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The Recursive Complexity of Trauma and Decline: A Phenomenological Study of PTSD Among High Achieving Students Context of *Pesantren*

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Abstract

Bullying in *pesantren* (Islamic boarding schools) remains a prevalent phenomenon despite these institutions being rooted in religious and social values. This study aimed to explore the subjective experiences of adolescent *pesantren* students who were victims of bullying and diagnosed with PTSD, as well as to examine its impact on academic achievement and social functioning. This qualitative phenomenological study involved a 14-year-old male *pesantren* student who had experienced repeated physical and verbal bullying. Data were collected through in-depth interviews (three sessions), observations, and supporting questionnaires using the PTSD Checklist for DSM-5 (PCL-5). The data were analyzed using thematic analysis. The results showed that the participant exhibited PTSD symptoms, including flashbacks, nightmares, excessive anxiety, social avoidance, and somatic symptoms such as neck pain, shortness of breath, and trembling. The academic impacts included reduced concentration, class absences, and a significant decline in academic performance. Maladaptive coping strategies included social withdrawal and reluctance to report bullying incidents to *pesantren* caregivers due to fear of retaliation. This study concluded that repeated bullying in *pesantren* may trigger PTSD and significantly affect academic performance and social functioning. Early detection of psychological disorders and comprehensive psychosocial interventions in *pesantren* are urgently needed.

INTRODUCTION

Bullying is defined as intentional and repeated aggressive behavior aimed at harming others physically, verbally, or emotionally (Pradana, 2024). This phenomenon is not limited to formal school environments but also occurs in various educational institutions, including *pesantren* (Islamic boarding schools) (Fadilah et al., 2023). As traditional Islamic educational institutions in Indonesia, *pesantren* are expected to serve as places for character development and the cultivation of noble moral values. However, bullying practices continue to occur within these institutions. This situation presents a significant contradiction, considering that *pesantren* emphasize values of compassion, tolerance, and mutual respect (Mala et al., 2024; Mukhlisin & Atsa'lawi, 2026; Qorib & Umiarso, 2025).

The impact of bullying on adolescent mental health has been extensively studied. Bhat and Arim (2022) stated that bullying victims were at risk of developing various psychological disorders, including anxiety, depression, social adjustment difficulties, and PTSD. Data from the Indonesia National Adolescent Mental Health Survey (I-NAMHSS) revealed that approximately 2.45 million adolescents in Indonesia experienced mental health disorders, with

0.5% diagnosed with PTSD (Wihardi, 2022). These findings indicate that PTSD among adolescents is not a rare condition and requires serious attention from various stakeholders, including families, educational institutions, and healthcare professionals.

According to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) published by the American Psychiatric Association (2013), PTSD is a disorder that develops after exposure to a traumatic event involving actual or threatened death, serious injury, or threats to physical integrity, accompanied by intense emotional responses such as fear, anxiety, or helplessness. Characteristic symptoms include flashbacks, nightmares, avoidance of trauma-related stimuli, and hyperarousal (excessive alertness). Research by Lipsky et al. (2023) demonstrated a significant association between repeated traumatic exposure and PTSD development, particularly when individuals experienced intense emotional responses to traumatic events. Previous research indicated that bullying victims often experienced difficulties with concentration, reluctance to attend school, and decreased learning motivation, which contributed to reduced academic performance (Wibawati & Indriwati, 2019). Prataval et al. (2023) also found that bullying victims in *pesantren* experienced psychological impacts, including anxiety, reduced self-confidence, and difficulties establishing social relationships. However, studies specifically exploring the subjective experiences of *pesantren* bullying victims diagnosed with PTSD and examining their relationship with academic decline remain limited (Yandri et al., 2025).

The novelty of this study lies in three aspects. First, it provides an in-depth exploration of the psychological dynamics of bullying victims within the unique cultural context of *pesantren*, including senior–junior power dynamics and the "culture of silence" that often surrounds bullying cases in religious educational settings. Second, it examines the relationship between PTSD symptoms and academic decline among students who were previously high achievers. Third, it applies a phenomenological approach to capture the meaning of traumatic experiences from the victims' perspectives (Gülirmak Güler et al., 2025; Partington et al., 2025; Pemberton & Mulder, 2025; Qazi et al., 2022).

This study aimed to: (1) explore the subjective experiences of adolescent *pesantren* students who were victims of bullying and experienced PTSD; (2) analyze the effects of PTSD on victims' academic performance and social functioning; and (3) identify the coping strategies used by victims in managing their traumatic experiences.

The findings of this study are expected to contribute theoretically to the literature on bullying, trauma, and academic performance in religious educational settings, as well as practically to the development of policies and programs aimed at preventing bullying and supporting victims in *pesantren*. For *pesantren* administrators, this study provides insights into the importance of establishing safe and confidential reporting mechanisms, implementing anti-bullying codes of conduct, and providing mental health training for dormitory caregivers. For healthcare professionals, this study highlights the need for routine mental health screening and integrated mental health services in collaboration with *pesantren* staff. For policymakers, this study emphasizes the importance of establishing child protection standards in religious educational institutions and ensuring adequate resources for mental health services.

METHOD

This study employed a qualitative approach using a phenomenological method to explore the participant's subjective experiences in depth and holistically (Creswell, 2014). The participant was a 14-year-old male junior high school student in his third year at an Islamic boarding school (*pesantren*) in Lamongan Regency, East Java. The participant was selected through purposive sampling based on the following inclusion criteria: (1) diagnosed with PTSD by a psychiatrist according to DSM-5 criteria; (2) experienced physical and/or verbal bullying for at least two years at the *pesantren*; (3) experienced a significant decline in academic performance during the bullying period; and (4) voluntarily agreed to participate and provided informed consent. The PTSD diagnosis was established by a psychiatrist at Muhammadiyah Hospital Lamongan through clinical interviews and assessment using the PTSD Checklist for DSM-5 (PCL-5).

Primary data were collected through three techniques. First, in-depth interviews were conducted in three sessions, each lasting 45–60 minutes. A semi-structured interview guide was used to explore PTSD symptoms, the impact of bullying on academic and social functioning, and coping strategies. Second, participant observations were conducted during mental health intervention sessions at Muhammadiyah Hospital Lamongan (three visits) and home visits (two visits). Third, supplementary questionnaires were administered, including demographic and bullying history questionnaires and the Indonesian version of the PTSD Checklist for DSM-5 (PCL-5) to support the assessment of PTSD symptoms (Weathers et al., 2013). Secondary data were obtained from medical records at Muhammadiyah Hospital Lamongan, family reports, and *pesantren* administrative reports. Data were analyzed using thematic analysis based on Braun and Clarke's (2006) approach, consisting of six stages: data familiarization, initial coding, theme development, theme review, theme definition and naming, and report writing.

Data credibility was ensured through source triangulation involving interviews, observations, and medical records; member checking through confirmation of interpretations with the participant and family; peer debriefing with fellow researchers; and prolonged engagement through three months of involvement in the data collection process. This study received ethical approval from the Research Ethics Committee of Muhammadiyah Lamongan Hospital (Number: 045/KE/RSML/2025). The participant and family provided informed consent after receiving information regarding the study objectives, procedures, risks, and benefits.

RESULTS AND DISCUSSION

Participant Characteristics and Bullying History

The participant, referred to by the initial R, was a 14-year-old female student in the third year of junior secondary school at an Islamic boarding school (*pesantren*) in Lamongan Regency, East Java, where she had lived for approximately three years. Prior to entering the *pesantren*, R had been a high-achieving student, ranking among the top five in elementary school. R experienced repeated physical and verbal bullying by senior students and classmates from her first through third year of junior secondary school. Physical bullying included being pushed, having her ears pulled, and being struck on the arm, while verbal bullying included mockery, insults, and threats. The bullying occurred almost daily, particularly in the dormitory

and during break time, and R never reported the incidents to *pesantren* staff for fear of more severe retaliation.

PTSD Symptoms

Based on in-depth interviews and confirmation using the PCL-5, R exhibited PTSD symptoms meeting all DSM-5 criteria, described as follows.

A. Intrusion Symptoms (Criterion B)

R experienced sudden flashbacks, particularly when encountering senior students or individuals physically resembling her perpetrators, accompanied by a racing heart, fear, and the urge to flee. She also experienced recurrent nightmares with threatening content, such as dreaming that someone wanted to kill her and hearing threatening phrases in her dreams, often waking in a cold sweat.

B. Avoidance (Criterion C)

R displayed extensive avoidance behavior, both physical and social. She avoided encountering senior students by taking alternative routes and sitting at the back corner of the classroom, and she avoided social interaction outside the *pesantren*, including refusing to leave the house and feeling ashamed to meet neighbors for fear of ridicule. R never reported the bullying she experienced, fearing more severe retaliation and worrying that she herself would be blamed.

C. Negative Alterations in Cognition and Mood (Criterion D)

R held persistent negative beliefs about herself, feeling stupid, weak, and worthless, and believing she deserved the bullying she experienced. Self-blame was also evident, as she believed she was simply too sensitive and thus became a target for ridicule. Her dominant negative affect was profound sadness experienced daily, without knowing when her suffering would end.

D. Alterations in Arousal and Reactivity (Criterion E)

R exhibited hypervigilance, with an exaggerated startle response to loud noises that caused heart palpitations, along with insomnia due to recurrent nightmares. Significant somatic symptoms were also reported, including trembling, feeling cold, chest tightness, and neck pain when encountering people other than family members.

Impact on Academic Achievement and Social Functioning

R reported a significant decline in concentration during learning, frequently daydreaming in class, being unable to focus, and being unable to retain material explained by her teachers. She also lost interest in studying, having once been an avid reader but now feeling lazy and unmotivated. This drastic decline in academic achievement was confirmed by her family, who noted that R, once ranked in the top five in elementary school, now frequently received failing grades.

R also showed a marked decline in social functioning. She frequently feigned illness to avoid social interaction at the *pesantren*, withdrew from her social environment both at the *pesantren* and at home by isolating herself in her room, and avoided socializing with neighbors. As a result, her friendships were disrupted, and her peers perceived her as arrogant for refusing to play with them, when in fact she was simply afraid.

Discussion

These findings show that R experienced PTSD with a broad spectrum of symptoms, consistent with Lipsky et al. (2023) regarding the relationship between repeated traumatic exposure and the development of PTSD. The intensity and duration of the bullying R experienced - almost daily for two years - constituted a primary risk factor for the disorder (Muslim, 2013). The uniqueness of this case lies in the *pesantren* context, where the victim found it difficult to avoid the perpetrators due to living in the same environment, resulting in continuous exposure to triggers that reactivated her trauma response - a phenomenon termed trauma recurrence, in which repeated exposure to traumatic stimuli reinforces memory traces and exacerbates symptoms (van der Kolk, 2014).

R's social avoidance represents a maladaptive coping strategy, though understandable as an attempt to reduce overwhelming anxiety (American Psychiatric Association, 2013). However, this avoidance reinforced a cycle of social isolation that contributed to worsening depression and anxiety accompanying her PTSD.

The findings also confirm that PTSD directly impairs the cognitive functions required for learning, particularly concentration and working memory, consistent with Wibawati and Indriwati (2019), who found that bullying victims experience concentration difficulties leading to declining academic achievement. In R's case, her decline from a high-achieving position to the bottom ranks reflects a highly significant impact, which the researchers term "academic degradation."

DeBellis and Zisk (2014) explain that chronic trauma exposure can disrupt the development of the limbic system and prefrontal cortex, which are responsible for emotional regulation, attention, and executive function - explaining why R struggled to concentrate and sustain attention over extended periods. Beyond cognitive impairment, R also lost motivation to learn because the *pesantren* environment, which should have been supportive, instead became a source of trauma. The resulting decline in self-efficacy is a further consequence of trauma (Prataval et al., 2023), consistent with Seligman's (1975) theory of learned helplessness.

These findings also reveal a phenomenon of silent resistance, in which R chose to remain silent and not report the bullying for fear of retaliation. The unequal power dynamics between seniors and juniors at the *pesantren* created conditions of learned helplessness. Fadilah et al. (2023) note that victims often blame themselves, further worsening their psychological condition - a phenomenon understood through the concept of a cycle of silence (Diani & Saragih, 2022), in which the hierarchical culture of religious educational institutions places victims in a vulnerable position, as the norm of "respecting seniors" becomes a barrier to speaking out.

Through the phenomenological approach, the researchers captured the essence of R's traumatic experience through three main themes. First, “the trapped body” - R described feeling trapped within her own uncontrollable body, which trembled, felt tight, and became paralyzed when facing situations reminiscent of her trauma, reflecting the somatic dissociation commonly experienced by trauma victims, in which the body stores traumatic memories that surface as physical symptoms (van der Kolk, 2014). Second, “the shrinking room” - R felt her world becoming increasingly narrow due to trauma; once a wide world full of friends and hopes, it had shrunk to only her room and darkness, as avoidance of social spaces confined her world to “safe” spaces - her bedroom and home - further reinforcing her isolation. Third, “lost hope” -

R lost faith in a better future, uncertain when her suffering would end and feeling it might persist indefinitely, a sense of hopelessness indicating the depressive comorbidity that often accompanies PTSD.

Research Limitations

This study has several limitations. First, it is an idiographic single-case study, limiting the generalizability of its findings. Second, data collection relied heavily on the participant's subjective self-report, which may be influenced by memory bias and social desirability bias. Third, the study did not quantitatively measure the severity of PTSD symptoms or the extent of academic decline, so the causal relationship between them cannot yet be firmly established. Further research involving a larger number of participants and employing a mixed quantitativequalitative approach is needed to strengthen these findings.

CONCLUSION

Repeated bullying within *pesantren* environments can contribute to PTSD and significantly affect adolescents' academic performance and social functioning. R's case demonstrated that PTSD was associated with decreased concentration, reduced learning motivation, and a substantial decline in academic performance, shifting from a high-achieving student to lower academic rankings. The participant experienced PTSD symptoms involving intrusion (flashbacks and nightmares), avoidance (of people and places associated with the trauma), negative alterations in cognition and mood (low self-worth and self-blame), and hyperarousal (hypervigilance, insomnia, and somatic symptoms), which collectively impaired daily functioning, including learning activities and social interactions. Furthermore, unequal power dynamics within the *pesantren*, where senior students held authority over junior students, contributed to the participant's decision to remain silent rather than report the bullying due to fear of retaliation, stigma, and disbelief. This situation reinforced a cycle of violence that further intensified psychological distress. Through a phenomenological perspective, R's traumatic experience was interpreted through three central themes: "a body trapped," "a shrinking room," and "lost hope." These themes reflected the profound impact of trauma on the participant's self-identity, emotional condition, academic functioning, and perception of the future.

Based on these findings, several recommendations can be proposed. *Pesantren* administrators should establish structured and sustainable bullying prevention and response systems, including clear anti-bullying policies, confidential reporting mechanisms, appropriate sanctions for perpetrators, and training programs for dormitory caregivers on adolescent mental health and trauma-informed approaches. Healthcare professionals should implement routine mental health screening for new students and those experiencing academic decline or behavioral changes, supported by collaboration among psychiatrists, psychologists, nurses, and *pesantren* staff to provide accessible and integrated mental health services. Future research should consider longitudinal designs with larger samples to further examine the development of PTSD among bullying victims in *pesantren* and evaluate the effectiveness of *pesantren*-based interventions in reducing trauma impacts and strengthening psychological resilience. In addition, policymakers should establish child protection standards for religious educational institutions, including *pesantren*, through collaboration between the Ministry of Religious Affairs and the Ministry of Education, Culture, Research, and Technology to develop national

guidelines for bullying prevention, trauma management, and mental health support services.

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