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Toxic relationship in youth communication through self-love intervention strategy

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ARTICLE INFO	ABSTRACT
	This study set out to identify and analyze toxic relationships in interpersonal communication among adolescents. The toxic relationship, as an unhealthy relationship, does have an impact on the occurrence of internal conflicts. Such relationships often cause the people involved to encounter unproductiveness and mental disorders, which can trigger an emotional outburst that leads to violence. A qualitative approach was used as the research method. The data collection techniques comprised FGD, observation, and in-depth interviews with informants/participants as primary data. The study findings show that first, the perpetrators of toxic relationships, namely toxic people, could be those closest to the victims, such as the nuclear family (father, mother, and siblings). In addition, the perpetrator could be a lover in an unhealthy romantic relationship or peers and even friends who often do the bullying via verbal, physical, or even sexual violence. Second, toxic relationships can be categorized into several forms, namely unhealthy relationships with friends ('toxic friendship'), parents/family ('toxic parenting'), lovers, and cheating parents, which can affect a child's mentality. Actions necessary include the raising of awareness and concern for the community. If violent behavior occurs, it is not permissible to act permissive. The individual approach carried out during victim assistance can entail consultations in the form of 'vent sessions'. A powerful way to anticipate being trapped in an unhealthy relationship is via self-love. Counselling is carried out with a self-healing approach to restore victims' self-confidence and maintain their mental health. **Keywords:** toxic relationship, interpersonal, communication, teenagers

INTRODUCTION

Humans, as social beings, cannot be separated from interaction and communication, which can be done directly or indirectly via various media. With interaction and communication, humans can be connected, and continuous contact can occur (Littlejohn & Foss, 2010). From the early years of their lives, humans come to play a role in socialization within the small scope of the family. The scope of socialization then extends to the peer environment. In this peer environment, humans recognize interpersonal and intrapersonal communication. Such communication is not limited to greetings and introductions but can continue to form play groups on the basis of common interests among members (Bion, 2018). Nevertheless, the communication in play groups can come to trigger stress in children due to offensive words or acts of bullying, whether intentionally or not.

According to 2019 statistics from the Indonesian Ministry of Health's Data and Information Center (InfoDATIN, 2019), depressive disorders classified by age have appeared since adolescence (15-24 years) at a rate of 6.2%. This deserves the attention of all parties concerned, especially parents, as depression can emerge at a young age. Teenagers actively seek communication with their peers while possibly navigating the beginnings of a depressive disorder, whose driving factors include bullying among peers, environmental factors leading to a bullying culture, internal conflicts (with family) triggering emotional outbursts, and suppressed feelings of disappointment (Sulistyani et al., 2020). Adolescents should learn to establish communication with their peers and build a relationship with their environment. Nonetheless, depressive disorders can occur, which cause teenagers to become trapped in toxic (unhealthy) relationships.

News.Detik.Com page on September 1, 2020 (Fadhil, 2020) reported on a case of lethal violence between teenagers linked to body-shaming. The violent incident, which led to the death of a 15-year-old teenager, was preceded by bullying over the perpetrator's body shape, which was bigger than the victim's. The perpetrator did not accept the bullying and immediately hit the victim. In the middle of the night, the victim experienced severe vomiting at home and was rushed to the nearest hospital. After falling into a coma, the victim died on August 14, 2020, and the legal process for the perpetrator continued without diversion. This incident in Batam was one of many cases of bullying that routinely occur among teenagers in Indonesia. Bullying remains the most common cause of mental health afflictions for minors from early to late adolescence.

Interpersonal communication adolescents forge in their peer environment can strengthen their identity development, along with helping them find out more about their inner potential and develop it along with friends who share their interests (Stein et al., 2019). Adolescence is indeed a vulnerable age, due to low self-control, uncontrolled emotions, and undeveloped independence and maturity (Dalton et al., 2019). This often triggers toxic relationships in adolescents' interpersonal communication within their peer environment. Such relationships can significantly impact adolescent development, especially the formation of interpersonal communication skills, which can be a provision for their future.

LITERATURE REVIEW

The toxic relationship, as an unhealthy relationship, does have an impact on the occurrence of internal conflicts. Such relationships often cause unproductiveness and mental disorders, which can trigger an emotional outburst that leads to acts of violence (Julianto et al., 2020). It is difficult to avoid unhealthy relationships; as a result of the increasing demands in society, it is not uncommon for us to meet colleagues or relatives who experience them. If continued, this condition can lead to bad behaviors, such as the loss of the principle of interpersonal complementarity. This suggests that such behaviors tend to make the victim attract opposite behaviors (e.g., surrender dominance) from others (Castro-Jiménez et al., 2020; Wilde & Dozois, 2019).

Interpersonal communication can take place in various forms, such as via face-to-face communication, telephone conversations, and various other communication media connecting people (Susanto, 2018). As a vital support for interaction, interpersonal communication must run properly, without any process being missed. In this era of disruption, the variety of social media has made it easier for people to carry out interpersonal communication.

Communication within the adolescent peer environment is more likely to be ineffective, due to perceptual distortions, semantic problems, cultural differences, and an absence of feedback (Solferino & Tessitore, 2021; Susanto, 2018). Low effectiveness results in many interpretations of communication styles. An example can be seen among teenagers who have different interests in terms of popular figures–a simple difference that can trigger out-group conflicts. It is not infrequent that an out-group conflict can create toxic relationships. Competition between groups, and displaying to each other fanatical attitudes towards popular figures, often result in competitive relationships, leading to unhealthy relationships. In other words, cultural differences can lead to ineffective communication and out-group conflicts, and in turn, to toxic relationships.

A teenager requires their own adaptation process when in a foreign environment, which communication could assist (Mataputun & Saud, 2020; Soedarsono & Wulan, 2017). This may be a vulnerable time, with the presence of toxic relationships in the adolescent peer environment. Amid the process of adapting to their new environment, adolescents seek out characters or figures to imitate, especially in their peer environment.

Restraints in their surrounding environment or interaction with peers due to bullying, offensive remarks, the spread of hate speech, and other acts of physical violence can form a 'woven' toxic relationship and lock interpersonal communication in adolescents. If this is not realized or resolved, it will likely result in uncontrolled emotional outbursts, create deep trauma, and/or make the victimized teenager withdraw (become anti-social).

Efforts to improve students' interpersonal communication are determined and influenced by the extent of individuals' contribution in peer groups. If the attitudes and behaviors of the peer group are in accordance with rules, societal norms, morals, or religion, and can hence be accounted for, the teenagers within it are likely to display good social interaction and interpersonal communication (Isti'adah & Permana, 2017; Khodabakhsh & Besharat, 2011). As a first step in establishing interaction within the peer environment, the associated communication pattern must be positive. Positive interpersonal communication makes for a positive bond of interaction in the peer environment. Toxic relationships can be overcome through the provision of examples of how to build good interactions and communication. By learning how to joke properly and understand one another, interlocutors can create warm communications and greetings, which can minimize the triggering factors for toxic relationships in adolescent interpersonal communication.

Adolescents have referred to different interpersonal problems: many have attributed their depressive symptoms to poverty and other adverse factors. For example, poverty can manifest as the transition of a person's condition from financially secure to insecure, as a dispute in which a person compares their financial situation with others' (indirect dispute), or as a person experiences discrimination related to their low financial status (Iss et al., 2017; Rose-Clarke et al., 2021). Many have used toxic relationships as an outlet for emotions that are not channeled properly, or for psychological trauma that encourages a teenager to take revenge against others.

Changes in the conditions experienced can indeed have a significant impact on relationships, especially between adolescents and their peer environment. The related differences raise questions as to the factors behind the onset of toxic relationships in adolescent interpersonal communication. Teenagers are often not yet able to be directed to communication patterns that do not offend their friends; however, they can be exposed to examples of how to deliver communication that relieves their peers' present feelings. Support in the form of consolation from the peer environment can motivate adolescents to move away from their sadness.

Various parties in Indonesia still do not take mental health issues seriously. Especially within the community, 'health' tends only to be defined as a healthy condition physically and socially that can support a person's productivity (Rokom, 2019). As health is not only physical, but mental health also needs more attention: although physical health does not necessarily determine good mental health, if mental health is good, physical health is likely to improve. For instance, people with schizophrenia can be in good physical health while suffering from a worrisome condition mentally. Generally, people with schizophrenia tend to withdraw from social interactions, and experience unstable emotions, irregular sleep patterns, and decreased concentration and motivation. If people with schizophrenia are not treated properly, they could become more prone to depression.

Adolescents with high levels of self-restraint can more accurately assess interpersonal relationships in comparison to those with low levels of self-restraint (Hou et al., 2019; Petrovici & Dobrescu, 2014). Toxic relationships can also start from offensive passive communication through cyber-media. Even if an action is just meant as a joke or content on social media, when an individual feels uncomfortable or starts to withdraw from the relationship as a consequence of it, a toxic relationship could form in response. In such cases, instead of producing positive results, the interpersonal communication established presents a setback or creates a limit to one's potential.

Not only can toxic relationships be limiting, but they can also affect adolescents regarding self-confidence in expressing opinions (Chatterjee & Kulakli, 2015; Denanti & Wardani, 2020). Adolescents who have been entangled in toxic relationships may find it difficult to increase their confidence within their peer environment. This happens as the ideas they want to express are routinely met with negative comments and almost every decision they make is seen as strange or not in accordance with their peer group's standards. The discrepancy experienced via this rejection slowly kills self-confidence in adolescents in the peer environment.

Interpersonal communication is also negative, so that these teenagers experience not only rejection in the environment, but also misunderstandings in communication. With communication that is already negative, the rejection that occurs often causes toxic relationships that threaten the mental health of Indonesian teenagers.

Cybersecurity for Jordanian teenagers has become a complex phenomenon that represents complex socio-technical problems for the personality of teenagers in Jordanian society. Research on 400 teenage respondents related to cyber-attacks, which had a significant impact on teenagers, both personally and on their quality of life. Therefore, it is important to develop strategies to increase cyber security awareness among adolescents in Jordan. The research aims to understand differences in risk awareness culture as well as teenagers' opinions and activities after introducing cyber security awareness in cyberspace. Therefore, it is recommended that Jordanian youth realize the importance of cyber security to reduce the risk of cyber-attacks, by developing effective strategies to protect them from such attacks (AlSobeh et al., 2023). The research, which aims to test the effectiveness of a psychosocial support-based program in increasing the level of family empowerment among refugees in Jordan, uses a sample of 32 refugees in Irbid Province who were randomly divided into two equal groups. The first group was an experimental group that participated in a psychosocial support program. The second group was a control group who did not participate in the program. The research results showed that there was a statistically significant difference between the experimental group and the control group (Al-Shraifin et al., 2022). Research on 38 refugees in Irbid Province aimed at testing the effectiveness of a counseling program based on psychosocial support in increasing the level of economic empowerment of Syrian refugees in Jordan, randomly divided into two groups. An experimental group that participated in a psychosocial support program, and a control group that did not participate in an intervention program. The research results show that there is a statistically significant difference between the experimental group and the control group in the average value of the economic empowerment scale in the post-test, which favors the experimental group. In addition, there was no statistically significant difference between the averages of the two post-and sequential measurements in measuring economic empowerment, which reflects the reliability of the impact of psychosocial support-based counseling programs (Al-Shraifin et al., 2023).

The studies cited above are not sufficiently comprehensive, as they address the topics of toxic parenting, toxic love, toxicity in the workplace, and toxic friendships separately rather than jointly. Meanwhile, the present study examines various topics related to unhealthy relationships, especially those relevant to adolescents.

METHOD

This study employed qualitative research methods with interpretive and subjective approaches. The researchers collected primary and secondary data, having obtained the primary data through FGDs, in-depth interviews, and observations. The informants were individuals who experienced unhealthy relationships, with parents (cheating fathers, mothers routinely comparing their children with others), family (social harassment), friends (bullying), or lovers (verbal and/or physical violence). For the secondary data, the researchers sourced literature from journals, e-books/books, and documents. The data analysis technique was based on Miles and Huberman's (1994) interactive model, consisting of data reduction, data presentation, and conclusions/verification.

RESULTS & DISCUSSION

The first case is that of an unhealthy relationship with a parent (toxic parenting). Informant-1 (I-1) is a young girl in grade VIII of a private junior high school in the Bogor area. She admits that her mother has come to neglect her, as she has chosen a major different from her mother's preference. Besides that, she feels like she is always being compared to the daughter of her mother's friend (let's call her 'A'). When she talks to her mother, her mother never listens or even looks at her face (no eye contact). Meanwhile, if 'A' talks to her mother, the mother enthusiastically and interactively communicates with this other girl. 'A' is often accompanied by her mother whenever she needs to go somewhere, although there are many other people

who could take 'A'. The mother really wants I-1 to be a designer, although I-1 is more interested in psychology. Her mother shows her displeasure when I-1 reads psychology books. The results of I-1's work, in the form of clothes design, are also always looked down upon and compared to that of the daughter of her mother's friend. According to her mother, the drawings by 'A' are better than those by I-1. I-1 expresses this, as follows:

> Mom gets angry when I'm in the room all the time and says that I do not want to help around the house. Actually, it's not because I do not want to help, but I'm really annoyed with Mom. Mom really hoped that I would become a designer until I was told to take a course, even though I honestly prefer psychology. And Mom does not like it when I read psychology books. Mom is very close to her friend's daughter, so when she goes everywhere, Mom accompanies her even though A is a grown up and many of A's assistants can accompany her instead. Then if A tells a story, she will definitely be heard, while if I tell a story, Mom will definitely focus on her phone even though I wanted to talk to my mom. Mom often does not even respond to what I say. Sometimes I ask myself: 'Who is actually Mom's daughter?' I even cried, honestly, as I was really jealous of A, who was treated really well by my mother. I also like to be annoyed with myself, but I try not to think about it too much, but instead, I think more and more, and I like to cry all the time. After crying I suddenly laugh incoherently and then cry again. Do I have to do something so Mom can be like that to me too? I often try to draw clothes designs according to my mom's wishes, then I show it to her, but she says, 'this is the same as A's design, but hers is better'. I was really sad when I heard Mom's response, I wanted to cry when Mom said that.

Meanwhile, in the second case, the unhealthy relationship between a married couple in a household affects the mental health of their children. Informant-2 (I-2) is a high-schooler in a public school in South Jakarta. Her mother is a doctor at a government hospital in South Jakarta. The father is also a doctor, and has often cheated on the mother, since the girl was five years old, having had different girlfriends. He sometimes brings the daughter along to meets his girlfriends who are much younger than he is. Her father and mother work at the same hospital, and since her father's mistresses have included a nurse or administrative staff at the same hospital, the mother knows about the affair. If the mother asks about or confirms it, the father gets angry, and does not even hesitate to carry out verbal domestic violence by cursing and using inappropriate language.

The mother also often receives physical abuse, getting hit, slapped, kicked, and pushed. I-2 often hears their fights and always wants to defend her mother from her father's violent abuse; however, she is helpless because her bedroom door is locked. The mother has asked for a divorce several times, but the father has repeatedly refused. The father considers divorce for civil servants a disgrace or shameful act. At the same time, the mother feels sorry for the children and is not ready to be a widow. On the one hand, the mother wants a divorce because economically she is not dependent on her husband, able to support herself by earning an income as a doctor; on the other, she backs down on the divorce as, according to her, too much would have to be sacrificed.

The mother endured as hard as she could, despite years of being separated from bed. In front of the child, the mother tries to cover up the real situation, despite the fact that I-2 often sees her father beat up and shout very rude and inappropriate words at her mother. Currently, the father is having an affair with a girl who also works at the hospital, with an age difference of up to 35 years. I-2 always prays and hopes for a miracle so that her father repents and loves his family again. According to I-2, the mother is a strong, tough, and patient woman for ensuring that the family is not destroyed, although the mother has to respond to her husband's obscene behavior with extra patience and extraordinary sincerity. I-2 is determined to take care and give attention to her mother to ensure that she does not get depressed.

As a result of her father's behavior, I-2 is afraid of being approached by a man who has a crush on her. I-2 is scared of being hurt like her mother. She worries that if she gets married, she will be treated like her mother. At a young age, I-2 is still single and reluctant to have a special relationship with the opposite sex. I-2 describes this, as follows:

> My father repeatedly cheats with a woman whom my mother knows because they both work at the same hospital. I was surprised that this woman wanted to date my father even though she also

> knew my mother. Where is her conscience? They often have lunch together and stop by a restaurant for dinner. This is despite the fact that Mom's and Dad's cars are parked next to each other. Dad often refuses if Mom wants to go with Dad, as Mom sometimes does not want to drive alone. [My] father's infidelity is completely blatant in front of my mother. They do not care about being the subject of gossip. No one dares to rebuke my father because of his high position in the hospital. My mother asks for a divorce, but my father would not allow it. My mother seems to have left everything to Allah, while continuing to be patient. I am determined to keep my mother feeling happy as much as possible so that she does not get depressed. If a man 'approaches' me, I'm afraid. I am still traumatized by the way my father treats my mother. Horrified. I am very afraid of having relationships with men, afraid of being unfaithful [to] and being bullied (second discovery material).

The third case is an unhealthy romantic relationship in which the boyfriend (male) often uses verbal and physical violence. If I-3 (female) does not immediately answer his messages or the phone/video call, the lover becomes angry. Even when they meet in person, they still discuss these issues, among accusations, yelling, and threats to break up the relationship. When angry, he often pinches or burns his lover with a cigarette. When he smokes, he always blows smoke into I-3's face, although his girlfriend has never smoked before.

I-3 reports that her boyfriend acts in this way because he feels jealous of I-3. He has admitted to feeling inferior because many men have approached the girl due to her beautiful face and intelligence–the latter having been proven by her acceptance into the top state university in Indonesia. Although I-3 loves her boyfriend, after having been in an unhealthy relationship for a long time, she plans to end it. She believes that God will give her the best mate, as long as I-3 also improves herself. I-3 explains this, as follows:

> I want to break up with my boyfriend. He's evil. Always angry, cursing, and he often burns my hand with a cigarette if his messages are not replied [to] quickly or his calls are not answered. Even though it is my right [whether] to answer the phone or reply to his chats, right? He also recently started smoking and always blows smoke in my face. It's not polite … Even though he did not smoke before. Now he is always suspicious of me behind an excuse of baseless jealousy. I'm loyal, though. If I already have someone, I do not open my heart to others. But he never believed me, always suspicious. I'm tired, tired … after all, it is not certain if he is my soulmate or my husband in the future. May Allah match me with a good man, pious and loves me, non-smoker, and does not have a habit of being angry (third case discussion).

The fourth case pertains to unhealthy relationships with different toxic people; a combination of unhealthy relationships with family and friends (toxic friendship). I-4 is a sixth-semester student at a private university in Jakarta. I-4 lived only with her mother because her parents have been separated/divorced since I-4 was a baby (the mother was not legally divorced, just left without any news). Since I-4's father has never financially supported his family, the mother bears all living expenses herself. Many see I-4 as an independent person, but that is not really the case. Since she was young until she entered high school in Jakarta, her mother worked in Samarinda while her father lived in Jakarta. Although her father works in the same city as I-4 has been studying, he cannot always meet I-4, because he has been living with another woman since before I-4 was born.

I-4 only lives with her grandmother and aunt in Jakarta, and her mother only visits her every few weeks or few months. With I-4's speech impairment (nasal), it was not easy for I-4 to grow and develop like other children. To this day, I-4 still often hears sneering at her nasally voice when speaking. I-4 can only cry, and her mother can only scold if I-4 cries. Since then, the toxic relationship has locked her thoughts and limited her dreams. Her grandmother, aunts, uncles, and other family members have doubted I-4's ability in all activities requiring the use of voice or communication with other people.

I-4 had plastic surgery on her cleft palate when she was in the fourth grade. I-4's family considers her to be useless, having regarded her as a child who could not speak clearly like other children. Among peers there are also those who frequently mock I-4's voice; but although many do make fun of I-4's voice, many also understand what I-4 says, as long as she talks at a normal rather than fast tempo. When she shares that her friends mock her, the mother only remains silent and diverts the conversation to another topic. Her mother forbids her to cry. I-4 also cannot stand being held back by the thought of her nasally voice. When she

attended class, for six semesters the lecturers could not hear what I-4 said. A few friends still feel strangely regarding I-4's voice.

Presently, I-4 communicates not only with lecturers from within the program, but also with those from outside. Since the beginning of college, I-4 has learned to interview respondents for research purposes, and much has gone smoothly. However, on some occasions, lecturers who are just getting acquainted with I-4 accidentally utter a sentence that mentions I-4's strange voice. Moreover, although I-4 has achieved a 3.94 GPA, the GPA does not mean anything to her family, having been overlooked just because of I-4's nasally voice. The family has never been proud of I-4 despite her academic achievements.

One of the consequences of I-4's vocal disability is that it has not been easy for I-4 to initiate communication with other people. She tends to be introverted and prefers to work alone, not paying much attention to the circumstances around her. I-4 has become a person who likes to daydream alone with thoughts not easily guessed by others, even her mother. She always 'apologizes', is careful in communicating, and if she feels hurt, I-4 will leave the person and be reluctant to communicate even if they only say 'hello'. In general, I-4 has been seen as arrogant, although smart. Many stay away from or try to bring her down by deliberately making her angry in public, to prove that I-4 is not friendly to other people. I-4 always chooses to avoid conflict and cry, then return to her activities while stiffening herself. I-4 describes this, as follows:

> Since childhood, I never received my father's love, because when I was in my mother's womb, my father left us for another woman. I was raised by my grandmother. During my life, I was often bullied by my friends because of limitations in my voice, which was nasally due to a cleft lip. Is not it natural for a child who is born with a cleft palate and then undergoes surgery [that] her voice would improve only 80.0%-85.0%? We cannot equate the results of human efforts with Allah's will. Since I was a child, I was considered useless. I was seen as only a child who cannot speak clearly like other children. Frequently, my peers also make fun of my voice, they deliberately mimic my nasally voice or rudely ask 'iii … why is your voice like that?', 'ah, I do not understand what you're talking about …', 'ihhh, your voice is not clear … you cannot play with us', and there are many other sentences that are recorded in my mind to this day. [It is] not only my peers who bully me, my extended family is also reluctant to get along because of my limitations. Even though my GPA is 3.94, the GPA does not mean anything to my family, just because I make a nasally sound like this. My family has never been proud of my academic achievements. When people mock me, my mother always forbids me to cry and asks me to be a strong woman.

The four cases above pertained to unhealthy relationships;

(1) with a parent (toxic parenting);

(2) between a married couple, affecting children's mental health in the household;

(3) in dating, where the boyfriend often uses verbal and physical violence against the girlfriend; and

(4) with various toxic people, as a combination of unhealthy relationships with family and friends (toxic friendship).

Based on their respective descriptions, it can be concluded that in these unhealthy relationships, the main perpetrators are those closest to the victims. This happens because the toxic perpetrators are unaware that their attitudes and behaviors have a negative impact on others.

Toxic relationships have different impacts on each teenage victim. As mentioned earlier, adolescents with high levels of self-restraint tend to be able to accurately assess interpersonal relationships vis-à-vis adolescents with low levels of self-restraint (Hou et al., 2019; Petrovici & Dobrescu, 2014). Toxic relationships also result from interpersonal communication that does not produce positive communication, instead presenting a setback or limiting one's potential. In addition to being anti-social, adolescent victims of toxic relationships have been found to lack self-confidence (Chatterjee & Kulakli, 2015; Denanti & Wardani, 2020). Negative communication causes toxic relationships to threaten the mental health of teenagers in Indonesia.

Toxic relationships in adolescents' interpersonal communication within their environment have had a significant impact on adolescent development. This is especially so for the formation of interpersonal communication skills that will likely shape their future. Mental health issues in Indonesia are still not taken

seriously by various parties. Especially in the community, health is only defined physically and socially (Rokom, 2019). As health is not only physical, mental health issues in adolescents also need to be a concern, especially among those closest to them. If not treated seriously, they can lead to depression, which damages the mentality of teenagers.

Drawing parallels between the findings of this study and the role of digital communication in toxic relationships among teenagers, there is a need for cybersecurity awareness in the dynamics of toxic relationships via online media. Therefore, it is necessary to develop insight integration to enrich digital literacy and awareness as part of self-love. Psychosocial support and economic empowerment as strategies for comprehensive forms of self-love for adolescents and independence in action can eliminate toxic relationships. In addition, strengthening the family support system can contribute to better coping mechanisms against toxic relationships.

CONCLUSIONS

The perpetrators of toxic relationships, namely toxic people, could be those closest to the victims, such as the nuclear family (father, mother, and siblings). In addition, the perpetrators could be lovers in an unhealthy romantic relationship or peers and even friends who often do the bullying in the form of verbal, physical, or even sexual violence. Toxic relationships can be categorized into several types: unhealthy relationships with friends (toxic friendship), parents/family (toxic parenting), lovers, and parents who cheat, which can affect the mentality of children. Indonesians ought to be made aware not to be permissive in responding to the behavior of toxic people, in instances of toxic parenting, toxic romantic relationships, and toxic friendships alike. One course of action is to assist victims of toxic relationships so that they are not traumatized. The implication in this research is for the victims of toxic relationships to love themselves more (self-love), to avoid toxic perpetrators and ensure that their mental health is maintained.

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