

## TOXIC RELATIONSHIP: DEPRESSIVE DISORDERS IN ADOLESCENTS IN PARIAMAN CITY

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### Abstract

This research was motivated by the existence of adolescents who experience depressive disorders triggered by cases of Toxic Relationships. The purpose of this study was to find out how the relationship between Toxic Relationship cases and depressive disorders in adolescents. This research uses qualitative methods. Data was collected by means of case studies, observations, and questionnaires. The exact location of the study is at SMA Negeri 1 Pariaman. With the number of respondents as many as 27 adolescents aged 16-17 years. Using data analysis techniques, namely data reduction, display, and verification. The results of this study state that there is a relationship between Toxic Relationships that can cause depressive disorders for adolescents who experience it.

**Keywords:** Toxic Relationship; Depression; Teens

### Abstrak

Penelitian ini dilatarbelakangi adanya remaja yang mengalami gangguan depresi dengan dipicu oleh kasus Toxic Relationship. Tujuan penelitian ini adalah untuk mengetahui bagaimana keterkaitan antara kasus Toxic Relationship dengan gangguan depresi pada remaja. Penelitian ini menggunakan metode kualitatif. Data dikumpulkan dengan cara studi kasus, observasi dan kuesioner. Lokasi penelitian tepatnya berada di SMA Negeri 1 Pariaman. Dengan jumlah responden sebanyak 27 orang remaja berusia 16-17 tahun. Menggunakan teknik analisis data yaitu reduksi, display, dan verifikasi data. Hasil penelitian ini menyatakan bahwa adanya keterkaitan antara Toxic Relationship yang dapat menyebabkan gangguan depresi bagi remaja yang mengalaminya.

**Kata kunci:** Toxic Relationship; Depresi; Remaja

### INTRODUCTION

Social relationships are part of an individual's environment, this also implies that there is reciprocity between personality and relationships. The link

between personality and relationships should be revisited, as they are related to each other (Neyer, Mund, Zimmermann, & Wrzus, 2014). One of them is dating. Dating relationships are often found in adolescence. The feeling of falling in love

experienced while dating also gives a sense of happiness to the two people who live it. But not all relationships that are lived will go well, many of them experience cases of violence in the relationship.

There will be problems that arise between one party and another, and the way to resolve them does not always go smoothly. Not a few people also solve the problem with verbal or physical violence. If the relationship is included in the Toxic Relationship, it will also have an unfavorable impact on one's personality. What may be disturbed by the toxic relationship (Sulastri, Ramadhana, Gangka, Ramadani, & Mutmainna, 2022).

The occurrence of violence in a relationship can be caused by several things, including poor communication, jealousy, infidelity, lies and also not heeding partner requests (Septiani, 2021). Toxic relationships have consequences that have an impact on the psychology of the person experiencing them. Dating violence is defined as "the deliberate use of violence and physical coercion to gain and maintain power and control over an intimate partner." (Wowor & Putri, 2021). Dating violence is a serious problem for those who experience it. This is because of the

adverse effects that occur in the victim's life. Dating violence often aims to control the behavior of their partner.

Toxic relationships easily destabilize and mentally disturb the victim, and invite angry outbursts that can lead to violence. (Gutomo, 2019). One of the impacts that can occur from Toxic Relationship is affecting the mental health of the victim, such as experiencing stress, depression, and also physical health. (Awaly, Istikhomah, & Nabilla, 2023).

Toxic relationships are unhealthy and cause harm to those who experience them. (Dewi, 2018). Toxic relationships are mostly experienced by adolescents. Adolescence is a period of transition from childhood to a more mature age, of course involving biological, thinking, and emotional changes in a person.

Toxic relationships are detrimental because they erode a person's dignity, as well as diminish his or her self-confidence, and warp his or her personality. (Putriana, 2018). Instantly or gradually, the resulting distress may worsen. Victims of toxic relationships should understand that they can only turn to themselves for conflict, anger, and poor interpersonal relationships. (Safitri & Arianti, 2019). Having the decisiveness

to decide and implement it is the responsibility of the person experiencing it. The victim must choose, to control the relationship, and not let the toxic relationship control the victim.

Toxic relationships are also referred to as a relationship that does not connect with each other, because there is one party who dominates in the relationship and causes the other party to feel under pressure from their partner and there is no sense of comfort. (Ramadhani & Nurwati, 2022). It causes the victim to feel hurt, angry, restricted, and inferior. The visible signs of a toxic relationship are anger, unhappiness, frustration, anxiety, and other disorders. (Wahyuni & Sartika, 2020).

People who have experienced this toxic relationship tend to feel internal problems. Internal problems that can cause anger, depression, or anxiety. (Mayorita, 2021). These unhealthy relationships make it difficult to lead a productive life. The most common impact on victims of toxic relationships is a decrease in self-confidence, feeling unwanted, feeling under someone's pressure, as well as many experiencing weight changes. Problems that occur in relationships that result in violence, often

have a traumatizing effect on the victim. (Yuliani & Fitria, 2017).

It is also not uncommon for victims of these toxic relationships to experience depression. Depression primarily affects people with chronic medical illnesses and cognitive impairment, family breakdown, and disability, also worsens the outcomes of many medical illnesses, and increases mortality. (Husmiati, 2017).

Depression is the most prevalent mental health disorder globally. Depression is associated with functional spatial sub-disorders in several domains, including social relationships, family and work. (Dwiastuti, 2018). Including people who experience toxic relationships, it is not impossible that it will affect their depression. As happens to people who live in toxic relationships, where they feel burdened by the demands and pressures of their partner. (Pratiwi, 2020).

Depression is one of the top 10 leading causes of mental disorders worldwide, with depression being the second and anxiety being the fifth highest cause of years lost to disability. (Akmaliya, Indrayani, & Rifiana, 2020). Unfortunately, more than half of those living with depression do not receive any treatment and even fewer receive

treatment-appropriate guidelines, such as empirically supported interventions with minimal doses needed to achieve effectiveness.

The National Institutes of Mental Health estimates that depression affects nearly 16 million people in the United States. (Mubasyiroh, Idaiani, & Suryaputri, 2020). A serious mood disorder, depression is characterized by anhedonia, reduced ability to experience pleasure, insomnia or hypersomnia, psychomotor agitation or retardation, fatigue, feelings of worthlessness-guilt or guilt, difficulty concentrating, and recurrent thoughts of suicide or death. (Franzen & Buysse, 2022).

One in three people experience anxiety, depression or adjustment disorder, characterized by feelings of stress in response to unpleasant events such as being trapped in a toxic relationship. Depression also contributes to long-term strain. In a recent survey of 3,370 survivors, high levels of anxiety, and approximately 20%, moderate to high levels of depression lasted up to 6 years post-diagnosis. (Beurel, Toups, & Nemeroff, 2020). Depression can lead to serious consequences that include worsening quality improvement, lower adherence, suicide, and reduced survival.

(Kalin, 2020). Conventional management of depression is based on pharmacotherapy and psychotherapy.

Depression is a major human illness. Globally, it is responsible for more 'lost years' due to disability than any other condition, so many people suffer from it at around 350 million (Koutsimani, Montgomery, & Georganta, 2019). According to the World Health Organization and the fact that it lasts for years, yet depression is widespread undiagnosed and untreated due to stigma, ineffective therapies and inadequate mental health resources. (Sufiatun, 2021).

Almost half of the world's population lives in countries with only two psychiatrists per 100,000 people. People experiencing depression often exhibit a particular style of thinking, called rumination, which involves repeated and intensive thinking about the causes, consequences and symptoms of these negative feelings. (Fathi, Mohammad-Alizadeh-Charandabi, & Mirghafourvand, 2018).

The main symptom of major depression is dealing with changes in emotional state (Akram, Gardani, Akram, & Allen, 2019). This includes both the excessive occurrence of negative emotions such as

depressed mood or anxiety, as well as experiencing a decline in positive emotions (anhedonia) and diminished interests and decreased motivation for enjoyable activities. (Riggs & Kaminski, 2019). As experienced by victims of toxic relationships, victims tend to feel depressed and filled with negative emotions from within.

Depression refers to either a simple mood state, a syndrome of associated symptoms or a clinical disorder. Syndromes of associated symptoms include loss of appetite and insomnia. (Li, Jiang, & Zhang, 2019). Depressed adolescents seek treatment in every health sector.

Depression can affect the way a person thinks, behaves, feels and the way they relate to other individuals. (Young, Sandman, & Craske, 2019). Including depression experienced by victims of Toxic Relationship, can affect the survival of the person. Where the state of depressive disorder disrupts the daily life of the victim. So that there is a sense of insecurity and pressure from within the victim. Toxic relationships not only interfere with physical health, but also greatly affect a person's mental health. (Julianto, Cahayani, Sukmawati, & Aji, 2020). The psychological impact for

people who experience this toxic relationship, becomes someone who tends to be inferior and pessimistic. Not only that, but they can also even hate and blame themselves for everything that has happened. It is things like this that in the future trigger the occurrence of depressive disorders for victims of this Toxic Relationship case.

There needs to be support from the closest people, which can strengthen the mental health of the victim. With the support and positive energy provided, it will make the victim feel more accepted and become easier to express their feelings.

## **LITERATURE REVIEW**

Toxic relationships are relationships that are unhealthy for yourself and others. (Sulastri et al., 2022). People who have experienced these harmful relationships may experience conflict within themselves. Those who experience this internal conflict may become angry, depressed, or anxious. Physical abuse, emotional abuse, and sexual abuse are examples of toxic relationships.

According to the term "Toxic Relationship" comes from two English words, which mean "poison" and "relationship" respectively. Thus, a toxic

relationship can be defined as a relationship between individuals or groups that has a destructive and deadly poisonous nature. (Lim & Barlas, 2019).

The seven aspects of a Toxic Relationship are Controller (controlling the partner's every move), Belittler (always underestimating the partner), Bad Temper (having an unpredictable temper and never sure what triggers the bad temper), Guilt Inducer (guilt giver), Deflector and Overreactor (taking care of the partner's feelings even though they are hurt and unhappy with what the partner says and does), Over Dependent Partner and Independent Controller (so passive and very dependent on the partner), Users and Possessive Nature (never satisfied with the partner's sacrifice and possessive). (Nabila, Riza, & Rahman, 2021).

Depressive disorders include emotional disturbances, changes in appetite and sleep patterns, significant weight loss, and the inability to experience pleasure. All signs of depression (Kalin, 2020). Worldwide, more than 350 million people experience depression. Biological, life cycle, hormonal and psychosocial factors are the reasons why women experience depression more often than men. This suggests that hormones directly affect

the chemistry in our brain, which regulates our emotions and moods. Psychosocial factors affect a person's level of depression. The more psychosocial factors, the more severe the depression.

From a developmental point of view, depression starts to appear significantly in adolescence. Epidemiological studies, the prevalence of depression is 2.5 percent in children and increases to 8.3 percent in adolescents (Bonaria, 2021). Thus, it can be concluded that adolescent depression is a serious problem that has a significant impact on public health and the economy. (Pristinella & Vienlentina, 2018). Depressive adolescents, unfortunately, often receive insufficient help or go undetected by their families and surroundings. Signs of depressive disorders in young people are often dismissed as normal emotional turmoil during that stage of development (Dwiastuti, 2018). However, early diagnosis and treatment of depression is crucial for the behavioral, emotional, and social development of the sufferer. Moreover, there is a strong correlation between adolescent depression and suicide risk.

Regulation of the Minister of Health of the Republic of Indonesia No. 25 of 2014

sets the young age between 10 and 18 years old; and the Population and Family Planning Agency (BKKBN) sets the young unmarried age as 10 to 24 years old. (Ayu, Nadiyah, Situngkir, & Nitami, 2020). Adolescence is defined as the transition period from childhood to adulthood. During this time, physical and mental growth and development is very rapid.

Based on observations on March 28, 2023, Toxic Relationship is quite common among teenagers. With the immature age readiness of teenagers, as well as very unstable emotions and egos in each of them, it causes Toxic Relationship. Because of the sense of ego and bring up the desire to have a whole. This sense of belonging then leads to high jealousy so that they treat their partner as if they are completely theirs and prohibit various kinds of things to do. This will cause discomfort to one of the parties due to excessive pressure from their partner.

It is also not uncommon for victims of toxic relationships to experience depression. Depression particularly affects people with chronic medical illnesses and cognitive impairment, family breakdown, and disability, as well as worsening the outcomes of many

medical illnesses, and increasing mortality.

Depression is the most prevalent mental health disorder globally. Depression is associated with functional spatial sub-disorders in several domains, including social relationships, family and work. (Saputra & Movitaria, 2022). Including people who experience toxic relationships, it is not impossible to affect their depression. As happens to people who live in toxic relationships, where they feel burdened by the demands and pressures of their partner.

## **METHODS OF RESEARCH**

The use of research methods is a qualitative method, which is a writing method with the aim of collecting data thoroughly to explain the phenomenon thoroughly. Qualitative research is a type of research that examines and understands the importance of social or humanitarian issues among many individuals or groups of people. (Harahap et al., 2021).

Therefore, qualitative methods not only attempt to describe the data, but the description comes from the collection and analysis techniques required by qualitative writing. This descriptive research aims to provide a systematic,

actual, and accurate description of the facts and characteristics of a particular population or object.

The place where this research was carried out in the environment of SMAN 1 Pariaman, Jl. Prof. M Yamin SH, no. 38, Kampung Baru, Pariaman City, West Sumatra 25518. Precisely in class X-5 and X-6. The research was conducted on June 6, 2023, at 10.30 WIB.

The data sources that the author gets from this research can be classified into two types, namely primary data, and secondary data, depending on the source. First, primary data is data collected directly by the researcher himself from the source or research location. The author conducted direct research at SMAN 1 Pariaman by distributing questionnaires to students and female students in classes X-5 and X-6. Second, secondary data is data that can be found quickly and collected for purposes other than solving problems. Secondary data sources are literature, articles, journals, and websites related to the research topic. The author looks for references from various journals and books.

In this research, data collection must be done scientifically. The author collected

data through literature study, observation, and questionnaires. First, literature study is the first step in the data collection method that focuses on finding data and information through documents, including written documents, photos, images, and electronic documents that can support the writing process. In this study, the authors sought data and information through various journals and books. Second, the author conducts observation.

The process of researchers looking at the research situation is known as observation. Observations include places, actors, activities or events, and time. The author made observations at SMAN 1 Pariaman by seeing and observing directly how the conditions of the students and students. Third, distributing questionnaires. The researcher conducted a survey by distributing questionnaires to students of classes X-5 and X-6 at SMAN 1 Pariaman, questionnaires are an effective and efficient tool for collecting data.

In qualitative research, the author follows the research steps so that the research is more directed. The following are the research steps that the author took, first, choosing the theme of the problem,

second, reading the literature, third, formulating problems, fourth, collecting data, fifth, refining the data collected, sixth, processing data, seventh, analyzing data, and finally, concluding.

## **RESULTS AND DISCUSSION**

After collecting data from direct research into the field, the author performs data processing techniques which are divided into three parts, first, namely data reduction. The author searches for data by distributing questionnaires containing several questions about Toxic Relationship and depressive disorders to students and female students of class X-5 and X-6 at SMAN 1 Pariaman. After getting all the data needed, the author then categorizes the data by type based on the assessment.

Second, namely data display. Data is displayed after the data is reduced. Data display can be a collection of sentences or brief descriptions. Presentation of data using narrative text. In this study, the authors conducted research at SMAN 1 Pariaman by distributing questionnaires to students in classes X-5 and X-6. After obtaining data, the author gets answers from questionnaires filled out by students. The results of the questionnaires distributed, out of 27

students only 9 people experienced depressive disorders due to Toxic Relationship cases.

Third, is data verification. The next step in data analysis is verification, which means verifying the data and drawing conclusions. Because data must be valid and consistent, conclusions must be credible. The research results show the research focus that has been determined from the beginning and can change according to the situation in the field. In addition, conclusions can produce new discoveries that have never existed before. In this study, some students in grades X-5 and X-6 at SMAN 1 Pariaman experienced depressive disorders due to the Toxic Relationship case they experienced. Of the 27 students, 4 of them experienced mild depressive symptoms, 4 others experienced mild depression, and 1 other experienced severe depression due to Toxic Relationship cases.

The next step that the author takes is data credibility. Data credibility is an attempt by researchers to ensure that the data they collect is truly valid by verifying that there is a relationship between the data they obtain and the object of research.

The aim is to prove that the events observed by the researcher are in accordance with the actual circumstances of the object of research. In this study, the authors used method triangulation, namely collecting data by distributing questionnaires to students in classes X-5 and X-6 of SMAN 1 Pariaman then comparing the information obtained and grouping it based on the type of assessment. The validity of the data from the research conducted by the author is in accordance with the data obtained from journals and books. Although not many, but some of the students of SMAN 1 Pariaman who experienced Toxic Relationship, apparently resulted in depressive disorders.

The validity of the data from the author's analysis, namely the existence of a relationship between a person's depressive disorder and his Toxic Relationship case. Students who experience Toxic Relationship cases often fight with their partners. From the start, yelling at the partner with harsh words, forbidding doing various things, commenting on dressing, suddenly ignoring, and not considering their partner, even excessive jealousy of the opposite sex.

In accordance with research conducted by (Yuli, 2020) that with the immature age readiness of adolescents, as well as very unstable emotions and ego in each of them, it results in Toxic Relationship. Because of a sense of ego and raises the desire to have a whole.

Similarly, research conducted by (Dewi, 2018) that this sense of ownership leads to a high level of jealousy, so they treat their partner as if they are completely theirs and forbid them from doing various things. This will cause discomfort for one of the parties due to excessive pressure from their partner.

## **CONCLUSIONS**

The symptoms of Toxic Relationship depression experienced are characterized by the victim feeling less passionate about doing anything, feeling moody, sad, and hopeless, having difficulty sleeping, feeling tired, lack of energy, lack of appetite, lack of confidence, and even feeling better to die or hurt themselves. Therefore, Toxic Relationship cases are related to depressive disorders in a person. The conclusion of the research that the author conducted, namely Toxic Relationship is one of the triggers of

depressive disorders in adolescents in Pariaman City.

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