

Exploring post-traumatic growth in child survivors of the Semeru Eruption: The role of religious and social support in recovery

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Abstract

The Semeru eruption in 2021 had a traumatic impact for almost a year. People there live with anxiety and traumatic symptoms, including Children. This study aims to identify the post-traumatic conditions of children in this recovery stage. This research was qualitative research with a phenomenological design. The main subjects were 94 children in the Supiturang village, Lumajang, the closest village to Mount Semeru. Data were collected by observing and interviewing the children. Triangulation of data was carried out by in-depth interviews with six adults (the parents, the village elder, and the teacher of some children). The results showed that (1) anxiety and traumatic symptoms in some children were relatively high; (2) there was an increase in social support from the community for the children, and (3) religious activities made a deeper meaning in the children's recovery process. The results of this study underline that social support and religious approaches as the main factors in children's recovery process. The results of this study underlie the need for alternative treatments based on local wisdom with a collective and religious approach so that the community can do it independently and sustainably for the children.

Keywords: children post-traumatic, semeru eruption, post-traumatic growth, religious support, and social support

INTRODUCTION

Eruption in Indonesia is a risk of its geographical location of Indonesia, with more than 127 active volcanoes (Hariyono and Liliarsari, 2018). In the last decade, Indonesia has had more than ten eruptions (Hidayat et al., 2020). One of the most significant eruptions in the last two decades

is the Semeru eruption in 2021 as the highest mountain on Java Island (the highest population in Indonesia).

As an active volcano, Mount Semeru has erupted eight times in the last two decades (the 2000s) (Abi Anandi, 2022). In 2019 and 2020, The same also erupted with a low level of destruction. Until those years, the volcanic activities did not prevent travelers for climbing and hiking to the top of Mount Semeru. After the 2020 eruption, along with increased volcanic activity, the high level of risk often prevents and prohibits any tourists from approaching the summit of Mount Semeru. This seismic prevention was later folowed by the 2021 eruption disaster, Semeru's most enormous eruption in the last 20 years. The Semeru eruption in 2021 became national tragedy, with hundreds of people killed, hundreds of houses damaged, several main regional bridges destroyed, and even material losses reaching more than billions of rupiahs (more than 70000 USD) (Hidayah et al., 2022).

The enormous damage of the 2021 Semeru eruption made two villages abandoned and uninhabited, several schools were closed, and even the red zone area on the slopes of Mount Semeru became wider for more than 5 kilometers (Putra et al., 2023). Another impact in the psychological realm appears in the behaviour of people who show symptoms of anxiety. In this situation, goverment always encourage and recommend the vilagers to move to a safer area, but most of the people still live on the slopes of Mount Semeru.

Limited resources make the people of the slopes of Mount Semeru think it will be challenging to move out of their hometown. Most of the people on the slopes of Mount Semeru work by relying on natural products, both as farmers, livestock, and agricultural produce miners (Choliq et al., 2023). In addition, the people of the slopes of Mount Semeru are a religious society, which leads to their belief in faith and destiny. Ultimately, these reasons made the people choose to stay, even though they worried about another Semeru eruption again.

Anxiety symptoms in the people on the slopes of Mount Semeru indicate the failure to achieve all recovery targets within ten months after the eruption. In general, at this stage, recovery should be able to start strengthening post-traumatic growth (Vloet et al., 2017) and collective resilience (Ntontis et al., 2021). Even though the community's collective resilience is starting to form, post-traumatic growth is still not fully formed, especially in children.

Children lack the cognitive maturity and skills to appreciate trauma, cope with negative thoughts, understand their mental state, and use resources around them effectively (Kaye-Kauderer et al., 2019). The absence of essential aspects of post-traumatic growth is undoubtedly an obstacle for children going through the post-traumatic stress they are experiencing. In this condition, the role of the environment becomes crucial to help children's post-traumatic growth (Engelbrecht and Jobson, 2016).

In particular, post-traumatic growth in children depends on how society can form an adaptive environment for them (Khursheed and Shah Nawaz, 2020). When society brings traumatic symptoms into their social life, children tend to accept and eventually experience the same symptoms of anxiety (Kiyimba and Anderson, 2022). The recovery process ultimately requires an integrative system for the environmental conditions of the child and the community. In other words, the community needs to provide an adaptive environment for children to overcome their post-traumatic stress, including religious and social support, which is characteristic of the culture of Mount Semeru Slopes, especially Supiturang village. Collectivist culture in Indonesian society, especially on the slopes of Mount Semeru, makes individuals need a social environment as a support system (LeFebvre and Franke, 2013). In addition, religiosity has dominated the people's way of life on Mount Semeru. These two aspects become vital in dealing with stressful events, including traumatic conditions in group (society) settings (Werdel et al., 2014).

The last ideas indicates conditions that have not been identified in victims of the Semeru eruption, especially children. Based on this idea, this study aims to identify and describe the anxiety conditions of children who are victims of the Semeru eruption. This description will focus on research questions:

(1) how is the recovery treatment that the community has received? (2) How is the Community Social Support for children's anxiety? (3) How are spiritual activities related to children's anxiety in community life? The results of this study will provide practical implications for understanding the condition of children after the Semeru eruption and become recommendations for developing treatments that are appropriate to the children's conditions and needs.

METHOD

2.1 Research Design

This research uses qualitative research methods with a phenomenological study design. This research design is suitable for uncovering data and meaning based on the occurring phenomena (Creswell, 2013; Mappiare-AT, 2013; Mezmir, 2020). In this study, symptoms of anxiety in children and society, the experience of recovery treatment, social support, and spiritual support are the main phenomena in the study of field data.

2.2 Research Subject

This research focuses on the village of Sapiturang, Lumajang Regency. This village is the last and the closest village to the southern slopes of Mount Semeru. This village is one of the villages affected by the hot clouds in the 2021 eruption and is currently in the disaster red zone. This study involved 94 children in Sapiturang Village as the main subject and six adults (3 parents, two teachers, and one village elder) as secondary subjects. All 94 children in Sapiturang Villages are Muslims, and all joined the secondary school at some Diniyah Schools in Sapiturang villages. The detailed demographics of the children are shown in Table 1.

Table 1. Socio-demographic details of subject (respondents)

Age (y.o)	Female	Male 6-8
16	20	
9-11	24	18
12-15	6	10
Total	46	48

2.3 Data collection procedures

Data on children's anxiety symptoms is measured through direct observation of children's daily activities, especially at Primary school and Secondary School (Madrasah/Diniyah School). The observation process uses observation guidelines in the form of a behavioural topology. Secondary data collection on six adults using unstructured in-depth interviews. The interview process involved a focus group discussion for each group of informants.

2.4 Data analysis procedures

Analysis of research data using three stages of analysis (Mappiare-at, 2013; Mezmir, 2020). Data reduction is the first phase to sort and eliminate data according to research objectives. At this stage, there is a focus group discussion process for the observer team to agree on a consensus value of the data. The second stage is data categorization which focuses on grouping data based on the focus of the study. The third stage is data interpretation which focuses on the meaning of data following the focus of the study and the linkages between data and between study focuses.

RESULT AND DISCUSSION

3.1 Anxiety Symptoms of the Children

The first study's results showed several symptoms of anxiety experienced by children after 11 months of recovery treatment. The number of children behaviour related to anxiety symptoms is

not a significant number by a percentage, but in a deeper meaning, it shows the children have high anxiety symptoms. These symptoms are described in table 2.

Table 2. Children Anxiety Symptoms

Children Behavior	Total Children Experienced	Occuring Average in A Day	Anxiety-related Symtoms
Look outside the classroom	12	12	Afraid of lightning Afraid of drizzling Afraid of dark cloud Afraid of thunder sound
Said, " I wanted to go home."	7	8	Waited by the parents Don't want to be separated with their family
Somber	43	13	Remembering eruption events Remembering the condition of the refugees
Gloomy	36	13	Remembering the loss of family Remembering the loss of their house
Ask for the classroom door to open	58	6	Worried about being locked Worry about not being able to run if something worse happens
Left the class	18	3	Their parents have picked them up early

3.2 Increasing of Social Support for the children

Based on the narrative of the community, the Semeru eruption occurred when the community was awake. At that time, the children in Sapiturang village were still at Madrasah Diniyah (an Islamic non-formal school). Most of their parents were at home, and some were still working. When the eruption occurred, everyone panicked to save and evacuate themselves. In this situation, the different conditions between children and parents provide a traumatic experience for both of them (Khursheed and Shahnawaz, 2020).

Currently, some of the behavior of children and society indicates a symptom of anxiety over the traumatic separation. The child's desire to go home, The parents picking up the child rushing (even while learning is in progress), and changing habits to sleeping together in the family room are symptoms of community anxiety that appear after the eruption of Mount Semeru. Especially changes in behavior to sleep disturbances indicate high stress and anxiety symptoms. Direct experiences that all people equally experience provide more chances for traumatic reminders to occur (Asgari and Naghavi, 2020; Dvir et al., 2018; Idås et al., 2019).

In this condition, society's position as a significant other for children will impact their state and mental development (Maercker and Hecker, 2016). Indirectly, changes in community behavior have become a model for children in dealing with post-eruption situations (Engelbrecht and Jobson, 2016). When children see and experience the behavior of parents picking up their children in a hurry, it can trigger traumatic memories and symptoms of anxiety in children.

On the other hand, this anxiety also impacts the interaction, attention and protection of parents and society towards children. Today's society tends to pay more attention to the safety of children. The feeling of not wanting to be separated makes society more sensitive and vigilant in protecting children. Simultaneously, the symptoms of anxiety experienced by the community foster community social support for children (Agbaria and Bdier, 2020; Drury et al., 2016). This social support needs attention to become collective resilience ((Ntontis et al., 2021) and support post-traumatic growth (Kiyimba and Anderson, 2022; Zoellner et al., 2011) in society, especially children.

3.3 Religious activities of the Community

The people on the slopes of Mount Semeru have almost entirely Islamic religious backgrounds. Their belief in destiny is the reason they survive on the slopes of Mount Semeru. Even though they are full of anxiety and vigilance, they are still careful and live on Mount Semeru. The religious

background of the people on the slopes of Mount Semeru is in line with the fact that all the children are currently in Madrasahs; there are also several Islamic boarding schools around the village (Islamic conventional and non-formal boarding schools in Indonesia).

The belief of the people on the slopes of Mount Semeru is directed at how a Muslim responds to the disaster he is facing. Several activities, such as general recitation together, were carried out several times during the early post-eruption recovery period. In addition, Islamic religious ritual activities such as Tahlilan, Istighosah, Maulid Diba, and several types of recitation in small groups are routinely carried out by the people of the slopes of Mount Semeru (Hidayah, 2022). Even though they cannot explain in detail, these ritual could make the community feels the meaning of calm and togetherness with these routines and rituals (Basid et al., 2021).

Specifically for children, they tend to be involved in the routines of Tahlilan, Maulid Diba (with the village community), Istighosah and Hadrah (at school). Even though it cannot have a direct effect, strengthening the spiritual dimension of children remains a concern for the people on the slopes of Mount Semeru (Abarghouei et al., 2017; Hardy et al., 2019). Strengthening the child's spiritual dimension can give a deep meaning to the child for Tawakal (acceptance) (Razali, 2013), till be grateful for the safety of himself and his family (Captari et al., 2023; Fitriyah et al., 2021; Zhang et al., 2020), and maintaining children's Ikhtiar (efforts) to become more resilient (Lalani et al., 2021; Ab Rahman et al., 2020).

3.4 General Discussions

Children in their developmental stage are vulnerable to disturbances such as stressors, including trauma (Grisham et al., 2023; Laceulle et al., 2015). The Semeru eruption has become traumatic for children and society (Park et al., 2012; Theisen-Womersley, 2021). More specifically, the tragic event has become a stressor for traumatic symptoms in children. This condition corresponds to the stage of cognitive development of children who are not fully aware of their own mental and psychological symptoms (Hidayah et al., 2022; Koebach and Robjant, 2021; Lewis et al., 2020).

The findings of this study reveal that while the Semeru eruption left children grappling with significant emotional distress, including false beliefs about the causes of the disaster and heightened anxiety about weather patterns, these challenges also became a catalyst for remarkable post-traumatic growth. Many children expressed fears that certain weather phenomena, such as heavy clouds or strong winds, were precursors to another eruption. These false beliefs reflect the deep psychological impact of the event, as their young minds attempted to rationalize and predict an unpredictable disaster (Hyland et al., 2014; Steil et al., 2023). Such heightened vigilance, though rooted in anxiety, is not uncommon in post-trauma experiences as individuals seek to regain a sense of control over their environment.

Despite these initial struggles, the children's recovery journey highlighted significant positive transformations. One key outcome was a strengthened sense of community and collective solidarity. The shared experience of surviving the eruption created a profound bond among the children and their families, fostering mutual care and support. This communal resilience was evident in their participation in group activities, such as collective prayers and community rebuilding efforts (Aydin, 2017; Hirschberger, 2018). Religious practices played a particularly vital role in their recovery, providing a source of comfort and meaning amidst chaos (Atmoko et al., 2022; Hidayah et al., 2024). The children frequently mentioned how prayer, attending religious gatherings, and engaging in spiritual rituals helped alleviate their fears and strengthened their hope for a safer future. Collective and religious aspect has been proven as some supporting element to fostering children post-traumatic growth (Di Giacinto et al., 2015; Idâs et al., 2019; Khursheed and Shahnawaz, 2020).

These findings align with the concept of post-traumatic growth, which posits that individuals can emerge from adversity with newfound strengths, deeper relationships, and a stronger spiritual foundation (Chen et al., 2015; Kiyimba and Anderson, 2022). In this case, the Semeru eruption, while

traumatic, ultimately encouraged these children to develop a more cohesive sense of community and an enhanced reliance on their faith. This growth underscores the importance of providing structured social and religious support systems for children in post-disaster recovery, as such interventions not only address immediate psychological needs but also foster resilience and long-term well-being (Hirschberger, 2018; Kaye-Kauderer et al., 2019; Kiyimba and Anderson, 2022).

Traumatic symptoms that still occur in society also affect anxiety in children (Maercker and Hecker, 2016). From another point of view, society responds to its traumatic anxiety by providing more care and protection to children. This response needs attention so that community can support it in handling post-traumatic children (Nabors et al., 2016). Other research has examined that social support provided by society, in general, can be a collective resilience for children (Graham et al., 2017; Rusmana et al., 2020). Furthermore, this condition will increase the child's post-traumatic growth.

Religious ritual is one of the community's positive routines in strengthening collective resilience. Several routine activities such as Tahlilan, Maulid Diba, Istighosah, and Hadrah become religious rituals that involve many children. Previous research had explored that transcendent spiritual dimension can be a factor in managing negative emotions against severe stress, especially post-disaster trauma (García et al., 2015; Mulya et al., 2022; Powell et al., 2021).

CONCLUSION

The results of this study describe several conditions of anxiety symptoms related to post-traumatic Semeru eruption in children. The child's anxiety is also influenced by the community environment, which is still experiencing anxiety over the same experience. However, the community's response in providing social support to children needs to be a concern for collective resilience and post-traumatic growth in children. In addition, community religiosity can also be a supporting factor by strengthening the child's spiritual dimension. These factors must be a significant concern in the follow-up recovery treatment process for the Semeru mountainside community, especially for children. This research has limitations in the sampling process which cannot reach various elements from adults involved in children. In addition, situations that trigger anxiety that originate from natural phenomena are not something that researchers can predict, so it is still possible for other anxiety symptoms to arise in certain natural situations.

This research provide the preposition of the anxiety symptoms of the children survivor of a big disaster (in the form of Semeru Eruption). Tragical lost, natural symptoms, and false belief might occuring the anxiety of the children post-traumatic stress. In the same times, collective and religious aspect became the essential element to keep their faith and post-traumatic growth. Practically, this research became psychological assessment for the inclusive children, giving the educator and government perspective to responding the maladaptive behavior related to children post-traumatic symptoms of the Semeru eruption. Furthermore, the results of this study provide suggestions for implications as a basis for the need to develop alternative post-traumatic treatments based on local wisdom with a collective and religious approach. The content of local wisdom will make it easier for the community to implement independent and sustainable treatment for children.

AUTHOR CONTRIBUTION STATEMENT

H.H. Contributed as a research member, collected data, designed the idea, and wrote the main article. N.H. Served as the research leader, supervising the introduction and discussion sections of the article. N.R. Contributed as a research member, supervising the writing of the methods section. A.A. Contributed as a research member, supervising the implications and conclusions sections. R.A. Contributed as a research member, involved in data collection and analysis. N.M. Contributed as a research member, involved in data collection and analysis. A.M. Contributed as a research member, involved in data collection and analysis. N.A. Contributed as a research member, involved in data collection and analysis. F.K. Acted as the data validator and proofreader of the manuscript. All authors

contributed to drafting and revising the article

DECLARATION

The authors of this study certify that they have NO affiliations with or involvement in any organization or entity with any financial interest (such as honoraria; educational grants; participation in speakers' bureaus; membership, employment, consultancies, stock ownership, or other equity interest; and expert testimony or patent–licensing arrangements), or non–financial interest (such as personal or professional relationships, affiliations, knowledge or beliefs) in the subject matter or materials discussed in this manuscript.

DATA AVAILABILITY

The dataset generated during and/or analysed during the current study are not available from the corresponding author on reasonable request.

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