

Lived Experiences of Interpersonal Trauma and Spiritual Coping among Adolescents: A Transcendental Phenomenological Study

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Niken Setyaningrum^{*1}, Ardhan Indra Darmawan¹, Eriyono Budi Wijoyo²,
Tran Thien Nhan³

^{1*}Department of Nursing Stikes Surya Global Yogyakarta, Indonesia

² Faculty of Health Sciences, Universitas Muhammadiyah Tangerang, Indonesia

³ Department Faculty of Foreign Language and Oriental Student, Dalat Yersin University, Vietnam

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Correspondence Author:

Niken Setyaningrum,
Ahmad Yani Road, Bantul
Yogyakarta, 55194

Email:

nikensetyaningrum7@gmail.com

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Abstract

Background: Adolescents subjected to interpersonal trauma, such as bullying, familial discord, emotional neglect, and relational betrayal, face an increased vulnerability to social anxiety and reduced self-esteem. Previous research has thoroughly investigated the psychological effects of trauma; however, there is a paucity of studies examining how adolescents employ spiritual coping as a mechanism for meaning-making following interpersonal trauma. This study sought to examine the lived experiences of interpersonal trauma and the function of spiritual coping in adolescent psychological adaptation.

Methods: This qualitative study utilized a transcendental phenomenological design in accordance with Moustakas' methodology. The study took place in Indonesia and included 15 adolescents aged 15 to 19 years who had undergone interpersonal trauma. Participants were selected via purposive sampling through educational and community networks. Data were gathered via comprehensive semi-structured interviews and analyzed through epoche, horizontalization, clustering of meaning units, and the formulation of textural and structural descriptions to delineate the phenomenon's fundamental structure.

Result: Four key themes emerged: compromised relational safety, internalized self-blame and emotional silence, social withdrawal coupled with increased social anxiety, and spiritual coping as a transformative resource. Spiritual coping served as a reflective and emotionally regulating environment that facilitated participants in reinterpreting traumatic experiences, reconstructing self-worth, and progressively restoring psychological stability.

Conclusion: Incorporating spiritual dimensions into trauma-informed mental health interventions may improve culturally sensitive and developmentally suitable support strategies for adolescents.

Keywords: Adolescents, Interpersonal Trauma, Spiritual Coping

BACKGROUND

Adolescence represents a critical developmental period marked by heightened sensitivity to interpersonal relationships(1), during which experiences of acceptance, rejection, and emotional security play a decisive role in shaping identity, self-confidence, and psychological well-being(2, 3). During this stage, adolescents increasingly rely on peer and family relationships to construct a sense of self (4). When these relationships become sources of harm, such as bullying, emotional neglect, family conflict, or relational betrayal, adolescents may experience interpersonal trauma that fundamentally disrupts their emotional regulation, social functioning, and sense of personal worth(5, 6).

Social changes mean interpersonal relationships play an important role in shaping identity and mental health (7). Interpersonal trauma, such as emotional, physical, and sexual violence, has a significant impact on adolescent mental health, namely social anxiety, depression, and post-traumatic stress disorder (8, 9). The prevalence of mental health problems in adolescents in Indonesia has been reported in detail by (10), who found that one in three teenagers in Indonesia (around 15.5 million people) has mental health problems, and one in 20 teenagers (around 2.45 million people) experienced a more serious mental disorder in the past 12 months. The most common disorders include anxiety disorders (3.7%), major depression (1.0%), PTSD (0.5%), and social phobia. Although these data reflect an increasing need for mental health.

Services, only 2.6% of adolescents utilize counselling or mental health care facilities(11). It is therefore important to explore adolescents' interpersonal trauma experiences and responses to social anxiety. The study results showed that nearly two thirds of adolescents reported at least one experience of interpersonal trauma, such as physical, emotional, or sexual violence during their lifetime(12). These experiences are more common than non-interpersonal trauma and have a more significant impact on mental health. According to (13), adolescents who experience interpersonal trauma tend to have higher levels of social anxiety, as this trauma often damages trust in others and the ability to build healthy relationships. Untreated social anxiety can cause adolescents to withdraw from social and educational activities, reducing their opportunities for academic and career development (14, 15). It can also burden the health system with increased long-term mental health care needs.

Interpersonal trauma has been widely associated with adverse mental health outcomes among adolescents, including social anxiety, emotional withdrawal, and persistent self-doubt(16, 17). Adolescents who experience trauma within close relational contexts often develop heightened fear of negative evaluation, difficulties in trusting others, and avoidance of social interactions. These responses are particularly salient during adolescence, a developmental phase in which social evaluation and peer acceptance are central to identity formation. Without adequate coping resources, trauma-related social anxiety may persist and negatively affect academic engagement, interpersonal relationships, and long-term mental health trajectories (18).

Social anxiety is one of the most common disorders experienced by adolescents and has a significant impact on their self-confidence. This disorder is characterized by an excessive fear of negative evaluation by others, leading to avoidance of social situations and an inability to function optimally in everyday life (19). Low self-esteem is often exacerbated by social anxiety, as adolescents are at a stage of development where social evaluation becomes very important to the formation of identity and self-esteem (20). Empirical research (21) supports a strong relationship between social anxiety and self-esteem, finding that adolescents with high levels of social anxiety tend to have low self-esteem in a variety of areas, including academic ability, social relationships, and public speaking skills. In addition, cognitive theory suggests that individuals with social anxiety often have a negative self-schema, which makes them tend to underestimate their abilities and expect failure in social situations (22).

Further evidence from research shows that social anxiety in adolescents is closely related to excessive shyness, low social initiative, and withdrawal from the environment, which ultimately hinders the development of healthy self-confidence. (23, 24). Adolescents with low self-esteem and self-worth tend to experience social anxiety, where self-esteem acts as a partial mediator of the relationship between self-esteem and social anxiety (25). In conclusion, social anxiety has a profound impact on adolescent self-confidence, which often persists into adulthood if not intervened.

Social anxiety in adolescents can be influenced by various factors, including spiritual coping mechanisms (26). Spiritual coping refers to the use of religious or spiritual beliefs and practices to manage stress and emotional challenges. Positive spiritual coping may act as a buffer against the development of depression and maladaptive coping strategies, potentially reducing the risk of social anxiety; whereas negative spiritual coping may exacerbate internalizing problems, including social anxiety, and is associated with lower quality of life and worse health outcomes (27, 28).

Despite growing recognition of adolescent mental health problems globally and nationally, existing research has predominantly focused on symptom prevalence and risk factors using quantitative approaches(29). Such studies, while valuable, provide limited insight into how adolescents subjectively experience interpersonal trauma and how they interpret its impact on their social lives and self-concept. In particular, there remains a lack of in-depth understanding of the internal meaning-making processes adolescents engage in when coping with trauma-related distress, especially within non-Western cultural contexts.

Spiritual coping has emerged as a potentially important psychosocial resource in adolescents' responses to trauma. Beyond formal religious practices, spiritual coping encompasses personal beliefs, prayer, reflection, and the search for meaning during times of suffering(30). Previous studies suggest that positive spiritual coping may support emotional regulation, foster resilience, and restore a sense of hope, whereas negative spiritual interpretations may intensify distress(31, 32). However, most existing literature conceptualizes spiritual coping as a measurable variable rather than as a lived experience. Consequently, little is known about how adolescents personally experience and utilize spirituality as a coping resource following interpersonal trauma, particularly in culturally and religiously embedded contexts such as Indonesia. Spiritual coping is increasingly recognized as an influential psychosocial factor in adolescent mental health. Positive spiritual coping, such as prayer, meaning-making, and reliance on spiritual beliefs, can reduce anxiety, enhance resilience, and promote well-being. Conversely, negative spiritual coping, such as feeling punished by a higher power, may worsen internalizing symptoms, including social anxiety. However, evidence on how spiritual coping interacts with interpersonal trauma and social anxiety in Indonesian adolescents remains scarce, indicating a significant research gap.

From a mental health and nursing perspective, understanding adolescents' lived experiences of interpersonal trauma and spiritual coping is critical for developing holistic, trauma-informed, and culturally responsive interventions. Care practices that focus solely on symptom reduction without considering adolescents' subjective meanings and spiritual dimensions risk overlooking essential aspects of recovery and identity reconstruction. A phenomenological approach is therefore warranted to explore the depth, complexity, and essence of adolescents' experiences beyond diagnostic or symptom-centered frameworks.

Spiritual coping, in this context, is conceptualized not merely as religious practice but as a meaning-centered process through which adolescents interpret, regulate, and reconstruct their experiences following trauma. Examining how spiritual coping operates within adolescents' lived realities may provide insight into adaptive mechanisms that support emotional resilience and relational restoration.

Accordingly, this study employs a transcendental phenomenological approach to explore the lived experiences of adolescents who have experienced interpersonal trauma. Particular attention is given to how these experiences influence social anxiety, self-confidence, and social relationships, as well as how spiritual coping is perceived and enacted in daily life.

The following research questions guide this study: (1) How do adolescents describe their lived experiences of interpersonal trauma? (2) How do interpersonal trauma experiences shape adolescents' social anxiety, self-confidence, and social relationships? (3) How do adolescents perceive and enact spiritual coping in response to interpersonal trauma? (4) What essential meanings emerge from adolescents' experiences of trauma and spiritual coping?

METHODS **Research Design**

This research uses a qualitative approach with a transcendental phenomenological paradigm as proposed by Clark Moustakas (33). This approach was chosen to deeply understand the lived experiences of adolescents experiencing interpersonal trauma, particularly in interpreting social anxiety and the use of spiritual coping as a psychological resource. Transcendental phenomenology allows researchers to uncover the essence of participants' experiences through a systematic, reflective process oriented toward subjective meaning. This research design is a transcendental phenomenological study. The researcher applied the principle of epoche (bracketing) by consciously suspending personal assumptions, professional backgrounds, and theoretical preconceptions regarding adolescent trauma and spirituality during data collection and analysis. Data analysis followed Clark Moustakas's stages, including phenomenological reduction, horizontalization, grouping of meaning units, compiling textural and structural descriptions, and synthesizing the essence of experience.

Flowchart of Data Analysis Steps (Clark Moustakas)

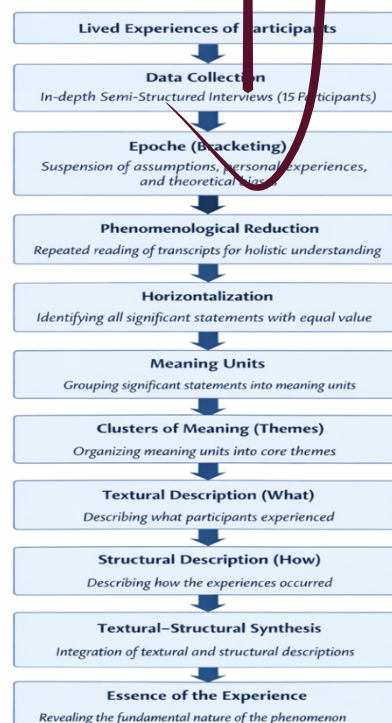


Figure 1. Flowchart of Data Analysis Using Clark Moustakas' Transcendental Phenomenological Approach

Participant and Requirment

Participants were recruited using purposive sampling to ensure that individuals had direct experience with interpersonal trauma. Inclusion criteria were: (1) adolescents aged 15–19 years, (2) self-reported experience of interpersonal trauma such as bullying, family conflict, emotional neglect, or relational betrayal, and (3) willingness to participate in in-depth interviews. Exclusion criteria included severe psychological instability requiring immediate clinical intervention. Recruitment was conducted through collaboration with school counsellors and community networks. Gatekeepers initially identified potential participants and subsequently contacted by the researcher to explain the study's purpose, procedures, confidentiality safeguards, and voluntary nature of participation. Written informed consent was obtained from participants.

Data Collection

Data were collected using semi-structured, in-depth interviews to explore adolescents' interpersonal trauma experiences, perceived impacts on their social functioning, and the spiritual coping practices they employed. Researchers also observed nonverbal cues and interpersonal dynamics during the interviews. Field notes and audio recordings were documented and later transcribed verbatim. Participants received clear explanations about the study's purpose, procedures, potential risks, and benefits before participation. Informed consent was obtained voluntarily, allowing participants to ask questions and withdraw at any time without consequences.

Sampling and Data Saturation

A purposive sampling strategy was selected to capture rich, experience-based narratives aligned with phenomenological inquiry. The focus was not on statistical representation but on the depth and meaning of lived experience. Data collection continued until data saturation was achieved. Saturation was determined when no new significant themes or meaning units emerged from successive interviews, and experiential patterns became repetitive and conceptually dense. Saturation was reached after 15 participants, at which point further interviews did not yield substantially new insights into the phenomenon.

Data Analysis

The data were analyzed using Clark Moustakas's procedures (33,34). The initial stage involved repeated reading of the transcripts to gain a comprehensive understanding. Next, the researcher applied horizontalization by treating all significant statements equally. These statements were then grouped into meaning units and clusters of meaning. From this process, textural descriptions (what the participants experienced) and structural descriptions (how these experiences occurred within the context of their lives) were compiled. The analysis concluded with a textural-structural synthesis to uncover the essence of adolescents' experiences of interpersonal trauma and spiritual coping.

Trustworthiness and Rigor

To ensure methodological rigor, trustworthiness was established based on the criteria of credibility, transferability, dependability, and confirmability. Credibility was enhanced through prolonged engagement in in-depth interviews, which allowed participants to fully articulate their lived experiences. Member checking was conducted by providing participants with summaries of their interview transcripts to verify the accuracy and authenticity of the interpreted meanings. In addition, peer debriefing was undertaken with qualitative research colleagues to discuss coding decisions and thematic development, thereby reducing interpretive bias. Transferability was supported through the provision of thick descriptions of the research context, participant characteristics, and experiential

themes. Detailed contextualization enables readers to evaluate the applicability of the findings to similar adolescent populations experiencing interpersonal trauma. Dependability was maintained by establishing an audit trail that documented each stage of the research process, including recruitment procedures, interview protocols, analytical steps, coding refinement, and theme construction. This systematic documentation allows for external review of methodological consistency. Confirmability was strengthened through reflexive journaling and the implementation of epoche (bracketing), consistent with Moustakas' transcendental phenomenological framework. The researcher continuously reflected on personal assumptions and prior theoretical orientations to minimize subjective influence on data interpretation, ensuring that findings were grounded in participants' narratives.

Research Instruments

The primary instrument in this study was the researcher herself, as is customary in qualitative research. Supporting instruments included a semi-structured interview guide developed based on the research objectives and a literature review related to interpersonal trauma, social anxiety, and spiritual coping. Furthermore, the researcher used reflexive journaling to support the epoche process and maintain transparency in the analysis.

Researcher Positionality

The primary researcher has an academic background in psychology and mental health, with prior engagement in adolescent counselling contexts. Recognizing that professional training and theoretical orientation may influence interpretation, the researcher practiced reflexivity throughout the study. Through systematic bracketing (epoche), the researcher identified and set aside preconceptions regarding trauma recovery and spiritual coping. Reflexive notes were maintained during data collection and analysis to ensure that thematic interpretations remained grounded in participants' lived experiences rather than prior assumptions.

Ethical Consideration

This study was approved by the regional ethics committee (KEPK) No.7.29/KEPK/SSG/XI/2024 at Stikes Surya Global, Yogyakarta, Indonesia.

RESULT AND DISCUSSION

Participant Characteristics

This study involved 15 adolescents, consisting of 8 females (P1, P3, P5, P6, P7, P8, P13, P15) and 7 males (P2, P4, P9, P10, P11, P12, P14). The participants' ages ranged from 15 to 19 years, with an age distribution of 15–16 years (P1, P2, P5, P8, P11), 17–18 years (P3, P4, P6, P7, P9, P10, P12), and 19 years (P13, P14, P15). All participants reported experiences of interpersonal trauma, including bullying, family conflict, emotional neglect, and betrayal in friendships. Both male and female participants reported psychological impacts such as social anxiety and decreased self-confidence. Descriptively, no significant differences were found based on gender, although there were variations in emotional expression and coping strategies.

Theme 1: Disrupted Relational Safety

This theme reflects the fundamental breakdown of trust and emotional security following interpersonal trauma. Participants described trauma as an experience that altered their perception of relational safety.

Subtheme 1.1: Loss of Trust in Significant Others

Many participants (P1, P3, P6, P9, P12) described feeling betrayed by individuals they previously trusted, including peers, romantic partners, or family members. Trust was not only broken but replaced with suspicion and emotional guardedness.

“After what happened, I feel like I cannot fully trust anyone anymore.” (P3)

Subtheme 1.2: Fear of Recurrent Harm

Participants (P2, P4, P8, P11, P14) expressed persistent anxiety about being hurt again. This fear extended beyond specific relationships and influenced broader social interactions.

“I am always afraid the same thing will happen again.” (P8)

Analytical Transition:

The disruption of relational safety did not remain confined to interpersonal distrust. Over time, it evolved into internal psychological processes marked by self-blame and emotional suppression.

Theme 2: Internalized Self-Blame and Emotional Silence

Participants described turning traumatic experiences inward, often questioning their own worth and responsibility.

Subtheme 2.1: Self-Blaming Cognitions

Several adolescents (P1, P5, P7, P10, P13) reported attributing the trauma to personal inadequacy.

“Maybe it happened because I wasn’t good enough.” (P5)

Subtheme 2.2: Emotional Suppression and Withdrawal

Participants (P4, P6, P9, P12, P15) described choosing silence rather than disclosure, fearing judgment or invalidation.

“I prefer to keep it to myself. I do not want people to see me as weak.” (P12)

Analytical Transition:

As self-blame intensified and emotions remained unexpressed, participants began distancing themselves socially, which further shaped their experience of anxiety and isolation.

Theme 3: Social Withdrawal and Heightened Social Anxiety

This theme captures the social consequences of interpersonal trauma.

Subtheme 3.1: Avoidance of Social Interaction

Participants (P2, P7, P10, P14) described actively avoiding social gatherings or new relationships.

“I avoid making new friends because I am scared of being hurt again.” (P7)

Subtheme 3.2: Fear of Negative Evaluation

Participants (P3, P6, P8, P11, P15) reported increased sensitivity to others’ judgments, leading to social anxiety symptoms.

“I feel like people are judging me even when they are not.” (P11)

Analytical Transition:

Although trauma initially resulted in withdrawal and anxiety, participants’ narratives also revealed an adaptive dimension. Spiritual coping gradually emerged as a reflective and transformative process.

Theme 4: Spiritual Coping as a Transformative Resource

Spiritual coping served as a central adaptive mechanism, facilitating emotional regulation and meaning reconstruction.

Subtheme 4.1: Spiritual Reflection as Emotional Regulation

Participants (P1, P4, P8, P13) described prayer, meditation, or spiritual reflection as calming and grounding.

“When I pray, I feel calmer and less overwhelmed.” (P1)

Subtheme 4.2: Meaning-Making and Cognitive Reframing

Participants (P2, P5, P9, P12) interpreted trauma as part of personal growth or life lessons.

“I believe there is a reason behind what happened.” (P9)

Subtheme 4.3: Reconstruction of Self-Worth

Participants (P3, P6, P10, P14, P15) described spirituality as restoring confidence and inner strength.

“Through my faith, I started believing in myself again.” (P14)

Table 1. Summary of Themes and Subthemes

Main Theme	Subthemes
Disrupted Relational Safety	Loss of trust; Fear of recurrent harm
Internalized Self-Blame and Emotional Silence	Self-blaming cognitions; Emotional suppression
Social Withdrawal and Heightened Social Anxiety	Social avoidance; Fear of negative evaluation
Spiritual Coping as Transformative Resource	Emotional regulation; Meaning-making; Reconstruction of self-worth

Lived Experiences of Adolescents Facing Interpersonal Trauma and Spiritual Coping

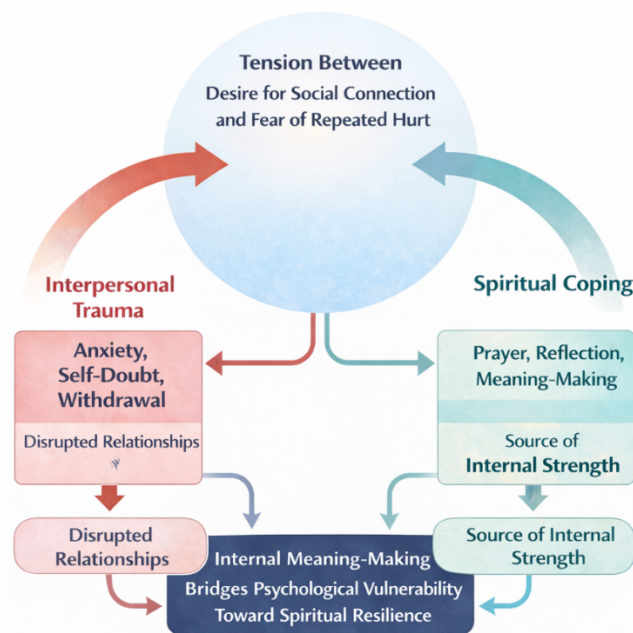


Figure 2. The Essence of Adolescents’ Lived Experiences of Interpersonal Trauma and Spiritual Coping

DISCUSSION

The findings of this study indicate that adolescents experience interpersonal trauma as a profound and ongoing relational experience, significantly impacting their social anxiety, self-confidence, and the way they build relationships with others. Consistent with the perspective of adolescent development, these results confirm that traumatic experiences in relationships that should provide a sense of security, such as family and friendships, have a more complex impact than non-relational stressors, as they directly impact the process of identity formation and self-esteem.

The social anxiety that emerged in the participants can be understood as a protective response to painful relational experiences. Adolescents in this study tended to anticipate rejection and negative judgment, leading to withdrawal from social interactions. These findings are consistent with interpersonal trauma theory, which states that experiences of betrayal or rejection in close relationships can disrupt basic trust and foster persistent patterns of social vigilance (5, 35). In the context of adolescent development, this condition becomes even more significant because the need for social acceptance is particularly high.

Interestingly, the results indicate that both male and female adolescents experienced relatively similar levels of traumatic experiences, particularly in terms of social anxiety and reduced self-confidence. The differences that emerged were more about how people expressed their emotions and coping strategies, rather than the intensity or underlying meaning of the trauma experience itself. These findings reinforce the view that gender differences in adolescent trauma experiences are better understood as variations in sociocultural expressions, rather than as essential psychological differences (36,37). Therefore, intervention approaches should de-emphasize gender dichotomies and instead focus on individual emotional and relational needs.

A critical contribution of this study is its emphasis on spiritual coping as a meaning-making process rather than simply a religious practice. For participants, spirituality served as an internal safe space that allowed them to express emotions, reflect on traumatic experiences, and rebuild a sense of self-worth. This aligns with the meaning-focused coping perspective, which views spirituality as a psychological resource for reconstructing the experience of suffering. In situations of limited social support, spiritual coping becomes a personal, private, and non-judgmental mechanism for regulating emotions (38, 39).

However, this study also found that spiritual coping is not always instantaneous or linear. Some participants experienced spiritual conflict early on, before eventually finding more adaptive coping strategies. This finding is important because it demonstrates that spiritual coping is a dynamic process that develops over time and with experience. Therefore, spirituality-based interventions need to be implemented sensitively and non-normatively, respecting the individual process of adolescents making sense of their traumatic experiences (40, 41).

Comparison with Previous Phenomenological Trauma Studies

The theme of disrupted relational safety aligns with prior phenomenological research indicating that interpersonal trauma fundamentally alters trust and perceived emotional security (42). Consistent with trauma literature, adolescents described betrayal and fear of recurrent harm as central elements of their lived experiences. The emergence of social withdrawal and heightened fear of negative evaluation also corresponds with established associations between interpersonal trauma and social anxiety symptoms (43, 44). However, while many qualitative trauma studies emphasize psychological fragmentation and chronic distress, the present findings highlight an experiential movement toward reconstruction through spiritual coping. This extends prior phenomenological accounts that often foreground vulnerability but less frequently explore adaptive existential transformation.

The primary contribution of this study lies in its explicit phenomenological examination of spiritual coping as a lived, transformative process among adolescents. Unlike studies that conceptualize spirituality merely as religious attendance or institutional affiliation (45), participants described spirituality as a reflective, internalized space for emotional regulation and cognitive reframing.

Furthermore, this study integrates interpersonal trauma, social anxiety, and spiritual coping within a single experiential framework. Few phenomenological investigations have examined how adolescents reconstruct self-worth through spiritual meaning-making following relational trauma, particularly within culturally embedded contexts.

Contradicts or Extends Existing Literature, some trauma research suggests that adolescents predominantly rely on peer support or avoidance-based coping strategies following interpersonal harm (46). In contrast, participants in this study frequently reported turning inward toward spiritual reflection rather than outward social validation. This finding suggests that when relational trust is compromised, adolescents may engage in intrapersonal, meaning-centered coping strategies.

Additionally, traditional coping models distinguish between problem-focused and emotion-focused strategies (47). The present findings extend this dichotomy by illustrating how spiritual coping operates as an existential or meaning-focused strategy, consistent with meaning-making frameworks (48).

Theoretical Advancement: This study advances trauma and coping theory by demonstrating that adolescent recovery from interpersonal trauma involves not only emotional regulation but also identity reconstruction mediated by spiritual meaning-making. Spiritual coping functions as a reconstructive bridge between relational disruption and restored self-confidence. By integrating phenomenological insights into trauma-informed mental health and nursing care, this research underscores the importance of addressing adolescents' subjective and spiritual dimensions alongside psychological symptoms. These findings support a holistic, culturally responsive approach to adolescent trauma recovery.

From a mental health and nursing perspective, this study's findings underscore the importance of a holistic and trauma-informed approach that integrates psychological, social, and spiritual dimensions. A strategy that focuses solely on anxiety symptoms without understanding the subjective meaning of trauma experiences and the role of spirituality risks overlooking critical internal resources for adolescents. Therefore, the results of this study offer practical implications for the development of more contextual and culturally sensitive counselling, psychiatric nursing, and psychosocial interventions.

Methodologically, the use of transcendental phenomenology allows this study to capture the essence of adolescents' experiences in depth, going beyond descriptions of behaviour or symptoms. By placing participants' voices at the centre of the analysis, this study contributes to the enrichment of the qualitative literature on interpersonal trauma and spiritual coping in adolescents, particularly in the Indonesian cultural context, which remains relatively underrepresented in international studies

CONCLUSION

This study provides phenomenological insight into how adolescents experience interpersonal trauma and reconstruct meaning through spiritual coping. The findings contribute theoretically by extending trauma and coping frameworks to include spirituality as an existential, meaning-centered mechanism that mediates identity reconstruction and psychological adjustment. Rather than functioning solely as a religious practice, spiritual coping emerged as an active reconstructive process bridging relational disruption and restored self-worth.

Clinically, the findings underscore the importance of integrating spiritual dimensions into trauma-informed psychological and nursing interventions. Mental health practitioners should consider

adolescents' subjective spiritual meanings as part of holistic care, particularly in culturally embedded contexts where spirituality plays a central role in identity formation and resilience.

From a research perspective, future studies may further examine the longitudinal role of spiritual coping in trauma recovery and explore its interaction with social support, developmental stage, and cultural context. Quantitative or mixed-method approaches may also be employed to test the mediating role of spiritual coping in the relationship between interpersonal trauma and social anxiety.

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AUTHOR'S CONTRIBUTION STATEMENT

NS, AID, EBW, TTN: Conceptualization, Methodology, Formal Analysis, Writing-Original Draft, Review. NS, AID, EBW, TTN: Inverstigation. All author approved the final article to be published.

CONFLICT OF INTEREST

No. conflict of interest to declare in study

DECLARATION OF GENERATIVE AI AND AI-ASSISTED TECHNOLOGIES IN THE WRITING PROCESS

Artificial intelligence tools were used solely for language refinement and grammatical editing. AI was not used in data collection, data analysis, interpretation of findings, or manuscript conceptualization.

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REFERENCES

1. Ellis G, Iles-Caven Y, Northstone K, Golding J. Traumatic childhood events of parents enrolled in the Avon Longitudinal Study of Parents and Children (ALSPAC). *Wellcome Open Res.* 2020;5:65. Epub 20200408. doi: 10.12688/wellcomeopenres.15804.1. PubMed PMID: 32411826; PubMed Central PMCID: PMC7199499.
2. Peters W, Rice S, Alvarez-Jimenez M, Hetrick SE, Halpin E, Kamitsis I, et al. Relative efficacy of psychological interventions following interpersonal trauma on anxiety, depression, substance use, and PTSD symptoms in young people: A meta-analysis. *Early Interv Psychiatry.* 2022;16(11):1175–84. Epub 20220201. doi: 10.1111/eip.13265. PubMed PMID: 35106931; PubMed Central PMCID: PMC9786735.
3. Racco A, Vis J-A. Evidence Based Trauma Treatment for Children and Youth. *Child and Adolescent Social Work Journal.* 2014;32:121 – 9.
4. Milot T, St-Laurent D, Éthier LS. Intervening with Severely and Chronically Neglected Children and their Families: The Contribution of Trauma-Informed Approaches. *Child Abus Rev.* 2016;25(2):89–101.
5. Gagnon KL, Lee MS, DePrince AP. Victim-perpetrator dynamics through the lens of betrayal trauma theory. *J Trauma Dissociation.* 2017;18(3):373–82. Epub 20170219. doi: 10.1080/15299732.2017.1295421. PubMed PMID: 28300483.

6. Gómez JM. Does ethno-cultural betrayal in trauma affect Asian American/Pacific Islander college students' mental health outcomes? An exploratory study. *J Am Coll Health*. 2017;65(6):432–6. Epub 20170726. doi: 10.1080/07448481.2017.1341896. PubMed PMID: 28617143.
7. Li Y, Tang H, Dong W, Lu G, Chen C. Association between childhood trauma and social anxiety in adolescents: The mediating role of self-compassion and loneliness. *Child Abuse Negl*. 2024;158:107109. Epub 20241025. doi: 10.1016/j.chiabu.2024.107109. PubMed PMID: 39461204.
8. Sellnow K, Esbensen K, Cisler JM. Social Trust and Reciprocity Among Adolescent Girls Exposed to Interpersonal Violence. *J Interpers Violence*. 2021;36(21-22):9977–95. Epub 20191014. doi: 10.1177/0886260519881522. PubMed PMID: 31608755.
9. Ji H, Wang Y, Lü W. Childhood trauma and social anxiety in adolescents: Mediating role of cardiovascular response to social stress. *Psychophysiology*. 2024;61(12):e14688. Epub 20241002. doi: 10.1111/psyp.14688. PubMed PMID: 39356550.
10. Indonesia National Adolescent Mental Health Survei. National Adolescent Mental Health Survey (I-NAMHS) Laporan Penelitian. *Ment Health (Lond)*. 2022;xviii. Available from: <https://qcmhr.org/outputs/reports/12-i-namhs-report-bahasa-indonesia>
11. Essau CA. Frequency and patterns of mental health services utilization among adolescents with anxiety and depressive disorders. *Depress Anxiety*. 2005;22(3):130–7. doi: 10.1002/da.20115. PubMed PMID: 16175563.
12. Bell V, Robinson B, Katona C, Fett AK, Shergill S. When trust is lost: the impact of interpersonal trauma on social interactions. *Psychol Med*. 2019;49(6):1041–6. Epub 20180725. doi: 10.1017/s0033291718001800. PubMed PMID: 30043717.
13. Hughesdon KA, Ford JD, Briggs EC, Seng JS, Miller AL, Stoddard SA. Interpersonal Trauma Exposure and Interpersonal Problems in Adolescent Posttraumatic Stress Disorder. *J Trauma Stress*. 2021;34(4):733–43. Epub 20210522. doi: 10.1002/jts.22687. PubMed PMID: 34021624.
14. Scanlon CL, Del Toro J, Wang MT. Socially Anxious Science Achievers: The Roles of Peer Social Support and Social Engagement in the Relation Between Adolescents' Social Anxiety and Science Achievement. *J Youth Adolesc*. 2020;49(5):1005–16. Epub 20200323. doi: 10.1007/s10964-020-01224-y. PubMed PMID: 32206958.
15. Jystad I, Haugan T, Bjerkeset O, Sund ER, Vaag J. School Functioning and Educational Aspirations in Adolescents With Social Anxiety—The Young-HUNT3 Study, Norway. *Frontiers in Psychology*. 2021;Volume 12 - 2021. doi: 10.3389/fpsyg.2021.727529.
16. Coyle S, Mahmud F, Weeks C, Masia Warner C. Chapter 12 - School-based treatment for children and adolescents with social anxiety disorder. In: Nangle DW, Erdley CA, Schwartz-Mette RA, editors. *Social Skills Across the Life Span*: Academic Press; 2020. p. 237–54.
17. Huang J, Zhong Z, Zhang H, Li L. Cyberbullying in Social Media and Online Games among Chinese College Students and Its Associated Factors. *Int J Environ Res Public Health*. 2021;18(9). Epub 20210430. doi: 10.3390/ijerph18094819. PubMed PMID: 33946441; PubMed Central PMCID: PMC8125715.
18. Alnassar JS, Juruena MF, Macare C, Perkins AM, Young AH. Effect of childhood emotional abuse on depression and anxiety in adulthood is partially mediated by neuroticism: Evidence from a large online sample. *J Affect Disord*. 2024;359:158–63. Epub 20240510. doi: 10.1016/j.jad.2024.05.040. PubMed PMID: 38734243.
19. Gómez-Ortiz O, Roldán R, Ortega-Ruiz R, García-López LJ. Social Anxiety and Psychosocial Adjustment in Adolescents: Relation with Peer Victimization, Self-Esteem and Emotion Regulation. *Child Indic Res*. 2018;11(6):1719–36.

20. Bosacki S, Dane A, Marini Z. Peer relationships and internalizing problems in adolescents: Mediating role of self-esteem. *Emot Behav Difficulties*. 2007;12(4):261–82.
21. Welander-Vatn A, Torvik FA, Czajkowski N, Kendler KS, Reichborn-Kjennerud T, Knudsen GP, et al. Relationships Among Avoidant Personality Disorder, Social Anxiety Disorder, and Normative Personality Traits: A Twin Study. *J Pers Disord*. 2019;33(3):289–309. Epub 20180305. doi: 10.1521/pedi_2018_32_341. PubMed PMID: 29505386.
22. Hodson KJ, McManus F V., Clark DM, Doll H. Can Clark and Wells' (1995) cognitive model of social phobia be applied to young people? *Behav Cogn Psychother*. 2008;36(4):449–61.
23. Delgado B, Inglés CJ, García-Fernández JM. Social anxiety and self-concept in adolescence. *Rev Psicodidact [Internet]*. 2013;18(1):179–94.
24. Wang Y, Yan X, Liu L, Lu X, Luo L, Ding X. The Influence of Vulnerable Narcissism on Social Anxiety among Adolescents: The Mediating Role of Self-Concept Clarity and Self-Esteem. *International Journal of Mental Health Promotion*. 2024;26(6):429–38. doi: <https://doi.org/10.32604/ijmhp.2024.050445>.
25. Abdollahi A, Abu Talib M, Reza Vakili Mobarakeh M, Momtaz V, Kavian Mobarake R. Body-Esteem Mediates The Relationship Between Self-Esteem and Social Anxiety: The Moderating Roles of Weight and Gender. *Child Care Pract [Internet]*. 2016;22(3):296–308.
26. Makanui K, Jackson Y, Gusler S. Spirituality and its Relation to Mental Health Outcomes: An Examination of Youth in Foster Care. *Psycholog Relig Spiritual*. 2019;11(3):203–13. Epub 20180607. doi: 10.1037/rel0000184. PubMed PMID: 31754408; PubMed Central PMCID: PMC6871520.
27. Carleton RA, Esparza P, Thaxter PJ, Grant KE. Stress, religious coping resources, and depressive symptoms in an urban adolescent sample. *J Sci Study Relig [Internet]*. 2008;47(1):113–21.
28. Desmet L, Dezutter J, Vandenhoeck A, Dillen A. Religious Coping Styles and Depressive Symptoms in Geriatric Patients: Understanding the Relationship through Experiences of Integrity and Despair. *International Journal of Environmental Research and Public Health*. 2022;19(7):3835. PubMed PMID: doi:10.3390/ijerph19073835.
29. Azhari A, Toms Z, Pavlopoulou G, Esposito G, Dimitriou D. Social media use in female adolescents: Associations with anxiety, loneliness, and sleep disturbances. *Acta Psychol (Amst)*. 2022;229:103706. Epub 20220813. doi: 10.1016/j.actpsy.2022.103706. PubMed PMID: 35973307.
30. Graça L, Brandão T. Religious/Spiritual Coping, Emotion Regulation, Psychological Well-Being, and Life Satisfaction among University Students. *Journal of Psychology and Theology*. 2024;52(3):342–58. doi: 10.1177/00916471231223920.
31. M. Suud F, Na'imah T. The effect of positive thinking training on academic stress of Muslim students in thesis writing: a quasi-experimental study. *International Journal of Adolescence and Youth*. 2023;28(1):2270051. doi: 10.1080/02673843.2023.2270051.
32. Suud FM, Salsabillah WT. The Impact of Islamic Resilience on Student Spirituality While Engaging in Digital Activities BT - Proceedings of Ninth International Congress on Information and Communication Technology. In: Yang XS, Sherratt S, Dey N, Joshi A, editors. Singapore: Springer Nature Singapore; 2024. p. 483–92.
33. Moustakas C. Phenomenological research methods. In 2021.
34. Liao KC, Peng CH, Snell L, Wang X, Huang CD, Saroyan A. Understanding the lived experiences of medical learners in a narrative medicine course: a phenomenological study. *BMC Med Educ*. 2021;21(1):321. Epub 20210605. doi: 10.1186/s12909-021-02741-5. PubMed PMID: 34090423; PubMed Central PMCID: PMC8180022.

35. Cordova M, Bongar B, Ruzek J, Belsher B. Social Constraints, Posttraumatic Cognitions, and Posttraumatic Stress Disorder in Treatment-Seeking Trauma Survivors: Evidence for a Social-Cognitive Processing Model. *Psychological Trauma: Theory, Research, Practice, & Policy*. 2012;4(4):386–91. doi: 10.1037/a0024362.
36. Moore KN. Healing spaces: Trauma-informed care for women survivors of abuse. In: *Customized Ob/Gyn Management for Diverse Populations* [Internet]. Center for Psychological Services, Graduate School of Applied and Professional Psychology, Rutgers University, Piscataway, NJ, United States: Elsevier; 2024. p. 217–28.
37. Rossi AA, Pizzoli SFM, Fernandez I, Invernizzi R, Panzeri A, Taccini F, et al. The Shield of Self-Esteem: Buffering against the Impact of Traumatic Experiences, Fear, Anxiety, and Depression. *Behav Sci (Basel)*. 2024;14(10). Epub 20241004. doi: 10.3390/bs14100901. PubMed PMID: 39457773; PubMed Central PMCID: PMC11505037.
38. Park CL, Edmondson D, Fenster JR, Blank TO. Meaning Making and Psychological Adjustment Following Cancer: The Mediating Roles of Growth, Life Meaning, and Restored Just-World Beliefs. *J Consult Clin Psychol*. 2008;76(5):863–75.
39. Park CL. Religion as a meaning-making framework in coping with life stress. *J Soc Issues*. 2005;61(4):707–29.
40. Platsidou M, Mavridou A. Meaning making in parenting a child with disabilities: Discrepancy of meaning, psychological distress, coping strategies and stress-related growth. *Psychology*. 2025;30(1):91–106.
41. Phillips RE, 3rd, Stein CH. God's will, God's punishment, or God's limitations? Religious coping strategies reported by young adults living with serious mental illness. *J Clin Psychol*. 2007;63(6):529–40. doi: 10.1002/jclp.20364. PubMed PMID: 17457851.
42. Van Der Kolk BA. Praise for The Body Keeps the Score. 2014;1–503.
43. La Greca A, Boyd B, Jaycox L, Kassam-Adams N, Mannarino A, Silverman W, et al. Children and trauma: update for mental health professionals (American Psychological Association). *APA*. 2008;1–9.
44. McLaughlin KA, Lambert HK. Child Trauma Exposure and Psychopathology: Mechanisms of Risk and Resilience. *Curr Opin Psychol*. 2017;14:29–34. doi: 10.1016/j.copsyc.2016.10.004. PubMed PMID: 27868085; PubMed Central PMCID: PMC5111863.
45. Pargament K, Feuille M, Burdzy D. The Brief RCOPE: Current Psychometric Status of a Short Measure of Religious Coping. *Religions*. 2011; 2(1):51–76.
46. Rossi M, Bernardo L, Sterpa C, Ottolini A. Effects of bullying victimization from childhood to young adulthood. In: *Psychology of Victimization*. Child and Adolescent Neuropsychiatric Unit, Fatebenefratelli e Oftalmico Hospital, Milan, Via Pusiano 22-20132, Italy: Nova Science Publishers, Inc.; 2012.
47. Lord B, Gramling S, Auerbach SM. The search for meaning: A framework for how individuals cope with bereavement and other existential stressors. In: *Handbook of the Psychology of Coping: New Research*. Virginia Commonwealth University, Department of Psychology, Virginia, United States: Nova Science Publishers; 2012
48. Park A, Sharp N, Ickes W. Social anxiety is contagious. In: *Social Anxiety: Symptoms, Causes, and Techniques*. University of Texas at Arlington, TX, United States: Nova Science Publishers; 2012