in the world that

purpose is to explore human existence regarding the meaning of daily life [23].

### *Characteristics of the natural disaster area*

Site identification is carried out in the 1<sup>st</sup> week when a natural disaster occurs. Data were obtained from the local climatology bureau of the district and then examined to determine the four research sites based on the description of the survivors in the area. The study location was in Central Java, Sukoharjo district of Indonesia. The villages with the highest impact of tornado disasters in the district were two areas from the data obtained. Next, these areas are explored through the organization of community meetings.

### *Participant selection*

We conducted community meetings over 3 days that were held in the village hall. The purpose of this meeting was identifying families who had members with children with PTSD. The meeting was attended by a few key people and the patriarchs of the families. Initially, the key people introduced the purpose of the meeting, and then we explained the aim of the forum and the Plain Language Statement. After that, we distributed the questionnaire for completion by the participants in the meeting. The questionnaire contained questions to identify families with children who were willing to participate in the study. Participants completed the questionnaires and then returned them to us. We stored the completed questionnaires in a box to be examined the following day. We reviewed every questionnaire collected in a box. At this stage, the family members provided information about potential participants that families with children were recommended as participants in this study. Such families provided their addresses, and we visited them. Based on the questionnaires completed by the families, we identified 30 families who had members with a child. Next, we applied the Child PTSD Symptom Scale to identify the children who experience traumatic stress disorder. At the end of the participant identification process, we had obtained nine mothers to continue in depth-interview.

### *Individual in-depth interviews*

At this stage, we gathered assessment information from the third stage to build a database of mothers' information. We consulted the list of families who had agreed to continue to the set of in-depth interviews. At the families' homes, we maintained the trust and rapport established during the third stage. We explained the Plain Language Statement and then asked each family member to sign a consent form for the in-depth interviews and record their responses. After that, we commenced the detailed discussions using

open-ended questions. Topics covered included the mothers' experience with their children who traumatic stress disorder. During the interviews, we made notes, developed probing questions, and sometimes turned the voice recorder on or off. The letters and the voice recordings were kept in the box accessible only by the researcher. In-depth interviews were undertaken with nine mothers with children with post-traumatic stress disorder. Interviews were conducted at the family homes; the interview times ranged from 90 to 120 min.

### **Ethics statement and procedures**

This study was approved by the Ethical Committee, Faculty of Medicine, at the university. Following consent, data collection started on the meeting in a community and group discussion and continued through to the in-depth interview.

### **Data analysis process**

We conducted 18 interviews where each participant was managed three times meeting, and three focus groups. The average interview time of nine participants was 2.3 h using an audio voice recorder and field notes. Immediately following the discussions, recordings were listened to repeatedly and carefully. Next, the information was transcribed as verbatim. Then, it was read and re-read the data, checking and rechecking the accuracy of the transcripts. When it found vague statements, the researcher repeated listening to the recording to ensure the information was accurate. Further, during interviews, we created notes in a diary containing participants' non-verbal communications, including body language.

We did the data analysis process using the "isolating the thematic statement" strategy that comprises three methods to identify themes: the detailed reading approach, the highlighting reading approach, and the holistic reading approach. While isolating the thematic statement, we applied Gadamer's hermeneutic circles to combine the concept of theme identification and interpretation of the process of analyzing the themes. Finally, we conducted the interpretive analysis process; this step entails formulating meaning and theme clusters from the emergent themes [24]. Next, Gadamer explores that explaining interpretation should articulate the fusion of horizons that means combining participant and researcher experiences [25]. Many factors were involved in the interpretation process. It began interpretation of the data when the researcher interviewed the participants about their lived experiences. After the step of organization of data (as explained above), we continued interpreting the data. The researcher utilized prejudice as a Javanese person and the fusion of horizon as a psychiatric nurse to understand the participants' information such as their verbal expression, language style, and body language.

## **Results**

### **Characteristic of mother**

We completed the initial analysis from the three interviews with the mothers of seven males and two female children with a PTSD diagnosis between three and ten. To obtain accurate data about families' lived experiences, all participants would conform to specific characteristics. Coincidentally, the nine mothers who participated in this study had a child with PTSD and they had features such as being the caregiver of the children, are literate, and have lived with the patient for more than 5 h each day. Five participants were 34 years old; four participants were aged 30–33 years. Participants with an elementary school education level were five, and four had a senior high school education background. Five of the participants were freelance workers, and four participants worked as housewives.

### **Finding themes**

There were several phases to identify essential themes that relied on the strategies thematic statements. The phases included a reading approach and a selective or highlighting approach. Then, we combined Gadamer's hermeneutic circle method; while reading the data, it should be back to the literature to analyze participants' information. Table 1 provides an example of line numbering facilitating the analysis of data taken from some participants.

**Table 1: Identifying thematic approach**

Participants' information	Theme
"My son looked scared. When I held his body tremor, also got dizzy, the feeling was the same when the incident happened, even though the tornado had happened more than six months ago" (P1 and P7).	Anxiety in children
"When the cloud will get on the rains, seems dark, my child run, back and forth, cry and looks pale" (P4).	
"When he saw the cloudy, he shouted . mama, mama . cried so hard to hug me" (P9).	
"When the cloud seem dark, my child was scared, ran into the room, was in the house, didn't want to come out, pale and a cold sweat" (P6).	
"When I saw or heard the strong wind, I remember, afraid, and my ten-year-old child said, don't tell me there is a tornado" (P1).	Trauma trigger
"Yesterday afternoon there was heavy rain, my mind was scared, and my child said lest it happens again" (P3).	
"Once upon a time . my child saw the water in the bucket then it spilt . then ran away scared" (P5).	
..... "It was a long time ago, but why is my child still scared until now" (P1, P2, and P5)	Lingering distress
"Usually, it rains here where the wind accompanies us, ....., that's what scares my son, he wasn't afraid before, but since that incident, you know, even though it's been a long time (P8).	

The found themes were then analyzed to determine the central theme [24]. Finally, we established a significant theme that reflects the purpose of the research based on clustering the themes of anxiety in children, trauma trigger, and lingering distress, then brought about the significant theme "Mother felt the psychological impact of facing a child with PTSD".

### ***The interpretation of mothers' experiences as "being"***

Various situations in human life can be seen as existence or the state of being the world [23], [26]. This finding highlighted the themes that were found as a condition of participants' life experiences as the existence of Being and Time. Thus, the themes next were analyzed from a Being and Time perspective. The analysis then determined that the mother and children's existence comprised "being-thrownness," "being-fallenness", and "being-alongside."

#### ***Anxiety in children as "being-thrownness"***

All participants said that their children were experiencing anxiety when seeing dark or cloudy clouds, although they expressed this differently. However, they used several keywords such as scared, crying, asking to be hugged, and being carried. Some of the statements made by the family included:

"...When it is cloudy, there is rain or wind, my child is worried," said P1; Next, P2 explored: "...Yes, she was crying, sweating, looking pale like that. "; "Hhhh..... even the light rain frightens of my child, the dark cloud makes her worry" voiced by P3; Another statement by P8: "Yes, when I touched him, there was a cold dry on his body."

The mothers spoke of the experience of facing a child with PTSD as, "dark cloud make anxiety." At times, children with PTSD perceive anything with rain and water as scary, nervous, trembling, running, screaming, and breaking out in a cold sweat are self-defense mechanisms in response to anxiety that uses the term "thrownness" as an individual existence condition that focuses on individuals themselves; a mood always indicates these conditions of everyday existence [23]. The term may lead to anxiety, sadness, or frustration; Heidegger considers a state of attunement as a mood. In each case, Dasein has a temper that can change over time. As expressed in his book: "Attunement discloses *Dasein* in its thrownness and, initially and for the most part in the mode of can evasive turning away (Heidegger, 2010, p. 133)."

#### ***Trauma trigger as "being-fallenness"***

Several trauma triggers were spoken by the mother as one of their children's stressors all this time. There are crucial issues to note from the mother's statements, which can be interpreted as follows: the children thought there would be another tornado; however, they believe that there is an influence that contributes to like a dark cloud as a trigger. The several incidents had ever seen when a tornado occurred sort of strong wind, water, rain, lightning, and thunder as a precipitating factor of the children's stressors. This interpretation is supported by:

"....Afraid... he said, heard a roar, he said excitedly. Once a table moved, he was shocked to be

mistaken for a rumble of thunder, and I held him with a pale and increased beat heart (P8)."... Hmmmh.... When he heard thunder, my child cried, asked for a hug. I remembered the incident at that time, I then kept praying while holding my child, who was shivering, so be sad to see my child; he was still young (P6).

Depiction of the factors that cause a child to relapse of PTSD by the mother indicated that experiencing the trauma when the trigger came tended to make the children unhappy. It is argued that the condition known in Heidegger's concept as being-fallenness means that existence can be an individual whose likely loss of appearance due to their authentic manner is shrouded [27]. For example, in a mother's lived experiences, a dark cloud stimulated their children to become scared (being-fallenness).

#### ***Lingering distress as "being-alongside"***

Lingering distress was experienced by all children as spoken by their mother. Children with PTSD's signs and symptoms reappeared at stressors coming, which was monotonous and saddened for their mother. Besides, the mother had to take care of their children until the rain was over. The mother also felt worried about the children's response which is a factor in caring. Some participants' statements describing lingering distress of the children were:

..... "It was a long time ago, but why is my child still scared until now", said P1, P2, and P5. "When my child stopped being afraid, I think it was long ago", which was expressed by P6, P7, and P9. "Usually, it rains here where the wind accompanies us,....., that is what scares my son, he was not afraid before, but since that incident, you know, even though it has been a long time", this was revealed by P8.

Mothers' experience of having a child with PTSD lasts for months. All participants saw and felt what was happening to their children. For example, when the children relapse and bring about anxiety and scare, the mother always accompanies their children; thus, they understand what happened. Heidegger's scheme stipulates that the depiction of these patients' families' lived experiences in Dasein's perspective is being-alongside. Being-alongside means that the family was present with the patient to feel what is experienced by them. Being-alongside does not mean the same thing as the being-present-together but feels the suffering together, called by Heidegger as Dasein being-in-the-world together.

## **Discussion**

The study aimed to explore the mothers' experiences facing their children with PTSD due to

natural tornado disasters. Their experiences as a mother can be understood as part of the family's burden to accompany their children as caregivers in their daily lives. This study used a hermeneutic phenomenological approach to explore the lived experience of a mother facing a child with PTSD. There is a limited study that used qualitative methods to gain an understanding of the experience of mothers with children with PTSD. Recently, research on traumatic children is still limited. However, a few studies on older children, adolescents and adults, concluded that survivors who experienced trauma after a natural tornado disaster were left with psychological symptoms [28], [29], [30].

The children's anxiety was experienced every day by the mothers in this study due to their trauma of the tornado disaster; the children felt alert and worried that the tornado suddenly happened again; further, the mother was confused about why their children had not recovered. All themes lead to a superordinate theme of the mother's psychological impact. It is argued that the mother is one of the family members who experienced emotional responses, mostly negative, to facing their children, the family needs to adapt to caring for children with risk conditions, and this is associated with the family psychosocial problem [31], [32].

The mother experienced psychological effects, as evident from several signs and expressions for several months. The mother had been caring for their family members experiencing post-traumatic stress disorder. They had tried to understand the children's condition in various ways but with no success; the children sometimes subsided and sometimes recurred. This condition of children made the mother desperate. Several studies have found that treating family members for a long time with chronic symptoms is a burden and lingering distress [17], [33], [34].

In general, mothers with a child with PTSD have a burden in the family. A problem for one family member will affect the whole family because it is an integral whole; therefore, nursing should focus on patients and families [35]. Another study mentioned that in caring for family members with chronic diseases, the family becomes a unit that must be handled together [36]. All participants in this rural community undertook essentially the same problem suffered by one of their family members experiencing PTSD.

Another finding indicated that mothers who had the experience of living with a child with PTSD saw their children repeated relapses such as feelings of sadness, despair, and frustration, creating a stressful situation. A study said that distress or negative stress results from a factor or situation that negatively affects a person's physical, emotional, or psychological existence [37]. Mother experience is a crucial burden because the child is still in the stage of growth and development. Several studies have concluded that anxiety and depression may affect children and adolescents' growth, development, and personality traits [38], [39], [40].

The mothers felt helpless when they see their children become anxious due to meeting the triggering factors. The mothers of children with PTSD majority spoke of their child's response to the appearance of continuing anxiety. Studies found that parenting children with psychological problems may bring about anxious caregivers [41], [42], [43]. The mother's response to the experience varies in correspondence with the child's developmental and behavior at any particular time and the nature of the trigger that exists at the time. It can be concluded from a study that parents including mother can be played roles in developing the emotional lives of children that continue for mental health [44], [45].

It can be seen at the main theme; it leads to the mothers experiencing psychological distress. It is argued that the condition of disability in children can cause stress on parents as caregivers; several found that parents feel psychological distress watching and caring for their child who suffers [45], [46]. Furthermore, the mother has taken action to tell her child's condition to the midwife at the community integrated service center. Health staff helped families with PTSD children via health education; this study argues that children were afraid when it started raining, so introducing rain mechanisms through storytelling was conducted to inform children that water is a natural part of life.

## Conclusion

This study identified three themes that led to the significant theme of the mother feeling the psychological impact of facing a child with PTSD. This study found the idea of theme in hermeneutic's perspective of the families' lived experience, which consisted of being-thrownness, being-fallness, and being-alongside. The finding of this study concluded that families with children who have PTSD existed in the face of such problems. The themes arose from the analysis and interpretation of the participant's lived experience and contributed to answering the research question.

Another limitation in this method is the "Fusion of Horizon" phase, whereas a combination of experiences between researchers and participants. It takes intelligence in the processing of the phenomenon. A discrepancy of educational backgrounds between researchers and participants is one of the weaknesses in this research method. Therefore, data verification and validation are done repeatedly, although it still leads to the inevitable researcher subjectivity. Hence, further studies are recommended to address these limitations and increase the rigor of the results. It would continuously involve community empowerment and use community-based participatory research

to investigate another research problem and reveal more aspects of this phenomenon. The practice of mental health nurses in the community is critical. The research findings have important implications for community mental health policy development and mental health nursing service delivery to families in rural communities.

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