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Emotional Experiences of Female Nursing Students with a History of Body Shaming: A Phenomenological Study

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ABSTRACT

Body shaming experiences in young women can result in serious psychological consequences; however, in-depth exploration of nursing students' emotional experiences remains limited. This study aimed to explore the emotional experiences of female students who had experienced body shaming. A qualitative phenomenological approach was employed involving five active eighth-semester students at STIKes Maharani Malang selected through purposive sampling. Data were collected through in-depth interviews and analyzed using phenomenological thematic analysis. Four major themes emerged: Drizzle That Never Ceases (Cumulative Internalization of Suppressed Emotional Wounds), When the Shadow of the Body Becomes a Shackle (Shame-Induced Erosion of Self-Confidence), The Wound That Makes No Sound (Chronic Emotional Exhaustion from Cumulative Body Shaming), and When the Mirror Whispers "You Are Not Worthy" (Internalization of Negative Body Messages and Erosion of Self-Esteem). Body shaming exerts multidimensional effects on female students' mental health, highlighting the need for trauma-informed interventions and responsive counseling services in nursing education.

Pengalaman body shaming pada perempuan muda dapat mengakibatkan dampak psikologis yang serius; meskipun demikian, eksplorasi mendalam mengenai pengalaman emosional mahasiswi keperawatan masih sangat terbatas. Penelitian ini bertujuan untuk mengeksplorasi pengalaman emosional mahasiswi yang pernah mengalami body shaming. Penelitian ini menggunakan pendekatan kualitatif fenomenologi yang melibatkan lima mahasiswi aktif semester delapan di STIKes Maharani Malang, yang dipilih melalui teknik purposive sampling. Pengumpulan data dilakukan melalui wawancara mendalam dan dianalisis menggunakan analisis tematik fenomenologi. Empat tema utama yang ditemukan adalah: Gerimis yang Tak Pernah Reda (Internalisasi Kumulatif dari Luka Emosional yang Terpendam), Ketika Bayangan Tubuh Menjadi Belenggu (Terkikisnya Kepercayaan Diri akibat Rasa Malu), Luka yang Tak Bersuara (Kelelahan Emosional Kronis akibat Body Shaming yang Terakumulasi), dan Ketika Cermin Berbisik "Kamu Tidak Layak" (Internalisasi Pesan Negatif terhadap Tubuh dan Terkikisnya Harga Diri). Body shaming memberikan dampak multidimensional terhadap kesehatan mental mahasiswi, sehingga menggarisbawahi urgensi adanya intervensi berbasis informasi trauma (trauma-informed interventions) serta layanan konseling yang responsif dalam lingkungan pendidikan keperawatan.

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Introduction

Early adulthood (emerging adulthood), spanning approximately ages 18–25, represents a critical period in the development of personal identity and self-esteem (Arnett, 2024). During this phase, female students are not only expected to achieve academic success, but must also adapt to various social standards, including prevailing ideals of beauty and body shape. Positive self-esteem serves as a vital foundation for self-confidence and

psychological well-being (Orth & Robins, 2022). Yet this developmental process is frequently disrupted by negative interpersonal experiences, among which body shaming stands out defined as the act of making negative comments, mockery, or criticism directed at a person's physical appearance on the grounds that it does not conform to socially accepted standards (Crusius et al., 2022; Nurfitri et al., 2023). This phenomenon is considerably prevalent in educational settings. Research conducted in Nigeria has shown that body shaming and bullying are significantly associated with students' academic behavior and lower self-esteem (Opesemowo & Adegbuyi, 2025). In Indonesia, a study among female students at IAIN Surakarta revealed that 74.5% of 110 respondents had experienced body shaming (Putri & Lessy, 2022).

Although a number of previous studies have mapped the prevalence of and correlations between body shaming and anxiety (Andi et al., 2024), self-esteem (Azzahra, 2024; Liyanovitasari & Setyoningrum, 2022), and body image (Hastari et al., 2023), the predominantly quantitative approaches employed have been unable to deeply examine the subjective meanings behind victims' emotional experiences. This gap constitutes the novelty of the present study: a phenomenological exploration of the emotional experiences of female students who are victims of body shaming. The selection of nursing students as research subjects is grounded in interrelated considerations: first, developmentally, nursing students are in the emerging adulthood phase (18–25 years), a critical period for personal identity and self-esteem formation (Arnett, 2024; Orth & Robins, 2022); second, professionally, nursing education demands the development of clinical competence and therapeutic use of self, which depend on self-confidence and psychological stability (Fitzgerald & Clukey, 2022; Juanamasta et al., 2023); third, nursing students undergo clinical rotations where they internalize professional norms, including expectations regarding physical appearance, making weight stigma a potential barrier to professional identity formation and quality of care (Kerbyson & Clark, 2024; Siu et al., 2024; Vabo et al., 2022). Furthermore, within Indonesia's collectivistic cultural context, body shaming is perceived not merely as personal criticism but also as a threat to social acceptance and belonging (Achmad et al., 2023; Lim et al., 2022).

This study aims to explore in depth the emotional experiences of female students who have experienced body shaming. The method employed is a qualitative approach with a phenomenological design, which enables the researcher to capture the subjective meanings of events as experienced by participants in their daily lives (Creswell & Poth, 2018). The research question addressed is: "What are the emotional experiences of female students at STIKes Maharani Malang who have experienced body shaming?" By answering this question, the study is expected to make a theoretical contribution to the development of scholarship in developmental psychology and mental health nursing, while simultaneously providing an empirical basis for the formulation of more contextually responsive psychoeducational interventions. On a practical level, the findings of this study can serve as a reference for educational institutions in creating a campus environment that is more inclusive and responsive to the mental health needs of female students.

Research Methodology

This study employed a qualitative approach with a phenomenological design. The phenomenological approach was selected because it is oriented toward understanding and exploring the deep meanings embedded in participants' subjective lived experiences in confronting the phenomenon of body shaming (Creswell & Poth, 2018). Specifically, this study adopted a descriptive phenomenological approach grounded in Husserlian principles, which aims to capture the essential structures and pure meanings of lived experience as they present themselves to consciousness, free from theoretical preconceptions (Shorey & Molassiotis, 2022). This tradition was chosen over interpretive/hermeneutic phenomenology (Heideggerian) because the primary objective of the present study was to obtain an undistorted, essence-focused description of participants' emotional experiences not to interpret those experiences through a pre-existing theoretical lens. The application of bracketing through reflexive journaling is a hallmark methodological procedure of the Husserlian descriptive tradition, employed to suspend researcher preconceptions and allow the phenomenon to reveal itself as purely as possible (Hamill, 2010; Shorey & Molassiotis, 2022). Data analysis followed the steps of Creswell and Poth (2018) within this descriptive phenomenological framework: (1) bracketing; (2) horizonalization (identifying significant statements); (3) formulating meanings from those statements; (4) clustering meanings into themes; and (5) constructing an exhaustive description of the essential structure of the experience.

Researcher positionality was carefully considered throughout the study. The primary interviewer was a nursing student who had previously experienced body shaming. This personal experience provided sensitivity and familiarity with the phenomenon under investigation, facilitating rapport building and encouraging participants to discuss emotionally sensitive experiences more openly. However, the researchers recognized that such experiences could also introduce potential bias during data collection and interpretation.

To address this issue, bracketing (epoché) and reflexive journaling were employed throughout the study (Yip, 2024). Prior to each interview, the interviewer documented personal assumptions, emotional reactions, and prior experiences related to body shaming. Following each interview, reflective notes were recorded to identify and critically examine any personal interpretations that might influence the analysis. In addition, the interviewer did not hold any academic evaluative role or authority over the participants, thereby minimizing power imbalances and promoting open communication. These strategies were implemented to ensure that the findings reflected participants' lived experiences rather than the researcher's personal perspectives.

Member checking was conducted by returning the transcribed interview results to each participant within one week after the interview. Participants were asked to confirm the accuracy of their statements and to provide corrections if needed. All five participants confirmed that the transcripts accurately reflected their experiences. No significant changes were requested; only minor wording adjustments were made based on participant feedback.

The study involved five active female students at STIKes Maharani Malang, selected using purposive sampling (Lohr, 2019). The deliberate selection of eighth-semester students was methodologically grounded in the recognition that, by this stage of their academic program, participants had completed all phases of the nursing curriculum, including multiple clinical practice rotations across diverse healthcare settings. This trajectory means that eighth-semester students have had substantially greater and more varied opportunities to experience body shaming both in academic and clinical environments compared to students in earlier semesters, thereby offering richer and more reflective accounts of the phenomenon under investigation. Furthermore, as final-year students approaching professional entry, their capacity for critical self-reflection regarding accumulated experiences is considered developmentally more advanced (Goundar, 2025). This rationale aligns with purposive sampling logic, which prioritizes the selection of participants who can most meaningfully illuminate the phenomenon of interest (Creswell & Poth, 2018). Inclusion criteria were: (1) active enrollment at STIKes Maharani Malang; (2) age between 18 and 25 years (the early adulthood phase); (3) prior experience of body shaming, whether in person or through social media or other social environments; and (4) willingness to participate, as evidenced by signing an informed consent form. The exclusion criterion was a diagnosed mental health disorder. Recruitment was carried out through an initial screening in class groups, followed by personal outreach to ensure alignment between each participant's experience and the phenomenon under study. The research was conducted between March and April 2026 at STIKes Maharani Malang, with interviews held in person at each participant's boarding house to ensure comfort and privacy. To ensure data trustworthiness, this study applied source triangulation by comparing information obtained from in-depth interviews with field notes documenting non-verbal responses (e.g., facial expressions, intonation, body language). Method triangulation was implemented through the use of two complementary data collection techniques: semi-structured interviews and reflexive journaling by the researcher. This combination allowed cross-verification of emerging themes and reduced the risk of bias from a single data source.

Data saturation was achieved after the fourth participant was interviewed. The researcher conducted interim analysis after each interview by transcribing the recording, reading the transcript repeatedly, and identifying emerging codes and themes. After completing the analysis of the fourth participant's interview, no new codes or themes were identified compared to the previous three participants. The fifth participant was then interviewed to confirm saturation; as expected, no additional significant statements or new themes emerged. Therefore, the sample size of five participants was considered sufficient to capture the essence of the emotional experiences of female students with a history of body shaming.

Data were collected using semi-structured in-depth interviews lasting 45–60 minutes per participant. Prior to each interview, the researcher built rapport through light conversation to establish a safe and comfortable atmosphere. All interviews were recorded using a voice recorder and transcribed verbatim, supplemented by field notes documenting non-verbal responses such as facial expressions, vocal intonation, and body language. The following open-ended questions were used to guide the semi-structured interviews: *"Can you tell me about a specific moment when someone made a negative comment about your body? How did you feel at that time?" "What do you usually do when you feel sad or embarrassed because of comments about your appearance?"* and *"How has your experience of body shaming affected the way you see yourself as a nursing student?"*

Given the sensitive nature of body shaming and self-harm, a distress protocol was implemented to protect participants' psychological well-being. If a participant showed signs of emotional distress (e.g., crying, trembling voice, prolonged silence), the interview was paused immediately. The researcher offered emotional support, ensured the participant felt safe, and asked whether they wished to continue, stop, or reschedule the interview. All participants were also provided with the contact information of a university counselor for follow-up support if needed. No participant required termination of the interview or referral to counseling services. Data analysis followed the phenomenological steps outlined by Creswell and Poth (2018): (1) bracketing (suspension of assumptions); (2) repeated reading of transcripts; (3) identification of significant statements; (4) formulating meanings and clustering themes; and (5) articulating the essence of the experience. Data trustworthiness was maintained through source and method triangulation, member checking, and an audit trail (Creswell & Poth, 2018). To enhance transparency and rigor, an audit trail was maintained throughout the analytical process. Following transcription, each interview was read repeatedly to obtain a holistic understanding of the participant's lived experience. Significant statements directly related to emotional responses toward body shaming were highlighted and extracted. These statements were then transformed into formulated meanings that captured the underlying psychological significance of the participants' narratives. Similar meanings were grouped into clusters, which were subsequently synthesized into subthemes and overarching themes representing the essence of the phenomenon. Table 1 presents an example of the analytical process used in this study.

Table 1.
Example of Phenomenological Data Analysis Process.

Raw Transcript	Significant Statement	Formulated Meaning	Meaning Cluster	Theme
"I was so hurt. At the time I really felt sad and embarrassed too, especially because I was called 'buto' [a derogatory Javanese term for 'giant'] in front of my friends. I kept thinking about it at home, and I became afraid to go to school again... I even ended up not going to school for 2 days because I was scared of being bullied again" (P3)	Hurt and embarrassed after being mocked publicly	Public body shaming evokes deep emotional pain and humiliation	Emotional wounds caused by repeated ridicule	Drizzle That Never Ceases (Cumulative Internalization of Suppressed Emotional Wounds)
"... I usually just keep quiet. Even though it hurts inside, I never show it to anyone. I prefer to keep it to myself because I'm not comfortable sharing with others" (P2)	Choosing silence despite emotional pain	Emotional distress is suppressed rather than expressed	Emotional suppression	Drizzle That Never Ceases (Cumulative Internalization of Suppressed Emotional Wounds)
"I've become less confident than before. Now, when I want to meet people or	Fear of social judgment	Body shaming diminishes	Erosion of self-confidence	When the Shadow of the Body Becomes a Shackle

Raw Transcript	Significant Statement	Formulated Meaning	Meaning Cluster	Theme
perform, I think a lot first. I'm afraid of being judged negatively or compared to others. So I often feel doubtful about myself (P1)		confidence in social situations		(Shame-Induced Erosion of Self-Confidence)
I feel exhausted mentally. Because every day it feels like there's always something to think about regarding it. Even when the person doesn't say anything directly, I keep thinking about it on my own, and that makes me tired. Sometimes I want to stop thinking, but I can't" (P5)	Persistent emotional exhaustion	Repeated body shaming creates chronic psychological fatigue	Emotional exhaustion	The Wound That Makes No Sound (Chronic Emotional Exhaustion from Cumulative Body Shaming)
"I often compare myself to other people. Like seeing friends who I think are more in line with the standard, and then I feel like I'm far below them. From there I start feeling inferior before anyone else has even said anything. Over time that makes me feel like I'm nothing" (P5)	Feeling inferior to others	Negative body messages become internalized as self-worth judgments	Internalized negative self-perception	When the Mirror Whispers 'You Are Not Worthy' (Internalization of Negative Body Messages and Erosion of Self-Esteem)

For example, the final theme "Drizzle That Never Ceases" emerged from multiple significant statements describing recurrent emotional pain, silence, and the accumulation of unresolved hurt. These statements were clustered into meanings related to emotional suppression, persistent sadness, and recurring psychological wounds, which together reflected the essence of cumulative emotional suffering associated with body shaming experiences.

This study received ethical clearance from the Health Research Ethics Committee of Universitas Noor Huda Mustofa (Reference Number: 3167/KEPK/UNIV-NHM/EC/III/2026).

Results

Participant Characteristics

The study involved five active female students at STIKes Maharani Malang. All participants were between 21 and 22 years of age and were in their eighth semester of study. The characteristics of the five participants are presented below:

Table 2.
Participant Characteristics.

Code	Age	Education	History of Body Shaming
P1	22 years	8th-semester student	Since junior high school, negative comments related to weight
P2	22 years	8th-semester student	Since junior high school, from friends and family
P3	21 years	8th-semester student	Since elementary school, from peer environment
P4	22 years	8th-semester student	Since junior high school, jokes about body shape
P5	22 years	8th-semester student	Since junior high school, intense, including self-harm

Based on the phenomenological data analysis of in-depth interviews with all five participants, four major themes were identified that describe the emotional experiences of female students who had experienced body shaming. These four themes are: (1) Drizzle That Never Ceases (Cumulative Internalization of Suppressed Emotional Wounds); (2) When the Shadow of the Body Becomes a Shackle (Shame-Induced Erosion of Self-Confidence); (3) The Wound That Makes No Sound (Chronic Emotional Exhaustion from Cumulative Body Shaming); and (4) When the Mirror Whispers 'You Are Not Worthy' (Internalization of Negative Body Messages and Erosion of Self-Esteem).

Theme 1: Drizzle That Never Ceases (Cumulative Internalization of Suppressed Emotional Wounds)

This theme describes how body shaming experiences give rise to deep emotional wounds that are cumulative yet tend not to be expressed openly. Like drizzle that falls ceaselessly, repeated negative comments slowly seep into the inner self, leaving invisible wounds that are nonetheless felt at all times.

The Blade Embedded with Every Taunt

All participants conveyed that every taunt they received though frequently dismissed by those around them as mere "jokes" left behind a sharp, lingering pain embedded in the heart.

> *"... My father said 'it's okay, it's just words,' but my heart really hurt when they said 'why are you getting fatter?' I kept thinking about it"* (Participant 1).

> *"... I started to feel hurt... insecure... sad... I kept it all to myself... emotionally drained"* (Participant 2).

Two participants recounted an even more painful experience because it occurred in public:

"I was so hurt. At the time I really felt sad and embarrassed too, especially because I was called 'buto' [a derogatory Javanese term for 'giant'] in front of my friends. I kept thinking about it at home, and I became afraid to go to school again... I even ended up not going to school for 2 days because I was scared of being bullied again" (Participant 3).

"I was so hurt... more like sad and embarrassed, especially when it happened in front of other people. It felt like I was being publicly humiliated... I also kept thinking about it after the incident, like it kept replaying in my mind" (Participant 4).

Another participant described how the hurt was compounded by an inability to stand up for herself:

"I was so sad, honestly. Hurt too. But I'm the kind of person who doesn't want to cause trouble, so I never had the courage to respond. I just stayed silent and held everything in by myself. Over time it built up... sometimes I also think, 'am I really that bad that everyone talks about me?'" (Participant 5).

Tears Swallowed Back into the Heart

Participants demonstrated a tendency to swallow their tears to not express their emotions openly. As one participant explained:

"... I usually just keep quiet. Even though it hurts inside, I never show it to anyone. I prefer to keep it to myself because I'm not comfortable sharing with others" (Participant 2).

Another participant revealed that the inability to fight back reinforced her silence:

"... And I never fought back, because I was scared there were so many of them doing it. So I preferred to just stay silent" (Participant 3).

"I was so sad, honestly. Hurt too. But I'm the kind of person who doesn't want to cause trouble, so I never had the courage to respond. I just stayed silent and held everything in by myself. Over time it built up" (Participant 5).

The Same Drizzle, Wounds That Grow Ever Wider

Body shaming experiences that recurred repeatedly caused emotional wounds to grow progressively wider. Participant 2 shared:

"At first I thought it was normal, but the negative comments about my body kept being repeated, so it kept hurting more. It's like every time I hear it, the pain feels the same. So I feel like this is no longer a small thing it's become a burden that I carry with me all the time" (Participant 2).

"Sometimes I've already tried not to care about what happened before, but when I hear the same words again, I'm immediately reminded of the earlier incident. It's like the wound is reopened and that makes me think about it even more" (Participant 3).

Another participant described how the frequency of incidents caused the wounds to accumulate:

"Because it happened so often, it didn't feel like just a one-time thing that was over. Each incident felt like it added another wound on top. So after a while I felt exhausted on my own because I kept having to feel the same thing over and over. Sometimes I also became afraid that it would happen again" (Participant 5).

Curling Alone in the Quiet of the Night

Participants tended to express their emotions privately, choosing to withdraw into solitude as though curling up alone in the stillness of night. As Participant 1 explained:

> *"I'm more comfortable experiencing everything on my own. When I'm sad I distance myself from people I don't want anyone to see. Because in front of others I have to hold it in, which is even more exhausting. Alone, I can freely cry or think without being afraid of being judged"* (Participant 4).

> *"When I'm sad, I usually prefer to be alone first. I'm not comfortable showing it to other people, so I find time alone to calm myself down. Sometimes I just stay quiet, thinking to myself, until the feeling subsides a little"* (Participant 1).

Theme 2: When the Shadow of the Body Becomes a Shackle (Shame-Induced Erosion of Self-Confidence)

This theme describes how the body which should simply be a part of the self comes to feel like a shackle (a prison), and how the resulting shame gradually topples the crown of the self (self-confidence).

Thrust onto a Stage Never Invited

Participants felt the intensity of their emotional responses heightened sharply when taunts were delivered in front of others, as though they had been thrust onto a stage they had never been invited to enter. Participant 2 recounted an experience during group work:

> *"... and then during group work with the same guy again, I was lying down while working on it and he suddenly said something in front of a lot of people 'oh, a beached whale this is.' I was like hmmm (expression of irritation and hurt) but I just stayed quiet, I let it go, though inside I said 'just you wait'"* (Participant 2).

Another participant experienced something even more extreme:

> *"I didn't know at first that chocolate had been stuck on the back of my shirt, but everyone was laughing. When I realized it, I was immediately so ashamed and started crying. It felt like I had been humiliated in front of a lot of people"* (Participant 3).

> *"...More like sad and embarrassed, every time I walked past them they would say 'watch out, a fat kid's coming through' especially when it happened in front of other people. It felt like being humiliated"* (Participant 4).
> *"... Like every time I arrived there was always someone saying, 'hey, the elephant's sitting down' or they'd laugh. They said it as a joke, but for me it wasn't funny at all"* (Participant 5).

Courage Falling Away, Slowly Like Autumn Leaves

Prolonged shame had the effect of gradually eroding courage, like leaves falling in autumn. Participants described:

> *"... I've become less confident than before. Now, when I want to meet people or perform, I think a lot first. I'm afraid of being judged negatively or compared to others. So I often feel doubtful about myself"* (Participant 1).

> *"Yes, I became very self-conscious. Especially when I was somewhere with a lot of people like when I went to that café I felt like everyone was looking at me, even though they weren't necessarily looking at me, but*

that's what I felt. From then on I didn't dare to put myself out there, because I no longer felt confident in myself" (Participant 3).

Fine Thorns Scratching Every Step

Participants became more sensitive to social attention, as though every step they took was accompanied by fine thorns that scratched the skin. As one participant described:

"When someone looks at me, I immediately feel like I'm being noticed in a negative way. It feels like they're judging me from head to toe. Even though I know it might just be my own feelings, it's still hard to make go away. In the end I feel uncomfortable being in places with a lot of people" (Participant 2).

"... I feel like everyone is looking in my direction. Even though they're not necessarily talking about me, I feel like they are. So whenever anyone looks even a little bit, I immediately feel uncomfortable" (Participant 3).

Theme 3: The Wound That Makes No Sound (Chronic Emotional Exhaustion from Cumulative Body Shaming)

This theme describes an emotional exhaustion that is not physically visible like a wound that makes no sound so that no one is aware when the soul is depleted.

An Ocean of Exhaustion Crashing Without Pause

Mental fatigue emerged as the accumulation of repeated experiences, like ocean waves that crash endlessly without pause. Participants stated:

"What I feel most is exhaustion mental exhaustion. Because something like that happened not just once, but repeatedly. So every time something happened, it felt like another weight added to my mind. After a while I felt exhausted on my own because I kept having to think about it" (Participant 2).

"I feel exhausted on my own having to keep facing the same thing. It's like every incident leaves behind a weight that doesn't just disappear. So even after it's passed, I'm still thinking about it, and that makes me mentally drained. Sometimes I find I have no energy to do anything" (Participant 3).

"I feel exhausted mentally. Because every day it feels like there's always something to think about regarding it. Even when the person doesn't say anything directly, I keep thinking about it on my own, and that makes me tired. Sometimes I want to stop thinking, but I can't" (Participant 5).

A Growing Stack of Stones on the Shoulders

Unexpressed negative emotions accumulated like stones piling ever higher on the shoulders. As one participant described:

"... Everything I feel, I store on my own. So over time it builds up and makes me feel heavier and heavier. Sometimes a small thing can make me overthink because everything from before has already been carried along with it" (Participant 2).

"For me it's more like feeling exhausted always being called 'fat' like that, as if I can't be free to show myself to people. Then wanting to do anything at all becomes scary in case I get another nasty comment, so I can't do anything... if I want to go anywhere I have to think about how I look so I don't get comments it's so exhausting, honestly" (Participant 4).

Entangled in a Forest of Stares

The social environment was perceived as a source of pressure, as though participants were left to stand helpless amidst a forest of watching eyes. One participant shared:

> *"I feel tired having to be in an environment where people are constantly commenting on my body. Because then I have to be careful about what I do or how I look. Over time that makes me exhausted on my own because I can't be fully myself"* (Participant 2).

Theme 4: When the Mirror Whispers 'You Are Not Worthy' (Internalization of Negative Body Messages and Erosion of Self-Esteem)

This theme describes how individuals begin to hear a whisper from the mirror of their inner self telling them they are not worthy causing the light of self-esteem to slowly fade.

A Silent Tremor That Reaches the Ribs

Feelings of insecurity deepened like a silent tremor spreading all the way to the ribs. Participants expressed:

> *"I became very insecure about myself. Maybe before I was still okay, but after being commented on so often, I started to feel like there was something wrong with me. When I see other people I compare myself, and that makes me even more uncomfortable with myself"* (Participant 2).

> *"Even now I still don't have confidence because... every time I meet someone there's always a comment about my body, like I'm just so exhausted being constantly on the receiving end of bad remarks. It's like I think 'why is this always happening to me' so when I want to meet a lot of people I think twice because I'm so insecure, especially when I see friends whose bodies look good"* (Participant 3).

Trapped in Someone Else's Portrait of Life

Participants tended to compare themselves with others, as though trapped inside a portrait of someone else's life that they had never painted themselves. As one participant stated:

> *"I very often compare myself to other people. Especially when I see friends who are slimmer or more attractive. From there I feel like I'm different set apart and that makes me even less confident"* (Participant 4).
> *"I often compare myself to other people. Like seeing friends who I think are more in line with the standard, and then I feel like I'm far below them. From there I start feeling inferior before anyone else has even said anything. Over time that makes me feel like I'm nothing"* (Participant 5).

Standing Outside the Gate, Murmuring 'I Am Not Worthy to Enter'

The feeling of being unworthy left participants as though standing outside a gate, not daring to enter because they felt they did not deserve to. As they expressed:

> *"I often feel like I'm not good enough for anyone. Even if everyone tells me I'm pretty, I still feel I'm not good enough for anyone. So in the end I feel exhausted on my own, because it feels like I never reach that point of being 'worthy'"* (Participant 2).

> *"Sometimes I feel I don't deserve to be accepted in that environment. Like I'm set apart different and that makes me feel unworthy of being there. So I prefer to stay quiet rather than having to feel unwelcome"* (Participant 3).

Such are the findings emerging from the in-depth interviews with all five participants. The four themes above together provide a comprehensive portrait of the emotional experiences of female students who have experienced body shaming from wounds suppressed in silence and shame that destroys self-confidence, to invisible emotional exhaustion and a sense of worthlessness that slowly dims the light of self-esteem.

Discussions

Drizzle That Never Ceases (Cumulative Internalization of Suppressed Emotional Wounds)

The findings under the first theme reveal a rich and detailed portrayal of how body shaming experiences leave emotional wounds that are cumulative yet concealed. All participants consistently described an intense heartache arising from negative comments about their bodies whether originating from peers, family members, or the broader social environment. What is most notable in this theme is not merely the fact of the pain itself, but the strong tendency to suppress and internalize that emotion without voicing it to others. Nearly all participants chose silence not because they felt no pain, but because they felt they had no safe space in which to speak their suffering.

This finding can be understood through the framework of emotion regulation theory developed by Gross and John, which distinguishes two primary emotion regulation strategies: adaptive cognitive reappraisal and maladaptive expressive suppression. Expressive suppression occurs when an individual inhibits an already-activated emotional response, so that outward expression no longer reflects the true internal experience. Literature on emotion regulation consistently demonstrates that this strategy, while appearing socially effective in the short term, significantly worsens psychological well-being in the long term, as the intensity of internal emotion is not reduced and may in fact increase (Zhang et al., 2024). Participants in this study exhibited a pattern highly consistent with this phenomenon: they "stayed quiet" and "held everything in," yet the emotional wounds continued to be felt and even accumulated over time.

This tendency toward emotional suppression was reinforced by systemic social and cultural factors. Within the Indonesian cultural context, social norms that prize refinement and self-control as core virtues particularly for women indirectly penalize open emotional expression (Achmad et al., 2023). The deeply embedded shame culture (shame culture) in Indonesian society renders the disclosure of personal suffering especially that relating to mockery about physical appearance something that risks further self-humiliation. This creates a psychologically paralyzing paradox: participants felt humiliated by the body shaming itself, yet also felt that expressing that pain would only deepen their shame. Consequently, suffering was compounded in silence.

The dynamic of "tears swallowed back" found in this study aligns with the findings of Schlüter et al (2023), who affirm that body shaming though often carried out without intent to harm nonetheless produces significant psychological distress in its victims. Furthermore, the qualitative research of Yadav et al (2023), on young adults found that appearance teasing consistently generated emotional responses that were concealed behind a façade of social composure, particularly among individuals who were anxious about interpersonal conflict. This pattern is highly relevant to the experiences of participants who admitted they never fought back not because they failed to perceive injustice, but because they feared worse social consequences. Novitasari and Hamid (2021), also found that the majority of Indonesian adolescents who experienced body shaming employed emotion-focused coping strategies, including emotional suppression, such that negative psychological effects continued without adequate processing.

Also prominent in this theme is the cumulative nature of wounds resulting from repetition. Repeated experiences do not merely add pain in linear fashion; they alter the manner in which an individual responds to new, similar incidents. Each new comment reactivates memories and emotions from earlier incidents, so that wounds that appeared to be healing are reopened and more widely so. Cerolini et al (2024), found that the repetition of body shaming over time plays an important role in building and exacerbating the internalization of negative body-related messages, and that the frequency of incidents not merely their severity is a significant predictor of long-term psychological impact. This finding makes an important contribution to clinical understanding: assessments

of body shaming victims need to consider not only the intensity of any single incident, but also the chronicity and cumulativeness of the experience. The practical implication of this theme for nursing practice is the need to develop interventions grounded in emotional awareness and safe expression skills, given that patterns of emotional suppression formed early in life can become entry points to more serious mental health problems in later years.

When the Shadow of the Body Becomes a Shackle (Shame-Induced Erosion of Self-Confidence)

The second theme reveals the social dimension of body shaming's impact: how shame triggered by negative comments particularly those delivered in public spaces gradually erodes self-confidence and produces deep-rooted social anxiety. Participants did not merely experience shame at the moment of the incident; they developed patterns of hypersensitivity to social attention that persisted long afterward. They began to interpret every glance from others as a negative evaluation of their bodies, even in situations wholly unrelated to physical appearance.

The most theoretically relevant framework for understanding these findings is objectification theory, developed by Fredrickson and Roberts (1997). This theory posits that women in societies that objectify the female body gradually learn to adopt an outsider's perspective toward their own bodies a process known as self-objectification. Once self-objectification takes hold, women begin to engage in habitual body surveillance: continuously monitoring their appearance as though viewed through the eyes of an external observer. This monitoring process creates a state of perpetual psychological vigilance, which in turn produces body shame, appearance anxiety, and a reduced capacity to be fully present in daily activities. The present study reinforces the relevance of this theory in the context of body shaming victims' experiences, as taunts from others explicitly reinforced an external perspective on the body that participants then internalized.

Saunders et al (2024), in their comprehensive meta-analysis, confirmed that the relationship between self-objectification, body shame, and body dissatisfaction is consistent and moderate across various age groups, genders, and cultural backgrounds. More importantly, this meta-analysis found that body shame functions as a powerful mediator between external objectification experiences and a range of mental health conditions, including depression, eating disorders, and social anxiety. In the context of this study, the taunts participants received especially those occurring in front of large numbers of people constitute explicit forms of objectification that directly reinforced the formation of self-objectification and body surveillance. The fact that several participants developed reluctance to enter crowded spaces such as cafés or campus environments that had previously been sites of mockery represents a concrete manifestation of how excessive body surveillance impedes normal social participation.

This phenomenon can also be explained through the lens of Festinger's social comparison theory, which holds that human beings have an innate tendency to evaluate themselves by comparing themselves with others. In the context of body shaming, the taunts received function as external reinforcement that actively drives participants toward upward social comparison comparing themselves to individuals perceived as having more "ideal" bodies. Research conducted within this theoretical framework consistently finds that upward comparison in the domain of physical appearance is negatively associated with body satisfaction and self-esteem (Cerolini et al., 2024). In participants' experiences, this pattern was clearly evident: following body shaming, they began actively comparing themselves with friends deemed more attractive, and these comparisons consistently produced negative self-evaluations.

Findings regarding the impact of public body shaming are also confirmed by Arumugam et al (2022), who found that body shaming experienced in front of others generates feelings of public humiliation far more intense than those arising from private taunting, and that this intensity of shame significantly contributes to diminished self-confidence and heightened social avoidance. A comparable finding was reported by Syafira et al (2022), in a communication study of Indonesian women who were victims of body shaming, which found that exposure to mockery in broad social spaces resulted in the formation of reluctance to express oneself and to participate in activities involving appearance-based judgment. What distinguishes the present study's findings is that this

impact extends beyond mere reluctance to show oneself physically it broadens into a tendency to interpret even ordinary social interactions such as when someone glances in their direction as threats to self-image. This demonstrates that body shaming, when it occurs repeatedly and in public spaces, does not merely wound one's confidence about appearance; it damages one's overall sense of social safety.

The implications of these findings for nursing education are significant. Students whose self-confidence has been eroded by body shaming are at risk of impairment in the development of their professional identity. The capacity to interact confidently in clinical settings, to communicate therapeutically with patients, and to perform competently within healthcare teams are core competencies in nursing that directly depend on a strong foundation of self-confidence. Thus, the impact of body shaming on nursing students extends beyond the personal dimension and has the potential to affect the quality of their professional practice in the future.

The Wound That Makes No Sound (Chronic Emotional Exhaustion from Cumulative Body Shaming)

The third theme reveals the dimension of psychological fatigue that constitutes a medium-term consequence of the accumulation of repeated body shaming experiences. Participants described a state of chronic mental depletion that did not arise solely at the moment incidents occurred, but persisted and even intensified as the number of emotionally unresolved experiences grew. This exhaustion was invisible from the outside: participants continued to function socially and academically, yet internally they bore a burden that kept growing heavier.

Theoretically, this phenomenon can be understood through the concept of emotional exhaustion, which is a core component of psychological burnout. Although burnout is generally associated with occupational contexts, a number of recent studies have applied it to social and academic life, particularly when individuals must continuously manage emotional pressures that exceed their coping capacity. Research on rumination and emotional exhaustion in young adult women found that rumination the tendency to repeatedly revisit negative experiences directly increases mental fatigue and reduces perceived coping efficacy, leaving individuals feeling increasingly powerless in the face of subsequent stressors (Yin et al., 2023). This pattern of rumination is clearly visible in participants' narratives, which explicitly describe how thoughts about painful incidents kept being "replayed" in their minds even after those incidents had ended.

The relationship between emotional suppression and rumination constitutes an important psychological mechanism to understand. When individuals suppress the expression of their emotions (as found in the first theme), those unexpressed emotions do not disappear; rather, they transform into ruminating thoughts obsessive thoughts that cycle without resolution (Zhang et al., 2024). The first and third themes are therefore internally connected within a mutually reinforcing cycle: suppressing emotions produces rumination, rumination produces emotional exhaustion, and emotional exhaustion further weakens the individual's capacity to express emotions in a healthy way. This cycle, if left unaddressed, can continue indefinitely and progressively erode psychological well-being.

These findings align with Novitasari and Hamid (2021), who found that Indonesian adolescent victims of body shaming exhibited low self-efficacy levels one of the key predictors of limited coping capacity. Low self-efficacy in managing the psychological impact of body shaming contributes to an inability to escape the cycle of rumination, allowing emotional exhaustion to continue accumulating. Cerolini et al (2024), also affirmed that in the context of school-based body shaming, the accumulation of psychological pressure from repeated incidents contributes significantly to symptoms of fatigue and concentration difficulties in adolescents and young adults consistent with the present study's findings.

What distinguishes the findings of this study from most previous research is the highly detailed portrayal of how this emotional exhaustion manifests functionally in daily life. Participants did not merely feel tired in an abstract sense; the exhaustion manifested as a loss of motivation to engage in activities, a fear of entering social environments that had previously been sites of body shaming, and a feeling of having no energy to "be themselves" in the presence of others. This condition describes what might be termed chronic vigilance a

persistent state of alertness to the possibility of a recurrence of humiliating experiences which is an adaptive response understandable in the short term, but one that proves profoundly draining of psychological resources in the long run. From the perspective of objectification theory (Fredrickson & Roberts, 1997), this constant vigilance represents an extension of body surveillance that does not remain focused on appearance alone, but expands into the continuous monitoring of the social environment in anticipation of threats to body image.

The fact that participants experienced exhaustion invisible to those around them carries important clinical implications. In health services and counseling within educational settings, professionals tend to rely on observable behavioral indicators such as declining academic performance, absenteeism, or visible expressions of sadness as signs that a person requires assistance. Yet students like those who participated in this study may appear to function normally outwardly, while internally experiencing significant exhaustion. Therefore, mental health screening instruments in nursing education institutions need to be developed to capture the dimensions of emotional exhaustion and rumination that are not always visible in observable behavior.

When the Mirror Whispers 'You Are Not Worthy' (Internalization of Negative Body Messages and Erosion of Self-Esteem)

The fourth theme describes the deepest and most enduring impact of body shaming experiences: the erosion of self-esteem that occurs gradually yet becomes psychologically entrenched. Participants developed a negative internal narrative about themselves an "inner voice" that persistently whispered they were not good enough, not worthy, and not deserving of acceptance within their social environment. More than mere dissatisfaction with physical appearance, this sense of unworthiness had expanded into a general conclusion about their own worth as human beings. Even when receiving positive feedback from others, the internalization of these negative messages rendered participants unable to receive such validation as truth about themselves.

Theoretically, the erosion of self-esteem described by participants can be understood through two primary frameworks. The first is Rosenberg's concept of self-esteem, which he defined as an individual's overall appraisal of their own worth. Rosenberg emphasized that self-esteem is not formed in a vacuum, but is continuously shaped and reshaped through social interaction particularly through messages received from the social environment about one's value. When the messages repeatedly received are negative as experienced by participants in the form of mockery about their weight and body shape self-esteem undergoes a progressively deepening erosion. Faisyah et al (2025), investigating the effect of body shaming on student self-esteem, found that increased exposure to body shaming correlates significantly and negatively with self-esteem scores, and that the underlying mechanism involves the internalization of these critical messages as beliefs about self-worth.

The second relevant framework is objectification theory (Fredrickson & Roberts, 1997), which explains how habitual body surveillance developed in response to external objectification can produce body-related shame that corrodes self-esteem. When women continuously monitor their bodies through an outsider's perspective and find that their bodies fail to meet the social standards they have internalized, the resulting shame extends beyond appearance to encompass the totality of the self's existence. Matos et al (2022), demonstrated that self-criticism and body shame operate jointly and in a mutually reinforcing fashion to produce persistent body image disturbance, and that individuals with a history of repeated physical criticism from an early age tend to develop automatic patterns of self-criticism that are difficult to alter without deliberate therapeutic intervention.

Participants' tendency toward extensive social comparison constitutes a finding highly consistent with the existing literature. Syeda et al (2023), found that body shaming significantly predicts an increase in the tendency toward upward social comparison in the domain of appearance, and that this comparison functions as a mediator between body shaming experiences and self-esteem decline. Their findings, employing quantitative methodology, are confirmed and enriched by the present qualitative study, which provides a textured account of how the social comparison process unfolds concretely in participants' daily lives: noticing "friends whose bodies look good," feeling "far below them," and ultimately "feeling inferior before anyone else even says anything." This process illustrates the full internalization of external beauty standards into an internal judge that never stops passing sentence.

What is most scientifically compelling in these findings is the resistance to positive reassurance described by one participant. The condition in which an individual is unable to receive positive appraisals as truth about themselves even when others explicitly offer praise is a hallmark of what is known in clinical psychology as internalized body shame. Saunders et al (2024), affirm that the internalization of body shame constitutes a stronger risk factor for various mental health disorders than mere external stigma experience itself, because once shame has been internalized, it becomes part of the cognitive structure of the self and no longer depends on external stimuli to continue operating. These findings also align with what has been reported in research on nursing students in other contexts, where internalized body shame has been associated with impairment in the development of clinical self-confidence and professional identity. Thus, the erosion of self-esteem in nursing students who experience body shaming is not only personal in its impact, but has the potential to disrupt the formation of the professional competencies for which self-confidence serves as a foundation.

The erosion of self-esteem among nursing students who experience body shaming has direct consequences for their clinical competency and professional development. Students who internalize negative messages about their bodies often lack the confidence to perform clinical skills under supervision. They may hesitate to initiate therapeutic communication, avoid interacting with patients, or fear being judged by clinical instructors and peers (Nurhaeni et al., 2025). Furthermore, the concept of *therapeutic use of self*, the ability to intentionally use one's personality, experiences, and emotions to build a healing relationship with patients requires a stable foundation of self-worth. When self-esteem is shattered, students may appear withdrawn, inauthentic, or overly self-critical during patient interactions. This not only compromises the quality of nursing care they provide but also hinders their professional identity formation as future nurses. Therefore, addressing body shaming and its psychological consequences is not merely a personal welfare issue but a professional necessity in nursing education.

An additional aspect that deserves consideration is the interaction between body image and the formation of professional nursing identity. Nursing students do not develop their professional identities in isolation; rather, they are socialized within educational and clinical environments that often communicate implicit expectations regarding professionalism, appearance, and physical presentation. Although nursing competence is fundamentally determined by knowledge, skills, and professional attitudes, participants' narratives suggest that body shaming experiences may lead them to perceive their bodies as incompatible with the image of an ideal healthcare professional.

This perception creates a tension during the transition from student to nurse. Students who internalize negative evaluations about their bodies may question not only their physical appearance but also their professional legitimacy and competence. Consequently, body image dissatisfaction can interfere with professional identity formation by reducing confidence during clinical interactions, limiting participation in patient care activities, and increasing fear of negative evaluation from clinical instructors, colleagues, and patients (Vabo et al., 2022; Fitzgerald & Clukey, 2022). Previous evidence suggests that the development of professional identity among nursing students is strongly influenced by self-confidence, perceived competence, and experiences within the learning environment (Juanamasta et al., 2023). Therefore, body shaming may become a hidden barrier that disrupts the transition from student to healthcare professional by weakening both self-concept and professional identity.

The Indonesian cultural context may provide a distinctive emotional dimension that differentiates these findings from studies conducted in many Western settings. Indonesia is generally characterized as a collectivistic society in which social harmony, interpersonal acceptance, and sensitivity to social evaluation are highly valued (Lim et al., 2022). Within such contexts, body shaming may not only be perceived as criticism of physical appearance but also as a threat to social belonging and acceptance within one's peer group.

Furthermore, the concept of shame in many Asian societies is closely connected to maintaining social relationships and avoiding behaviors that may attract negative social judgment (Liu et al., 2023). Consequently, participants' emotional responses frequently extended beyond dissatisfaction with appearance and evolved into fears of social evaluation, social withdrawal, and concerns about acceptance by others. These findings are consistent with evidence indicating that body image concerns in collectivistic cultures are often shaped by

interpersonal expectations and social approval rather than solely by individual self-perception (Mingoia et al., 2021).

Unlike many Western studies, where body image concerns are frequently conceptualized as individual psychological issues, the present findings suggest that body shaming among Indonesian nursing students carries broader relational and collective meanings. Body-related criticism is experienced not only as a personal deficiency but also as a potential threat to social harmony, belonging, and professional acceptance. This cultural nuance contributes to the global novelty of the study by demonstrating how body shaming experiences are shaped by collectivistic values and shame-oriented social norms.

Taken together, the four themes identified in this study collectively construct a comprehensive and layered understanding of the emotional experiences of body shaming victims. These findings affirm that the impact of body shaming is multidimensional: it operates simultaneously at the emotional level (suppressed wounds), the social level (shame that paralyzes self-confidence), the cognitive-physiological level (emotional exhaustion through rumination), and the level of self-identity (erosion of self-esteem). These four dimensions are interconnected and mutually reinforcing within a dynamic that, if left unaddressed, can develop into more serious mental health disorders. The contribution of this research to the advancement of nursing science lies in the depth of phenomenological understanding it generates not only validating previous quantitative findings, but offering richly qualitative insight into how and why body shaming produces such profound effects in the lives of young women. These findings can serve as a foundation for the development of trauma-informed care-based intervention programs in nursing education institutions, while at the same time driving the formulation of proactive policies that work toward creating an academic environment that is safe, inclusive, and free from all forms of verbal violence grounded in physical appearance.

To translate Trauma-Informed Care from a broad recommendation into an actionable framework, nursing education institutions can implement the following concrete interventions; Classroom safety statements: Lecturers begin each clinical skills session or theory class with a verbal safety statement, for example: *"All body shapes and sizes are welcome and respected here. Negative comments about appearance will not be tolerated."* Anti-body shaming institutional policy**:** Nursing institutions establish a clear written policy that prohibits appearance-based jokes, mockery, or negative comments in classrooms, laboratories, and clinical placement settings. Reported violations are followed by a restorative justice process rather than purely punitive measures. And Peer support groups**:** Facilitated by mental health counselors, peer support groups are made available specifically for students who have experienced body shaming. These groups use a trauma-informed, non-judgmental approach that prioritizes safety, trustworthiness, and empowerment.

Study Limitations

This study has several limitations that should be taken into account when interpreting its findings. First, the study was conducted with a relatively small number of participants, meaning that the findings do not yet fully represent the breadth of body shaming experiences among the wider student population. Second, all data were gathered through in-depth interviews that relied on self-report, leaving open the possibility of bias arising from participants' limited recall of past events or a tendency to frame experiences in ways deemed more socially acceptable. Third, the study was conducted at a single nursing education institution, meaning that the specific cultural and academic context of that setting may limit the transferability of findings to other institutions.

Notwithstanding these limitations, the study nonetheless provides a meaningful portrayal of the emotional experiences of female students who have experienced body shaming through in-depth phenomenological exploration. Future research is recommended to involve larger numbers of participants, to encompass a range of educational institutions across diverse locations, and to consider the use of mixed methods or longitudinal designs in order to enhance the validity, depth, and generalizability of findings.

Conclusions

This study demonstrates that female students who have experienced body shaming suffer deep and layered emotional consequences, captured through four major themes: emotional wounds suppressed in silence, shame that destroys self-confidence, invisible emotional exhaustion, and the erosion of self-esteem through the internalization of negative body-related messages. These findings indicate that body shaming is not merely a trivial social matter but a form of verbal violence with serious consequences for the mental health of young women in health education environments. The results also contribute to the development of clinical and academic understanding regarding the importance of a body image-sensitive approach in student mental health services. Accordingly, nursing education institutions need to consider developing intervention programs grounded in a trauma-informed care approach, and strengthening counseling services that are responsive to body shaming experiences within the academic environment. Future research is recommended to involve larger numbers of participants, to encompass diverse institutions and cultural backgrounds, and to employ longitudinal research designs to evaluate both the long-term impact of body shaming experiences and the effectiveness of interventions developed in response.

Conflict of Interest

The authors declare that there is no conflict of interest in this study. The entire research process from design and data collection through analysis to reporting was conducted independently, without the interference, financial support, or personal interests of any party that could have influenced the objectivity and validity of the research.

Credit Author Statement

Ridwan Sofian: Conceptualization, Supervision, Validation, Formal Analysis, Writing – Review & Editing. **Ervina Dwi Anatasya:** Writing – Original Draft, Methodology, Investigation, Data Analysis, Validation, Initial Draft Writing, Final Manuscript Writing.

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