JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472
Journal of Holistic Nursing Science

Article journey
Submitted
30/12/2025
Revised
4/3/2026
Accepted
1/6/2026
Online first
7/9/2026

QUALITATIVE STUDIES

The dynamics of social experiences and coping strategies among adolescent girls in Bali: A phenomenological approach

Luh Putu Widiastini[1], I Gusti Agung Manik Karuniadi[2], Ni Komang Matalia Gandari[3]

Author information
[1,2] Department of Midwifery, STIKes Bina Usada Bali, Indonesia
[3] Department of Nursing, STIKes Bina Usada Bali, Indonesia

enick.dilaga@gmail.com

https://doi.org/10.31603/jhns.15771

Abstract
Adolescence is a developmental stage characterized by complex biological, psychological, and social transitions. Adolescent girls are particularly vulnerable to anxiety, peer conflict, and academic stress, all of which can negatively impact their mental health. However, limited studies in the existing literature focus on this population's social experiences and coping strategies. Therefore, this study explores the dynamics of social experiences and coping strategies among adolescent girls in Bali who are facing emotional challenges. A qualitative design utilizing Interpretative Phenomenological Analysis (IPA) was adopted for this study. Nine girls aged 13–15 were recruited through purposive sampling based on the following inclusion criteria: being junior high school students, having experienced social or emotional stress in the past six months, demonstrating a willingness to participate, and possessing the ability to verbalize their experiences. The study was conducted from March to May 2025. Data were collected via semi-structured interviews lasting 30–60 minutes, accompanied by field notes and audio recordings. The transcripts were analysed following the standard IPA stages: immersive reading, line-by-line coding, theme clustering, and cross-case interpretation. To ensure trustworthiness, member checking, audit trails, reflexive notes, and thick descriptions were employed. Ethical approval was granted by the Health Research Ethics Committee of STIKes Bina Usada Bali, and informed consent was obtained from the participants. The study documented five themes as follows emotional challenges, including peer conflict, family pressure, bullying, and academic demands; responses such as anxiety, anger, psychosomatic symptoms, and overthinking; social support from family, peers, and partners; coping strategies, both adaptive (sharing, hobbies, affirmations) and maladaptive (withdrawal, avoidance, self-harm); and personal growth through self-confidence, self-awareness, and values learned. These findings emphasize that adolescent girls' social experiences are shaped by familial, peer, cultural, and academic contexts. Understanding these dynamics is crucial for nurses when developing promotive and preventive interventions to support adolescent mental health.

Keywords: Adolescent girls, coping strategies, mental health, nursing, social experience

Introduction

Adolescent girls experience rapid biological, cognitive, and social changes, making social experiences highly influential on psychological well-being (Forbes & Dahl, 2010; Pfeifer & Allen, 2021). Studies have shown that emotional symptoms in adolescent girls are higher than those in boys and tend to increase from early adolescence, indicating gender-specific vulnerability in facing social demands (Agam et al., 2015; Alloy et al., 2016; Yoon et al., 2023). Contemporary social dynamics are becoming complex with the advent of social media and the rising number of cyberbullying (Gazibara et al., 2023). Within these changing social dynamics, bullying emerges as a central social experience that shapes adolescent girls' daily interactions, connectedness, and psychological adjustment (Han et al., 2025; Hästbacka et al., 2025). Large-scale research involving 191,228 students aged 12–15 years across 29 countries in Africa, Asia, and the Americas found that bullying victimization remains prevalent with increasing, decreasing, and stable trends observed in countries respectively, and with gender differences (Smith et al., 2023). Although 13 countries showed decreasing trends, the reductions were moderate, indicating the need for intensified prevention efforts (Smith et al., 2023). Importantly, the literature shows that indirect verbal aggression is more common among girls (Zhang et al., 2020), whereas physical aggression is more common among boys (Kumar et al., 2023).

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

Exposure to bullying has been proven to increase the risk of depression, anxiety, and psychosomatic symptoms among adolescents, including those in Indonesia (Kementerian Kesehatan Republik Indonesia, 2024). Furthermore, research shows that the quality of relationships with peers and family support plays a more important role than the intensity of social media use in determining adolescents' mental well-being (Khalaf et al., 2023; Blackwell et al., 2025). At the same time, victims of cyberbullying are at a higher risk of experiencing depression, anxiety, and loneliness, underscoring the importance of understanding how adolescent girls cope with stressors in digital spaces (Deol & Lashai, 2022). Findings in Indonesia also highlight high exposure to bullying victimization and its psychosocial implications, making it relevant to the local context (Alap et al., 2025). Highlighting an alarming increase in bullying across Indonesia, national data recorded over 14,500 victims from elementary to university levels by November 2025, with physical (55.5%) and verbal (29.3%) violence dominating the cases (Pusiknas Bareskrim Polri, 2025). Although physical violence appears more frequently in reports, relational and verbal bullying remain particularly relevant to adolescent girls and carry significant psychological consequences. Adolescent girls frequently encounter negative social experiences in their daily lives (Gajalakshmi & Meenakshi, 2024), including friendship conflicts, family pressure, and bullying. These stressors often manifest as negative emotions (such as sadness, anger, disappointment, and shame), physical symptoms of anxiety (such as cold hands, trembling, or stomachaches), or cognitive distress (such as overthinking and fear of negative judgment). Nevertheless, many adolescent girls demonstrate resilience by employing various coping strategies; while some choose adaptive methods, others become trapped in maladaptive behaviors such as avoidance, withdrawal, excessive sleeping, or self-harm.

Self-coping strategies are important mechanisms that bridge social experiences with adolescents' mental health (Stapley et al., 2023). Studies indicate that adolescent girls use emotion-based coping strategies to deal with stressor such as emotion regulation or seeking social support (Støre et al., 2025; Rudolph et al., 2025). Although these strategies can be helpful, they can also have adverse effects if they evolve into excessive rumination or withdrawal. Growing evidence highlights that dysfunctional cognitive emotion regulation strategies serve as a mediator between bullying victimization and subsequent mental health problems (Zhao & Ye, 2025; Vacca et al., 2023). This indicates that the psychological impact of bullying operates through maladaptive cognitive processing. Furthermore, adolescents experiencing high peer pressure are more than five times more likely to report victimization (Juli et al., 2025). Findings in Indonesia reveal a protective effect of authoritarian parenting compared to authoritative parenting (Juli et al., 2025). Loneliness and parent-child miscommunication also play critical roles (Madsen et al., 2025). Studies show that adolescent girls report greater stress than boys, yet their concerns are often minimized by parents (Simkus et al., 2024; Kulakow et al., 2021). This disconnect hinders help-seeking and weakens family-based coping strategies. In contrast, when validated, adolescents successfully adopt various adaptive strategies, such as creative activities, healthy distractions, and community involvement.

Grounded in the *Tri Hita Karana* philosophy of *Pawongan* (harmonious human relationships), Balinese character formation emphasizes empathy, mutual respect, and social balance. The foundation reinforces relational harmony as a moral and social obligation, shaping how adolescents interpret interpersonal conflict and social responsibility (Antara et al., 2025). Therefore, within the framework of *Menyama Braya*, experiences of bullying among adolescent girls in Bali cannot be understood solely as individual interpersonal conflicts, but rather as disruptions to social equilibrium. Cultural orientation shapes how individuals perceive bullying, often viewing it as a threat to group harmony rather than personal aggression. In turn, this perspective guides coping strategies toward emotion-focused regulation, avoidance of open confrontation, and support from trusted relational networks. Ultimately, a Balinese adolescent girl's mental health is a mirror of her relational system. In a culture that fiercely demands communal harmony, the very values that construct a protective social shield can instantly transform into psychological weapons when she faces social exclusion or relational bullying. Prior research underscores that social support from family, peers, and educators serves as a psychological anchor for Balinese youth (Pratiwi & Wilani, 2023). Amidst severe academic strain, adolescent girls frequently turn to localized coping behaviors to preserve their mental equilibrium including verbal sharing and active distractions (Wahyuni et al., 2022). Consequently, deciphering the firsthand lived experiences, interpretations, and coping mechanisms of teenage girls in Bali is no longer just an academic pursuit; it is an urgent necessity for contemporary mental health intervention.

Whereas literature acknowledges the threat of bullying, a void remains regarding how community health nurses, school services, and local governance converge to protect adolescent girls. Community nurses possess the untapped potential to anchor early screening and psychoeducation. Furthermore, structural policy integration is non-negotiable for sustainable prevention. However, current data fails to explain how these institutional efforts intersect with Balinese

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

coping dynamics, exposing a severe vulnerability in contemporary health policy. A wealth of literature underscores that an adolescent girl's social realities—both offline and online—are linked to psychological survival mechanisms. Yet, the true lived experiences of adolescent girls in Bali, captured purely from their own perspectives, remain limited in databases. Unlocking an in-depth understanding of these personal narratives offers an invaluable window into the unique risk and protective factors shaping youth mental health within this specific cultural landscape. Consequently, this study bridges this critical divide by mapping the dynamics of social experiences and coping strategies among Balinese adolescent girls. In taking this approach, this research enriches the adolescent mental health perspective and serves as the foundation for designing interventions specifically for Bali and global adolescent population worldwide.

Method

This study used a phenomenological qualitative approach to explore the meaning of social experiences and coping strategies among adolescent girls. The phenomenological approach was chosen because it focuses on understanding the essence of participants' subjective experiences as they live, without initial intervention or interpretation from the researcher (Davidsen, 2013; Neubauer et al., 2019). The type of phenomenology used is Interpretative Phenomenological Analysis (IPA), which allows researchers to describe and interpret the deeper meaning of adolescent girls' experiences in facing emotional and social challenges (Darley et al., 2025). The participants comprised nine female adolescents aged 13–15 years residing in the Bali region. This final sample size was determined after data saturation was achieved during the data collection process. They were selected via purposive sampling based on specific inclusion criteria, which required them to be junior high school students who had experienced social or emotional challenges within the past six months, were able to verbally express their experiences, and demonstrated a willingness to participate by providing written informed consent. Participants were excluded if they were unable to communicate their experiences verbally, were unable to complete the interview, or withdrew from the study at any stage of the research process. The study was conducted in a junior high school in the Bali region of Indonesia. To maintain privacy and minimize disruptions during the data collection process, interviews were conducted at mutually agreed-upon locations that ensured safety and comfort, such as the participants' homes, schools, or other neutral venues.

The procedural execution of this study began by securing formal ethical clearance from the institutional Research Ethics Committee, which was immediately followed by obtaining administrative permissions from school authorities and informed consent from the participants' parents or legal guardians. Once access was granted, prospective participants were provided with a comprehensive orientation detailing the purpose, clinical benefits, and specific procedural steps of the study to ensure fully informed and voluntary participation. Data were collected over a clearly defined three-month period from March to May 2025, utilizing in-depth, semi-structured interviews guided by open-ended questions to elicit rich, descriptive narratives from the participants. Each individual interview session lasted approximately 30 to 60 minutes and was fully audio-recorded with the explicit verbal and written consent of both the adolescents and their legal guardians. To enrich the transcriptions and preserve the integrity of the data collection environment, the primary researcher maintained reflective field notes to capture subtle nonverbal expressions, body language, and immediate situational contexts that audio recordings alone might miss. The semi-structured interview protocol was structured around multiple core thematic domains, initially prompting the participants to explore and detail their everyday social experiences within their immediate family, school environments, peer friendships, and digital social media landscapes. Furthermore, the dialogue specifically investigated the complex emotional challenges faced by the participants, shedding light on the psychological vulnerabilities they experienced in their daily lives. The interviews then transitioned to examine the specific coping strategies—both adaptive and maladaptive—employed by these adolescent girls to mitigate their distress. The inquiries focused deeply on the unique meanings, personal interpretations, and cognitive adjustments they assigned to these experiences, allowing for a comprehensive phenomenological exploration of their realities. No research assistants were involved in the study. A designated school teacher served as a liaison during participant recruitment by helping the researcher identify prospective participants who met the predetermined inclusion criteria, particularly those who had experienced relevant social or emotional challenges, and facilitating communication with the school and prospective participants. The teacher had no role in the interviews or subsequent data processing and analysis. Final participant selection was determined by the researcher based on the established eligibility criteria.

The semi-structured interview guide was developed through a highly systematic, multi-phase process designed to ensure both clinical relevance and methodological integrity. Initially, an extensive and comprehensive review of contemporary literature was conducted, focusing on adolescent social experiences, the psychological impacts of bullying victimization, and localized coping strategies, which served to establish a theoretical foundation and generate an expansive initial pool of potential interview questions. In the second phase, this preliminary draft underwent an

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

external evaluation by two independent expert validators, chosen specifically for their highly relevant specializations: a senior nursing lecturer with extensive clinical expertise in adolescent mental health and a practicing clinical psychologist with a proven track record in qualitative research methodologies. These expert reviewers analyzed each item, providing detailed written feedback that evaluated the clarity of the wording, the clinical relevance of the prompts to the study's core objectives, and the cultural appropriateness of the phrasing within the specific local context. Every recommendation, critique, and structural suggestion offered by the validators was carefully considered, leading to iterative revisions, the refinement of ambiguous terminology, and the optimization of question sequencing. This collaborative refinement was executed before the final version of the guide was approved, ensuring the instrument was highly sensitive, clear, and authentic phenomenological reflections from the participants. The following are the key questions posed to participants: Can you describe what your daily social experiences at school and at home are like? have you ever experienced bullying or negative treatment from peers? If so, can you tell me what happened? how did you feel when you experienced those social challenges? what did you do to deal with those feelings or situations? who do you usually turn to for help when you are having difficulties? how does your family or cultural background in Bali influence the way you deal with social problems? looking back, what have you learned from these experiences? In addition to the interview questions outlined above, the researcher developed an instrument to assess the participants' demographic data, which included age, number of siblings, birth order, parents' occupations, and primary social support networks.

The analytical framework of this study was governed by the sequential stages of IPA. The analysis commenced with the researcher repeatedly reading and thoroughly immersing themselves in the generated transcripts to capture a holistic, comprehensive picture of the data. Next, the text underwent a rigorous initial coding process designed to identify and isolate significant ideas, underlying emotional states, and individual perceptions. These preliminary codes were then systematically grouped into clustered themes that directly reflected the psychological essence of the participants' experiences. To expand the analysis, the researcher carefully mapped and connected these themes across all individual participants, identifying crucial experiential similarities as well as highly nuanced differences. Ultimately, a comprehensive interpretative narrative was composed, synthesizing the coded themes into an in-depth, phenomenological explanation that illuminated the profound meanings behind the social experiences and coping strategies utilized by the adolescent girls.

To establish the methodological rigor and trustworthiness of this qualitative study, Lincoln and Guba's evaluative criteria were applied across four foundational dimensions (Morse, 2015; Lincoln & Guba, 1986). First, credibility was secured through the implementation of member-checking sessions and ongoing dialogue with the participants, ensuring that the final transcript analyses and conceptual interpretations accurately mirrored their authentic lived experiences. Second, transferability was achieved by providing rich, dense contextual descriptions—commonly referred to as thick descriptions—of the Balinese setting, participant profiles, and social dynamics. This process allows the future researchers to evaluate how the findings might apply to similar cohorts or demographic contexts. Third, dependability was maintained through the documentation of the entire research trajectory, creating a comprehensive audit trail that logs every operational step from initial recruitment to final thematic development. Finally, confirmability was preserved through the diligent maintenance of the researcher's reflexive and reflective notes. These records were reviewed throughout the analytical process to explicitly address and minimize personal assumptions, safeguarding the data from subjective bias.

Ethical integrity was maintained throughout all phases of the research process to protect the rights, safety, and welfare of the vulnerable adolescent cohort. The study protocol received formal institutional approval from the Health Research Ethics Committee of STIKes Bina Usada Bali (No. 079/EA/KEPK-BUB-2025) prior to any field engagement. To guarantee the absolute confidentiality of the participants, all identifiable personal data were completely anonymized, and unique alphanumeric codes—such as R1, R2, through to R9—were utilized across all transcripts, field notes, and final narrative reports. Furthermore, the participants were explicitly informed of their fundamental right to autonomy, including the absolute freedom to withdraw from the study at any given point during the interview process without facing any form of penalty, academic repercussion, or negative consequence.

Results

The study documented that the participants consisted of nine adolescent girls aged 13–15 years from diverse family backgrounds. Most parents work in the informal sector as vendors, laborers, farmers, or freelancers, while a smaller portion is employed in formal fields such as teaching, civil service, or health center staff. The children's positions in the family varied, ranging from the first to the fourth child, with siblings numbering between two and five. The main sources of support most frequently mentioned were mothers, older siblings, best friends, close friends, and, in certain cases,

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

partners. This support is crucial because almost all adolescents face challenging emotional experiences, such as friendship conflicts, academic pressure, gossip, family conflicts, bullying, and toxic romantic relationships. The impact of these experiences is visible in the form of anxiety, lack of self-confidence, physical symptoms under stress, and diverse coping behaviors, both adaptive (sharing stories, seeking support, and hobbies) and maladaptive (withdrawing, avoidance, or coping through eating and sleeping) **(Table 1)**.

Table 1. Characteristics of the participants.

Code	Age	Siblings	Birth number	Parents' Occupation	Primary Social Support	Primary Social Support
R1	14	4	3	Mother is a vendor, father is a laborer	Mother, friend	Ever been bullied by friends; anxious when performing in public
R2	13	3	1	Teacher mother, civil servant father	Mother	High academic pressure; anxious during exams and presentations
R3	15	2	1	Mother is an entrepreneur; father is an employee	Close friend, mother	Friendship conflicts; anxious about speaking in front of the class
R4	15	4	2	Mother works at the community health center; father is a daily wage worker	Friend, boyfriend/girlfriend	Experienced a toxic relationship (physical abuse); coping by eating/sleeping
R5	14	5	4	Housewife, farmer father	Older sibling, friend	Anxious during exams; avoiding certain social situations
R6	13	2	1	Mother is a merchant; father is a laborer	Mother, close friend	Experiencing negative gossip; easily cries when under pressure
R7	14	4	4	Mother works at a hotel; father is a freelance guide	Mother, a friend	Friendship conflicts; anxiety about math lessons; more comfortable at home
R8	14	3	2	Mother is a merchant; father is an entrepreneur	Friend	Anxious in crowded places; tends to avoid them
R9	13	4	1	Mother works at a cooperative, father works at a café	Father, mother	Family conflict (parental arguments); body insecurity; anxiety about public appearances

The following themes and subthemes were identified during the study**.** The first theme was emotional challenges in the lives of adolescent girls and its subtheme were friendship conflicts, family pressure, experiences of bullying and violence and academic challenges. The second theme was emotional, physical, and cognitive responses with its subthemes were negative emotions, physical symptoms of anxiety and negative thoughts. The third theme was social support as a protective factor and its subtheme were family support, support from close friends, and partner support. The fourth theme was coping strategies for facing emotional challenges and its subthemes were adaptive coping, coping maladaptive. The fifth theme was self-development and learning and its subthemes were building self-confidence, self-awareness and the desire to change, and lessons learned. The themes and subthemes are presented in the table **(Table 2)**, followed by a detailed discussion featuring illustrative participant statements that support these findings. These quotes provide contextual depth to the participants' lived experiences, offering authentic insight into how humanistic care is negotiated alongside advanced technological demands.

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

Table 2. Study findings.

No	Theme	Subtheme
1	Emotional challenges in the lives of adolescent girls	1.1 Friendship conflicts
		1.2 Family pressure
		1.3 Experiences of bullying and violence
		1.4 Academic challenges
2	Emotional, physical, and cognitive responses	2.1 Negative emotions
		2.2 Physical symptoms of anxiety
		2.3 Negative thoughts
3	Social support as a protective factor	3.1 Family support
		3.2 Support from close friends
		3.3 Partner support
4	Coping strategies for facing emotional challenges	4.1 Adaptive coping
		4.2 Coping maladaptive
5	Self-development and learning	5.1 Building self-confidence
		5.2 Self-awareness and the desire to change
		5.3 Lessons learned

Theme 1 – Emotional challenges in the lives of adolescent girls

The emotional challenges faced by adolescent girls include friendship conflicts, family pressure, bullying experiences, and academic demands. Friendship conflicts are often triggered by gossip, misunderstandings, or feelings of being left out, which spark feelings of disappointment, anger, and loneliness among friends. Family pressure arises from high academic expectations and significant household responsibilities, resulting in a double burden. Both verbal and physical experiences of bullying have long-term emotional impacts that affect self-confidence. Meanwhile, academic demands, such as classroom presentations or facing difficult subjects, often trigger nervous and anxious reactions. The subthemes of these emotional challenges included friendship conflicts, family pressure, experiences of bullying, and academic challenges.

Subtheme 1.1 – Friendship conflicts

The results of the qualitative analysis revealed that friendship conflicts were a significant source of emotional stress among adolescent girls. Conflict forms range from negative gossip and feelings of abandonment to misunderstandings that lead to social distancing. R6 expressed her hurt due to circulating gossip: "*I was avoided because there were unfounded rumors about me.*" Meanwhile, R9 highlighted her experience of being left out by her group: "*My friends left me because they wanted to hang out with their boyfriends.*" These conflicts often affect self-confidence and increase social anxiety, particularly in group interactions. The participants felt rejected and lonely, reinforcing that friendships are a source of social identity for adolescent girls. Loss of acceptance from peers creates a sense of isolation and heightens social anxiety among adolescents.

Subtheme 1.2 – Family pressure

Family pressure, particularly academic expectations and dual roles at home, is a frequent stress trigger. R2 shared how parental demands affect their emotional state: "*My mom wants me to always be top of the class, so sometimes I feel pressured.*" Additionally, excessive domestic responsibilities become a burden, as experienced by R1: "*I have to take care of my younger sibling all the time because my mother works. It's tiring, but there's no one else.*" These conditions create emotional tension that affects students' focus on studying and their social interactions. Academic demand and domestic burden were perceived as double burdens. This indicates that gender roles in Balinese culture reinforce girls' expectations, thereby increasing their emotional pressure.

Subtheme 1.3 – Experiences of bullying and violence

Both verbal and physical bullying experiences had deep psychological impacts on participants. Some adolescent girls experience ridicule targeting their bodies and appearance, whereas others face direct violence in their interpersonal relationships. R1 stated, "*I used to be called ugly by my friends,*" while R4 expressed trauma from physical violence: "*My ex-boyfriend once hurt me physically.*" Verbal bullying creates lasting emotional wounds, as it attacks the self-esteem

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

and body image of adolescent girls. Meanwhile, physical violence in romantic relationships reveals double vulnerability: as victims of abuse and as individuals in the process of building their own identities. Both forms of experience have profound psychological impacts, manifesting as fear, inferiority, and social anxiety. From an IPA perspective, experiences of bullying and violence are understood not only as external events but also as experiences that transform the way participants view themselves and others.

Subtheme 1.4 – Academic challenges

Academic challenges, such as giving presentations in front of class and facing difficult subjects, are major triggers of academic anxiety. R3 admitted to experiencing physical reactions during presentations: "*When I'm told to present, my hands immediately get cold.*" R7 added that certain subjects cause tension: "*Math makes me dizzy; I get really nervous every time there's a test.*" Academic situations trigger performance anxiety in students. Anxiety decreases study-focus and self-confidence.

Theme 2 – Emotional, physical, and cognitive responses

The interview results showed that adolescent girls responded to these emotional challenges through varying emotional, physical, and cognitive reactions. Negative emotions, such as sadness, anger, disappointment, and shame, often arise as spontaneous reactions to stressful events. Physical symptoms of anxiety, including cold hands, trembling, a pounding heart, and stomachaches, appear in social or academic situations that trigger fear. In addition, negative thought patterns, such as overthinking and worrying about others' judgments, reinforce the cycle of anxiety experienced. The sub themes include negative emotions, physical symptoms of anxiety, and negative thoughts that worsen emotional conditions.

Subtheme 2.1 – Negative emotions

The results of the data analysis revealed that most adolescent girls responded to emotional pressure with feelings of sadness, anger, disappointment, or shame. These conditions arise as direct reactions to experiences of conflict, bullying, or academic failure. R6 described her way of coping: "*I immediately cry when I can't take it anymore.*" Meanwhile, R4 expressed anger directed at herself: "*Sometimes I get angry at myself because I don't have the courage to speak up.*" These feelings often exacerbate anxiety and hinder social participation. Crying and anger reflect difficulties in emotion regulation. Adolescent girls experience internal conflict between their desire to appear confident and feelings of inadequacy.

Subtheme 2.2 – Physical symptoms of anxiety

Anxiety is experienced emotionally and manifests as physical symptoms. Several respondents reported experiencing cold hands, trembling, heart palpitations, and stomach pain when faced with stressful situations. R2 expressed: "*My hands get really cold when I have to go up in front of the class.*" R5 mentioned psychosomatic symptoms that often appear: "*When I'm anxious, my stomach hurts like cramps.*" These physical symptoms are strong indicators of high levels of anxiety. Anxiety is embodied in one's body. Somatic symptoms are tangible manifestations of emotional tension, illustrating the mind–body connection in adolescents' anxiety experiences.

Subtheme 2.3 – Negative thoughts

Negative thought patterns, such as overthinking and worrying about others' judgments, dominated the respondents' experiences. This triggers self-doubt and hinders the initiation of interactions. R3 said: "*Afraid of being judged negatively by others,*" while R9 added: "*I tend to overthink, which makes me even more panicked.*" These negative thoughts often internalize feelings of inadequacy, thereby prolonging the duration of stress. Thoughts on negative evaluations from others (fear of negative evaluations) are at the core of social anxiety. This confirms that adolescents' self-esteem depends greatly on external acceptance.

Theme 3 – Social support as a protective factor

Social support has been proven to be one of the protective factors in reducing the impact of emotional challenges. The respondents identified family, close friends, and partners as sources of emotional strength. Families, especially mothers and older siblings, often serve as primary listeners and sources of motivation when facing problems. Close friends act as a support system that can provide security, reduce anxiety, and facilitate emotional recovery. In some cases, partners also became a support, particularly in providing safety and reminding them not to be influenced by others' negative judgments. The subthemes were family, close friends, and partner support.

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

Subtheme 3.1 – Family support

The family, especially mothers and older siblings, plays an important role as a source of emotional support that reduces the negative impact of the pressure faced. R7 stated: "*When I have a problem, I talk to my mom, and I feel relieved*." R5 also experienced the benefits of sibling support: "*My older sibling often advises me not to be afraid*." Supportive families provide a security and increase their emotional resilience. The mother was positioned as a secure base. Family support enables adolescents to manage their emotions.

Subtheme 3.2 – Support from close friends

Close or best friends often provide the most support from outside family. They help ease anxiety by listening to complaints and accompanying us during positive activities. R3 shared: "*My best friend really understands me, she's always there for me*." This relationship serves as a safe space for sharing feelings without fear of being judged. Friendships act as a buffer against anxiety, offering a safe space outside the family.

Subtheme 3.3 – Partner support

For some respondents, their partners were a source of emotional comfort and motivational encouragement. R4 described their partner's role: "*He often reminds me not to worry about what people say*." This support strengthens self-confidence and helps reduce focus on negative environmental judgments. Partners are perceived to boost self-esteem. However, negative experiences (toxic relationships) also emerged, highlighting the ambivalence of romantic relationships.

Theme 4 – Coping strategies for facing emotional challenges

Adolescent girls use various coping strategies to manage emotional pressure, which are divided into adaptive and maladaptive. Adaptive strategies include seeking social support, channeling emotions through hobbies, listening to music, exercising, and using positive affirmations to calm oneself. Maladaptive strategies involve avoiding social situations, excessive withdrawal, oversleeping or overeating to forget problems, and engaging in self-harming behaviors. The choice of coping strategy depends on the level of support received, emotional regulation skills, and personal experience in dealing with difficult situations. The subthemes were adaptive and maladaptive coping.

Subtheme 4.1 – Adaptive coping

Respondents used various positive ways to cope with anxiety, such as seeking social support and channeling emotions through hobbies, exercise, or relaxation techniques. R2 relies on music: "*When I panic, I listen to music to calm down*." R1 chooses to share stories: "*I talk to my mom or my best friend when I can't handle it anymore*." These adaptive strategies serve as mechanisms for reducing the intensity of negative emotions. Music, stories, and positive activities were perceived as means of managing emotions. This strategy demonstrates resilience and an effort to regain self-control.

Subtheme 4.2 – Coping maladaptive

However, some respondents used unhealthy coping mechanisms, such as avoidance, withdrawal, or engaging in harmful behaviors. R3 admitted, "*I prefer to sleep so I don't have to think about it*" and R4 said, "*Sometimes I hurt myself when I get really upset*." These strategies may provide temporary relief, but risk worsening psychological conditions in the long run. Withdrawal or self-harm reflects a sense of hopelessness and limited emotion regulation. This strategy becomes a form of "silent cry for help" when external support is insufficient.

Theme 5 – Self-development and learning

Notwithstanding facing various challenges, most respondents showed positive development in self-confidence and self-awareness. Experiences such as successfully delivering presentations or overcoming friendship conflicts brought pride and increased their belief in abilities. Awareness of their personal weaknesses encourages adolescent girls to strive to be braver, independent, and selective in choosing social environments. The values learned include the importance of protecting oneself from harmful relationships, choosing supportive friends, and managing emotions in a healthier way. The subthemes were the development of self-confidence, self-awareness, and willingness to change, as well as the values gained from life experiences.

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

Subtheme 5.1 – Building self-confidence

Success in overcoming certain challenges has become a turning point for some adolescent girls in building their self-confidence. R3 stated: "*When I managed to give a presentation, I became more confident.*" This success provides internal validation that they are capable of facing situations that were previously considered intimidating. Small successes can be a turning point in building a positive identity.

Subtheme 5.2 – Self-awareness and the desire to change

Awareness of personal weaknesses encourages participants to improve themselves and to brave in trying new things. R9 stated: "*I want to be able to speak in public without feeling nervous.*" This statement demonstrates the internal motivation for overcoming personal barriers. Awareness of one's weaknesses triggers motivation for growth.

Subtheme 5.3 – Lessons learned

Life experiences shape a new understanding of the importance of maintaining mental health and choosing a positive social environment for older adults. R6 stated: "*Now I'm more selective about friends so I don't get hurt again.*" This indicates the development of social evaluation skills and self-protection strategies. Bitter experiences can be viewed as lifelong lessons. Adolescent girls learn social selection as a protective mechanism against bullying.

Discussion

This study highlights how interpersonal, familial, academic, and sociocultural pressures are experienced, interpreted, and managed in everyday life. Specifically, the findings present the distinct types of emotional challenges faced by these youth, while simultaneously revealing the embodied, cognitive, and meaning-making processes through which these experiences shape adolescent emotion. In due course, this study extends the existing literature by demonstrating that emotional distress emerges through a dynamic interaction between individual vulnerabilities and relational contexts, rather than manifest as isolated psychological symptoms (Wang et al., 2026). The result also demonstrate that the participants face multiple, overlapping emotional challenges, including friendship conflicts, family pressure, bullying experiences, and academic demands. These stressors evoke a constellation of emotional (sadness, anger toward oneself), physical (cold hands, stomachaches, heart palpitations), and cognitive responses (overthinking, fear of negative evaluation) (Yaribeygi et al., 2017; Mariotti, 2015; Girotti et al., 2024). Aligned with the ontological assumptions of IPA, these responses represent lived experiences wherein emotions manifest as embodied and grounded psychological phenomena. This trajectory corroborates existing literature indicating that adolescent girls exhibit a heightened vulnerability to internalizing symptoms compared to their male peers (Ricci et al., 2026). This discrepancy becomes especially pronounced following the onset of puberty, a developmental window wherein biological emotional sensitivity intersects with intensified social evaluation (Kristensen & Vestad, 2025). The cognitive configurations articulated by the participants mirror the core etiological mechanisms of anxiety and depression, which disrupt concentration, academic efficacy, and self-esteem. Of paramount importance, these narratives reveal that such psychological reactions are not discrete occurrences; rather, they constitute cumulative stressors that progressively reshape the adolescents' self-concept and environmental perceptions. Adopting an idiographic lens, these findings illustrate how mundane social encounters escalate into overwhelming stressors when filtered through self-doubt and social comparison. This aligns with literature explained that adolescent emotional distress is primarily generated by the subjective meanings ascribed to ordinary interpersonal interactions, rather than by the objective events themselves (O'Neill et al., 2021; Mišković et al., 2025).

A prominent theme within the narratives is the challenge of effective emotion regulation. Although the participants actively attempted to mitigate distress, a significant disconnect occurred when selecting strategies aligned with the emotional intensity or situational demands of their environment. This matches the macro-level findings of a study demonstrated that adolescent emotion-regulation processes are often context-insensitive, yielding immediate relief without resolving the root emotional trauma (Su & Chen, 2025). Corroborating these patterns, literature indicates that the convergence of heightened emotional reactivity and maladaptive cognitive strategies specifically self-blame and catastrophizing drives adolescent socio-emotional dysfunction (Poznyak & Debbané, 2025). The somatization and rumination articulated by the participants illustrate this exact intersection of cognitive appraisal and physiological arousal. Within an IPA framework, these narratives reveal an existential struggle to decode experiences that are perceived as inherently chaotic. These dynamics prove that emotional regulation is not an isolated psychological construct; it is a relational process recursively shaped by surrounding familial, peer, and culture. Social support emerged as a critical factor in adolescents' emotional experiences. Participants described families particularly mothers and older siblings as providing a "secure base" that allowed them to express emotions safely and seek reassurance during distress.

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

This aligns with study demonstrated that parental emotion socialization practices such as validation, guidance, or dismissal are strongly associated with adolescents' emotion-regulation capacities (Azevedo et al., 2025). Peer relationships were also described as sources of stress and as buffers against loneliness. Consistent with study explained supportive peer connections were associated with better emotion regulation and reduced feelings of isolation among adolescent girls (Su & Chen, 2025). These findings highlight the dual role of peers in adolescence: while peer evaluation can intensify emotional distress, peer acceptance and understanding can promote emotional resilience. In the digital context, some participants sought emotional or academic support through social media. Prior research suggests that digital coping can be beneficial when used selectively and purposefully (Mackenzie et al., 2023). However, excessive reliance on online interactions has been linked to increased anxiety and depressive symptoms. The findings of this study support this view, indicating that digital platforms may supplement but not replace face-to-face emotional support.

The study reveals a spectrum of coping strategies used by adolescent girls, ranging from adaptive (talking to trusted others, listening to music, engaging in hobbies) to maladaptive (avoidance, withdrawal, and self-harming behaviors). Adaptive coping strategies were associated with emotional relief and a sense of control, consistent with evidence that expressive and engagement-based coping enhances resilience and emotional well-being (Mmari et al., 2024). In contrast, maladaptive coping strategies were linked to increased emotional distress and vulnerability to anxiety and depression (Chaaya et al., 2025). Study emphasize that avoidance and withdrawal may temporarily reduce emotional discomfort but ultimately reinforce fear and negative self-perceptions (Larrson et al., 2025). Within the IPA framework, these strategies can be interpreted as attempts to protect the self from perceived social threats, even when they carry long-term emotional costs. A study highlighted that adolescents who can shift strategies depending on situational demands such as moving from problem-solving to distraction or acceptance exhibit better emotional adjustment than those who rely on a single coping style (Silvers, 2022). In this present study, the participants' varied coping responses suggest that flexibility, rather than the use of any single "ideal" strategy, is central to emotional health. Even when confronting emotional difficulties, participants also reported signs of personal growth, including increased self-awareness, strengthened self-confidence, and greater selectivity in social relationships. These findings align with resilience theory, which conceptualizes stress as a risk factor and potential catalyst for psychological development (Farchi & Peled-Avram, 2025; Zimmerman, 2013). From an IPA perspective, this growth reflects adolescents' ongoing meaning-making processes. With reflecting on difficult experiences, participants described changes in how they understood themselves and their emotional capacities. This aligns with research on mindset-based interventions, which shows that developing a growth-oriented emotional mindset can attenuate social anxiety and improve emotion regulation in adolescent girls (Rudolph et al., 2025). Furthermore, a study demonstrated that teaching adolescents a "stress-can-be-enhancing" mindset helps reframe stress as a challenge rather than a threat (Yeager et al., 2022). The narratives in this study suggest that some participants began to reinterpret stressful experiences in this way, supporting the idea that meaning-making is a key mechanism through which resilience develops during adolescence.

The findings of this study have significant implications for community nursing practice, particularly for nurses specializing in adolescent populations. Community nurses play a pivotal role in early identification, mental health promotion, and preventive interventions, particularly within school and primary care settings (Leal et al., 2023). Their close engagement with families and communities positions them to recognize early warning signs and facilitate timely support. Investment in training for community nurses and school-based health professionals is also essential to enhance early intervention capacity. Furthermore, community nurses must act as vital bridge-builders that engaging in strategic interprofessional collaboration with clinical psychologists to establish a holistic support system for vulnerable adolescents. Psychologists are essential in addressing maladaptive cognitive patterns such as rumination, fear of evaluation, and negative self-appraisals. Psychiatric nurse specialists serve a crucial bridging role between community-based care and specialized mental health services, particularly for adolescents engaging in maladaptive coping behaviors or presenting with complex emotional difficulties. Interdisciplinary collaboration among these professionals is therefore vital to ensure continuity, accessibility, and care. At the policy level, government involvement is critical in strengthening school-based mental health programs, integrating routine adolescent mental health screening into primary healthcare services. Policies targeting bullying prevention, academic pressure, and digital well-being are particularly relevant given the stressors identified in this study.

Conclusion

This study demonstrates that adolescent girls in Bali experience multifaceted emotional challenges related to peer relationships, family pressure, bullying, and academic demands. These issues manifest in emotional, physical, and cognitive responses that reflect heightened psychological vulnerability. Though social support from family and peers

serves as a vital protective factor, digital support exhibits a dual effect, functioning as either a resource or a risk depending on usage. The participants employed both adaptive coping strategies, such as sharing experiences, listening to music, and engaging in hobbies, and maladaptive responses, including withdrawal, avoidance, and self-harm. Flexibility in emotion regulation emerged as a primary contributor to resilience. Regardless of ongoing pressure, many participants demonstrated personal growth underscoring their capacity for meaning-making amid emotional adversity. Future research should explore how adolescents' emotional experiences, coping strategies, and meaning-making processes evolve over time. Studies incorporating multiple perspectives would provide a more comprehensive understanding of adolescents' emotional ecosystems. Additionally, qualitative evaluations of nurse-led or interdisciplinary mental health interventions are needed to explain how adolescents experience and engage with different forms of support.

Acknowledgments
The authors express their sincere gratitude to STIKES Bina Usada Bali for funding this research through an internal research grant. This support was instrumental in the successful completion of the study and enabled the authors to fulfill Three Pillars of Higher Education obligations, specifically in the area of research.

AI statements
AI tools, including ChatGPT (OpenAI) and QuillBot, were used solely for language editing, paraphrasing, and grammatical refinement of the manuscript. Then, the authors reviewed and verified all AI-assisted text and remain fully responsible for the manuscript's accuracy, integrity, originality, and conclusions.

Author's declaration
All authors made substantial contributions to the conception, design, data collection, analysis, and completion of the research, and approved the final manuscript.

Availability of data and materials
The data and materials used in this study are available from the corresponding author upon reasonable request.

Competing interests
No any.

Ethical clearance
This study was approved by the Health Research Ethics Committee of STIKes Bina Usada Bali (No. 079/EA/KEPK-BUB-2025).

Funding
This research was supported by an internal research grant from STIKes Bina Usada Bali under the Fundamental Research Grant scheme for the 2024/2025 academic year.

Publishers and journal's note
This study is unique because it presents the social experiences and coping strategies among adolescent girls in Bali. Furthermore, the research design is highly appropriate for examining these adolescents' social experiences. Psychological challenges among adolescents are highly complex; therefore, mental health nurses must understand these dynamics to maximize the effectiveness of adolescent mental health interventions.

References
Agam, R., Tamir, S., & Golan, M. (2015). Gender differences in respect to self-esteem and body image as well as response to adolescents ' school-based prevention programs. *Journal of Psychology & Clinical Psychiatry, 2*(5), 1–6. https://doi.org/10.15406/jpcpy.2015.02.00092

Alap, I. W., Fauzan, F., Karmiyati, D., Wurianto, A. B., Eriyanti, R. W., Asih, R. A., & Saifudin, I. M. M. Y. (2025). Bullying victimization and its associated factors among adolescents in Central Kalimantan, Indonesia: A cross-sectional study. *The Open Psychology Journal, 18,* 1–14. https://doi.org/10.2174/0118743501389311250618121238

Alloy, L. B., Hamilton, J. L., Hamlat, E. J., & Abramson, L. Y. (2016). Pubertal development, emotion regulatory styles, and the emergence of sex differences in internalizing disorders and symptoms in adolescence. *Clinical Psychological Science, 4*(5), 867–881. https://doi.org/10.1177/2167702616643008

Antara, I. K. A., Setiawati, N. K., Ak, K. P. D., & Agung, A. A. G. (2025). The path to harmony: Developing characterful minds through the implementation of Tri Hita Karana (THK) in local wisdom-based elementary schools [Jalan menuju harmoni: Mengembangkan jiwa berkarakter melalui implementasi tri hita karana (Thk) di sekolah dasar berbasis kearifan local]. *Jurnal Administrasi Pendidikan Indonesia, 16*(2), 200–209. https://doi.org/10.23887/jurnal_ap.v16i2.6260

Azevedo, M. S., Meira, L., Câmara, D. P., Ferreira, T. B., & Martins, E. C. (2025). Parental emotion socialization and difficulties in emotion regulation in adolescents: A network analysis. *Journal of Youth and Adolescence, 54*(11), 2778–2793. https://doi.org/10.1007/s10964-025-02222-8

Blackwell, C. K., Mansolf, M., Rose, T., Pila, S., Cella, D., Cohen, A., Leve, L. D., McGrath, M., Neiderhiser, J. M., Urquhart, A., & Ganiban, J. M. (2025). Adolescent social media use and mental health in the environmental influences on child health outcomes study. *The Journal of Adolescent Health, 76*(4), 647–656. https://doi.org/10.1016/j.jadohealth.2024.12.003

Chaaya, R., Sfeir, M., Khoury, S. E., Malhab, S. B., & Khoury-Malhame, M. E. (2025). Adaptive versus maladaptive coping strategies: Insight from Lebanese young adults navigating multiple crises. *BMC Public Health, 25*(1), 1464. https://doi.org/10.1186/s12889-025-22608-4

Darley, A., Furlong, E., Maguire, R., McCann, L., Connolly, M., & Coughlan, B. (2025). Applying interpretative phenomenological analysis to understand the experience of digital health: A methodological reflection. *International Journal of Qualitative Methods, 24*. https://doi.org/10.1177/16094069251321603

Davidsen A. S. (2013). Phenomenological approaches in psychology and health sciences. *Qualitative Research in Psychology, 10*(3), 318–339. https://doi.org/10.1080/14780887.2011.608466

Deol, Y., & Lashai, M. (2022). Impact of cyberbullying on adolescent mental health in the midst of pandemic – hidden crisis. *European Psychiatry, 65*(Suppl 1), S432. https://doi.org/10.1192/j.eurpsy.2022.1096

Farchi, M. U., & Peled-Avram, M. (2025). The ART of resilience: A theoretical bridge across resilience perspectives. *Frontiers in Psychology, 16*, 1556047. https://doi.org/10.3389/fpsyg.2025.1556047

Forbes, E. E., & Dahl, R. E. (2010). Pubertal development and behavior: Hormonal activation of social and motivational tendencies. *Brain and Cognition, 72*(1), 66–72. https://doi.org/10.1016/j.bandc.2009.10.007

Gajalakshmi, G., & Meenakshi, S. (2024). Understanding the psycho-social problems of vulnerable adolescent girls and effect of intervention through life skill training. *Journal of Education and Health Promotion, 12*, 429. https://doi.org/10.4103/jehp.jehp_612_23

Gazibara, T., Cakić, M., Cakić, J., Grgurević, A., & Pekmezović, T. (2023). Cyberbullying among adolescents and online information seeking about mental health. *Psychiatria Danubina, 35*(3), 369–385. https://doi.org/10.24869/psyd.2023.369

Girotti, M., Bulin, S. E., & Carreno, F. R. (2024). Effects of chronic stress on cognitive function - From neurobiology to intervention. *Neurobiology of Stress, 33*, 100670. https://doi.org/10.1016/j.ynstr.2024.100670

Han, Z. Y., Ye, Z. Y., & Zhong, B. L. (2025). School bullying and mental health among adolescents: A narrative review. *Translational Pediatrics, 14*(3), 463–472. https://doi.org/10.21037/tp-2024-512

Hästbacka, M., Klausen, S. H., Dahlqvist, H., Korzhina, Y., Sundqvist, A. J., Käcko, E., Nyman-Kurkiala, P., Strindberg, J., & Hemberg, J. (2025). Causes of bullying among young people and protective mechanisms and preventative factors that promote mental health and well-being: Young people's perspectives. *International Journal of Qualitative Studies on Health and Well-Being, 20*(1), 2524459. https://doi.org/10.1080/17482631.2025.2524459

Juli, R., Sarfika, R., Basmanelly, Saifudin, I. M. M. Y., & Abdullah, K. L. (2025). Predictors of bullying victimization among early adolescents in junior high schools: A cross-sectional study. *Belitung Nursing Journal, 11*(5), 547–559. https://doi.org/10.33546/bnj.3950

Kementerian Kesehatan Republik Indonesia. (2024). *Dampak Perilaku Bullying di Sekolah Terhadap Kesehatan Mental Anak*. Kemkes.Go.Id. https://keslan.kemkes.go.id/view_artikel/3704/dampak-perilaku-bullying-di-sekolah-terhadap-kesehatan-mental-anak

Khalaf, A. M., Alubied, A. A., Khalaf, A. M., & Rifaey, A. A. (2023). The impact of social media on the mental health of adolescents and young adults: A systematic review. *Cureus, 15*(8), e42990. https://doi.org/10.7759/cureus.42990

Kristensen, S. M., & Vestad, L. (2025). The ubiquitous sex differences in adolescent mental health: Do we overlook parts of a more complex puzzle?. *Frontiers in Psychology, 16*, 1707505. https://doi.org/10.3389/fpsyg.2025.1707505

Kulakow, S., Raufelder, D., & Hoferichter, F. (2021). School-related pressure and parental support as predictors of change in student stress levels from early to middle adolescence. *Journal of Adolescence, 87*, 38–51. https://doi.org/10.1016/j.adolescence.2020.12.008

Kumar, M., Kapoor, R., Hiremath, R. N., Nimonkar, R., & Goswami, A. (2023). Study of aggression and its factors among school going adolescents of Delhi, India. *Journal of Family Medicine and Primary Care, 12*(12), 3180–3185. https://doi.org/10.4103/jfmpc.jfmpc_756_23

Larsson, K. H., Aspeqvist, E., Falkenström, F., Andersson, G., Svedin, C. G., & Zetterqvist, M. (2025). Assessing emotion regulation difficulties in adolescents: Validation and clinical utility of the difficulties in emotion regulation scale, 16-item. *BMC Psychology, 13*(1), 237. https://doi.org/10.1186/s40359-025-02540-3

Leal, T. M. O., Souza, C. B., Gabriel, I. M., Alexandrin, L. G., Okido, A. C. C., Silva, L., & Carlos, D. M. (2023). Meanings of nurses' role in child and adolescent psychosocial care centers. Revista *Brasileira De Enfermagem, 76*(6), e20230124. https://doi.org/10.1590/0034-7167-2023-0124

Lincoln, Y. S., & Guba, E. G. (1986). But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. *New Directions for Program Evaluation, 1986*(30), 73-84.

Mackenzie, E., McMaugh, A., Van Bergen, P., & Parada, R. H. (2023). Adolescent girls' academic support-seeking, depression, and anxiety: The mediating role of digital support-seeking. *Australian Journal of Psychology, 75*(1), 2170279. https://doi.org/10.1080/00049530.2023.2170279

Madsen, K. R., Damsgaard, M. T., Petersen, K., Qualter, P., & Holstein, B. E. (2025). Loneliness and ease of communication with parents and friends: Cross-sectional study of adolescents in Denmark. *BMC Public Health, 25*(1), 1895. https://doi.org/10.1186/s12889-025-22947-2

Mariotti, A. (2015). The effects of chronic stress on health: new insights into the molecular mechanisms of brain-body communication. *Future Science OA, 1*(3), FSO23. https://doi.org/10.4155/fso.15.21

Mišković, C. F., Ribar, M., Domić, S. D., Dumanić, P., & Milas, G. (2025). Stress and internalizing problems in adolescents: A dynamic longitudinal analysis. *Journal of Personalized Medicine, 15*(12), 612. https://doi.org/10.3390/jpm15120612

Mmari, K., Simon, C., & Verma, R. (2024). Gender-transformative interventions for young adolescents: What have we learned and where should we go?. *The Journal of Adolescent Health, 75*(4S), S62–S80. https://doi.org/10.1016/j.jadohealth.2024.04.016

Morse, J. M. (2015). Critical analysis of strategies for determining rigor in qualitative inquiry. *Qualitative Health Research, 25*(9), 1212–1222. https://doi.org/10.1177/1049732315588501

Neubauer, B. E., Witkop, C. T., & Varpio, L. (2019). How phenomenology can help us learn from the experiences of others. *Perspectives On Medical Education, 8*(2), 90–97. https://doi.org/10.1007/s40037-019-0509-2

O'Neill, A., Stapley, E., Stock, S., Merrick, H., & Humphrey, N. (2021). Adolescents' understanding of what causes emotional distress: A qualitative exploration in a non-clinical sample using ideal-type analysis. *Frontiers in Public Health, 9*, 673321. https://doi.org/10.3389/fpubh.2021.673321

Pfeifer, J. H., & Allen, N. B. (2021). Puberty initiates cascading relationships between neurodevelopmental, social, and internalizing processes across adolescence. *Biological Psychiatry, 89*(2), 99–108. https://doi.org/10.1016/j.biopsych.2020.09.002

Poznyak, E., & Debbané, M. (2025). Emotion regulation beyond executive and attention difficulties: Impact on daily life impairments in community adolescents. *Child and Adolescent Psychiatry and Mental Health, 19*(1), 47. https://doi.org/10.1186/s13034-025-00898-1

Pratiwi, N. P. R. C., & Wilani, A. N. M. (2023). The role of peer social support and self-acceptance in negative body image among early adolescent girls in Denpasar Cit [Peran dukungan sosial teman sebaya dan penerimaan diri terhadap citra tubuh negatif remaja awal perempuan di kota Denpasar]. *Psikologi Konseling, 14*(1), 89–103. https://doi.org/10.24114/konseling.v14i1.48101

Pusiknas Bareskrim Polri. (2025). *Data gabungan: Jumlah Kasus Perundungan Naik Dua Kali Lipat* | Pusiknas Bareskrim Polri. Polri.Go.Id. https://pusiknas.polri.go.id/detail_artikel/data_gabungan:_jumlah_kasus_perundungan_naik_dua_kali_lipat

Ricci, L., Ricci, P., Avallone, A., Calderaro, M., Cafiero, G., Iovino, L., & Ferrara, R. (2026). Exploring gender differences in adolescent psychiatric disorders: A decade of research. *Healthcare, 14*(2), 225. https://doi.org/10.3390/healthcare14020225

Rudolph, K. D., Troop-Gordon, W., Skymba, H. V., Modi, H. H., Ye, Z., Clapham, R. B., Dodson, J., Finnegan, M., & Heller, W. (2025). Cultivating emotional resilience in adolescent girls: Effects of a growth emotion mindset lesson. *Child Development, 96*(1), 389–406. https://doi.org/10.1111/cdev.14175

Silvers, J. A. (2022). Adolescence as a pivotal period for emotion regulation development. *Current Opinion in Psychology, 44*, 258–263. https://doi.org/10.1016/j.copsyc.2021.09.023

Simkus, A., Holtz, K., Fleming, M., Twombly, E., & Wanty, N. (2024). Gender differences in severity and parental estimation of adolescent's pandemic-related stress in the United States. *PLOS Mental Health, 1*(4), e0000101. https://doi.org/10.1371/journal.pmen.0000101

Smith, L., López Sánchez, G. F., Haro, J. M., Alghamdi, A. A., Pizzol, D., Tully, M. A., Oh, H., Gibson, P., Keyes, H., Butler, L., Barnett, Y., Shin, J. I., & Koyanagi, A. (2023). Temporal trends in bullying victimization among adolescents aged 12-15 years from 29 countries: A global perspective. *The Journal of Adolescent Health, 73*(3), 582–590. https://doi.org/10.1016/j.jadohealth.2023.04.031

Stapley, E., Stock, S., Deighton, J., & Demkowicz, O. (2023). A qualitative study of how adolescents' use of coping strategies and support varies in line with their experiences of adversity. *Child & Youth Care Forum, 52*(1), 177–203. https://doi.org/10.1007/s10566-022-09682-0

Støre, S. J., Hassler, S., Persson, L., & Beckman, L. (2025). Children and adolescents' views on coping with stress and aversive feelings - A thematic analysis. *BMC Public Health, 25*(1), 2625. https://doi.org/10.1186/s12889-025-23878-8

Su, E. H. C., & Chen, C. H. (2025). What are the influential factors for emotional regulation? A latent profile analysis based on PISA 2022 Taiwan data. *Humanities and Social Sciences Communications, 12*(1), 1154. https://doi.org/10.1057/s41599-025-05179-y

Vacca, M., Cerolini, S., Zegretti, A., Zagaria, A., & Lombardo, C. (2023). Bullying victimization and adolescent depression, anxiety and stress: The mediation of cognitive emotion regulation. *Children, 10*(12), 1897. https://doi.org/10.3390/children10121897

Wahyuni, N. K. D. P., Dewi, N. N. A. I., & Retnoningtias, D. W. (2022). Coping Strategies for Academic Stress Among Adolescent Girls Facing Parental Expectations [Coping Stress Remaja Perempuan Yang Mendapatkan Tuntutan Akademik dari Orang Tua]. *Jurnal Psimawa, 5*(2), 98–103

Wang, Y., Han, J., Mei, Y., Lin, S., Gong, G., Zheng, F., He, S., & Sun, J. (2026). Dynamic interactions among anxiety, emotional stability, and mindfulness: A cross-lagged panel network analysis. *Frontiers in Psychology, 17,* 1740018. https://doi.org/10.3389/fpsyg.2026.1740018

Yaribeygi, H., Panahi, Y., Sahraei, H., Johnston, T. P., & Sahebkar, A. (2017). The impact of stress on body function: A review. *EXCLI journal, 16,* 1057–1072. https://doi.org/10.17179/excli2017-480

Yeager, D. S., Bryan, C. J., Gross, J. J., Murray, J. S., Krettek Cobb, D., H F Santos, P., Gravelding, H., Johnson, M., & Jamieson, J. P. (2022). A synergistic mindsets intervention protects adolescents from stress. *Nature, 607*(7919), 512–520. https://doi.org/10.1038/s41586-022-04907-7

Yoon, Y., Eisenstadt, M., Lereya, S. T., & Deighton, J. (2023). Gender difference in the change of adolescents' mental health and subjective wellbeing trajectories. *European Child & Adolescent Psychiatry, 32*(9), 1569–1578. https://doi.org/10.1007/s00787-022-01961-4

Zhang, M., Liu, H., & Zhang, Y. (2020). Adolescent social networks and physical, verbal, and indirect aggression in China: The moderating role of gender. *Frontiers in Psychology, 11*, 658. https://doi.org/10.3389/fpsyg.2020.00658

Zhao, X., & Ye, W. (2025). The relationship between bullying victimization experience and post-traumatic stress symptoms in college students: The mediating role of maladaptive cognitive emotion regulation strategies and the moderating role of hope. *BMC Psychology, 13*(1), 1062. https://doi.org/10.1186/s40359-025-03395-4

Zimmerman, M. A. (2013). Resiliency theory: A strengths-based approach to research and practice for adolescent health. *Health Education & Behavior, 40*(4), 381–383. https://doi.org/10.1177/1090198113493782

JHNS
Journal of Holistic Nursing Science
E-ISSN: 2579-7751 P-ISSN: 2579-8472

Authors' insight

Key points

- The research specifically investigates adolescents in Bali, meaning the findings will likely highlight unique cultural, religious (Balinese Hinduism), and communal systems that shape social expectations.
- The study focuses directly on the first-hand, personal perspectives and felt emotions of the adolescent girls themselves.
- The publication bridges social dynamics (stressors, relationships, or academic pressures) directly with coping strategies, showing how these girls actively manage their mental well-being.

Emerging nursing avenues

- What specific phenomenological framework (e.g., Descriptive/Husserlian or Interpretive/Heideggerian) was chosen to analyze the girls' interviews?
- How do traditional Balinese societal norms and gender roles uniquely influence the types of social pressures these girls face and the coping strategies they adopt?
- What specific mental health interventions or school programs does the study recommend based on these girls' lived experiences?

How to cite this article (APA style)
Widiastini, L. P., Karuniadi, I. G. A. M., & Gandari, N. K. M. (2026). The dynamics of social experiences and coping strategies among adolescent girls in Bali: A phenomenological approach. *Journal of Holistic Nursing Science, 13*(2), 228-242. https://doi.org/10.31603/jhns.15771