The Mental Health Toll of Being an Emotional Dump Yard: A Social Work Exploration of Informal Emotional Support Providers in Nigeria

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Abstract: *In many communal societies, individuals often assume informal emotional support roles, prioritizing others' psychological needs over their own. While this practice strengthens social cohesion, it also carries significant mental health risks, particularly when individuals become consistent recipients of unreciprocated emotional unloading. Emotional unloading is a phenomenon known as emotional dumping. Although research on emotional labor and compassion fatigue has expanded, limited attention has been given to informal emotional support providers outside institutional care systems, especially in low-resource contexts such as Nigeria. This study explored the emotional burden and coping strategies of these individuals, examining how cultural expectations, social roles, and inadequate access to mental health resources intensify psychological strain. Using a qualitative design, 22 in-depth interviews were conducted with informal emotional supporters in Enugu East Local Government Area, Enugu State, Nigeria. Thematic analysis revealed pervasive emotional exhaustion, burnout, and symptoms of compassion fatigue, largely influenced by one-sided emotional exchanges and cultural norms that discourage vulnerability. Although participants reported adaptive coping methods such as journaling, mindfulness, and emotional regulation, most lacked structured guidance or professional support to sustain these practices. The findings underscore the need for culturally grounded mental health interventions and stronger social work engagement to enhance resilience and well-being among informal emotional support providers in communal contexts where emotional labor remains largely invisible.*

Keywords: *Emotional burnout, emotional dumping, informal support roles, mental health impact, social work profession*

Emotional relationships are strongly associated with individual well-being, with research indicating that supportive social connections significantly contribute to higher self-esteem and improved mental health outcomes (Harris & Orth, 2020). Individuals frequently rely on informal networks, friends, family, and peers to share emotional burdens and seek comfort during challenging times (Navaneetham & Kanth, 2022). While such support often benefits the person expressing distress, it may create an imbalanced dynamic when one individual repeatedly unloads emotional strain without reciprocating or acknowledging the listener's emotional limits. This one-sided exchange, often termed *emotional dumping*, can negatively affect the listener's well-being, leading to stress, emotional fatigue, and reduced psychological resilience (Hochschild, 1983/2012). Individuals who consistently absorb and manage the emotional challenges of others, referred to in this study as informal emotional support providers, may face increased risks

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of stress, emotional exhaustion, burnout, and compassion fatigue due to prolonged exposure to others' distress (Garnett et al., 2023; Michelson & Kluger, 2023). Across the African continent, the communal nature of society strongly shapes how emotional support is exchanged (Ogude, 2019). Emotional caregiving is deeply embedded in cultural values that prioritize shared identity, interdependence, and collective responsibility (Ajitoni, 2024; Dogbe, 2020). These values, embodied in the African philosophy of Ubuntu, emphasize mutual aid and interconnectedness within communities. Although such traditions foster solidarity, they can also place individuals in emotionally taxing roles that lack boundaries, formal recognition, or systemic support (Ogude, 2019). Unlike mental health professionals, informal supporters in communal settings rarely receive training to safeguard their own well-being, leaving them vulnerable to long-term emotional exhaustion (Grandey et al., 2015).

In Nigeria, these dynamics are especially pronounced due to deep-rooted expectations surrounding emotional strength, caregiving responsibilities, and familial duty. Caregivers, elders, and socially embedded community members are expected to display resilience and constant availability to others (Falzarano et al., 2022; Wu et al., 2023). Many Nigerians consequently suppress their emotional needs to prioritize the welfare of others, a pattern associated with cumulative mental health strain (Dogbe, 2020). The spread of digital media has further intensified these dynamics by facilitating greater online self-disclosure and contributing to the normalization of oversharing (Brammer et al., 2022). Without adequate emotional boundaries and structured self-care practices, informal emotional support providers may become increasingly vulnerable to stress, emotional exhaustion, compassion fatigue, and psychological distress due to repeated exposure to others' emotional burdens (Michelson & Kluger, 2023; van der Mey-Baijens et al., 2025).

Informal and Kinship Care Contexts

Recent kinship care studies extend understanding of unpaid caregiving beyond professional settings. Wu et al. (2023) and Falzarano et al. (2022) show that informal family caregivers experience comparable emotional depletion when cultural expectations discourage self-care. Such insights situate Nigeria's informal emotional supporters within a broader global caregiving continuum, emphasizing the need to examine their lived experiences through a social work lens.

In Nigeria, these patterns are especially pronounced due to deep-rooted cultural expectations surrounding emotional strength, caregiving responsibilities, and familial duty (Olajide et al., 2024). Individuals, particularly caregivers, elders, and socially embedded community members, are often expected to demonstrate emotional resilience and maintain constant availability to support others (Falzarano et al., 2022; Wu et al., 2023). As a result, many Nigerians habitually suppress their own emotional needs to prioritize the well-being of those around them, a practice that may carry significant mental health implications over time (Dogbe, 2020). Although emotional labor and compassion fatigue research is extensive, most studies remain confined to formal professions such as nursing, teaching, and social work. Ajibade et al. (2020) examined compassion fatigue among nurses at the Lagos State University Teaching Hospital, yet little is known about those who provide

emotional support outside institutional frameworks. This gap is significant in Nigeria, where informal networks often substitute for underdeveloped mental health infrastructure. International research (e.g., Figley, 1995; Grandey et al., 2015; Khetjenkarn & Agmapisarn, 2020) confirms that chronic caregiving without boundaries leads to emotional depletion, but few studies have examined this process in nonWestern, community-based contexts.

This study is anchored in compassion fatigue theory, which explains the emotional and psychological exhaustion that can occur when individuals are repeatedly exposed to the suffering, distress, and emotional burdens of others. Although the theory was originally developed within professional caregiving contexts, particularly nursing and healthcare, recent literature shows that sustained exposure to others' traumatic or emotionally difficult experiences can also generate stress in listeners and support providers (Michelson & Kluger, 2023; Sinclair et al., 2017). Compassion fatigue is commonly associated with emotional exhaustion, reduced empathy, psychological distress, and a diminished capacity to continue providing care. In this study, the framework is extended to informal emotional support providers, such as friends, family members, and peers who regularly offer emotional support without formal training, compensation, or institutional boundaries. Unlike professionals, these informal supporters often manage others' distress while lacking structured mechanisms for self-care, emotional regulation, and setting boundaries, thereby increasing their vulnerability to stress, burnout, and compassion fatigue (Michelson & Kluger, 2023; Sinclair et al., 2017). Building on this framework, the present study investigates how informal emotional support providers in Nigeria experience burnout, emotional exhaustion, and compassion fatigue. Prior studies have analyzed these outcomes among formal professionals (Halbesleben & Buckley, 2004; Stanley & Sebastine, 2023), but few explore the parallel strain within informal contexts. Evidence from Dolley-Lesciks et al. (2024) and Amir et al. (2019) suggests that limited emotional boundaries and self-management skills intensify vulnerability conditions typical among untrained community supporters.

Social work is grounded in the promotion of social change, social justice, human rights, empowerment, and the enhancement of human well-being (International Federation of Social Workers [IFSW], 2014) provides an essential framework for addressing these hidden burdens. In Nigeria, an emerging social work profession is increasingly positioned to assist individuals facing emotional strain within informal networks (Ene et al., 2024). Through counseling, advocacy, psychoeducation, and other supportive interventions, social workers can help individuals address psychosocial challenges and strengthen their capacity to cope with emotional demands (Enekoga & Owoyemi, 2025). Moreover, community-based and task-shifting approaches, where trained social workers mentor informal caregivers, can strengthen local mental health support systems (Kourgiantakis et al., 2020; Ragesh et al., 2017). Supporting those who serve as emotional anchors not only affirms their social value but also promotes healthier interpersonal dynamics and collective resilience.

Several studies have highlighted the emotional toll of informal caregiving. Brotheridge and Lee (2003) found that the absence of formal protocols in personal relationships intensifies emotional strain. Similarly, Dolley-Lesciks et al. (2024) and Amir et al. (2019) observed that individuals who regularly absorb others' distress experience heightened

stress and psychological fatigue. In Nigeria, cultural norms that valorize endurance and self-sacrifice further exacerbate these challenges (Jidong et al., 2021; Peng & Li, 2023). As Stanley and Sebastine (2023) explain, unreciprocated caregiving often results in emotional isolation and burnout. Comparable patterns have been noted among teachers and frontline workers, where deep acting, or the deliberate effort to modify one's internal emotional experience so that it aligns with the emotions expected in a professional or caregiving role**,** and emotional suppression predict elevated stress levels (Jeung & Chang, 2018; Portero de la Cruz et al., 2020; Rasheed-Karim, 2020).

Despite mounting evidence, mental health interventions in Nigeria rarely acknowledge the experiences and needs of unpaid caregivers. This population continues to receive limited attention in policy and support frameworks, even though recent research highlights the emotional burden associated with sustained exposure to others' distress and underscores the need for greater recognition and support for those providing informal emotional care (Michelson & Kluger, 2023; Sinclair et al., 2017). Also, Sonnentag and Fritz (2015) advocate self-compassion and mindfulness as protective strategies, while Rus et al. (2022) demonstrate the effectiveness of integrating cognitive and behavioral coping techniques. Yet cultural stigma surrounding emotional vulnerability continues to hinder their uptake. Understanding how these coping mechanisms operate in non-Western, resource-limited contexts is therefore vital for designing culturally responsive social work interventions.

This study contributes to the existing body of literature by shifting focus from formal caregiving roles to the lived experiences of informal emotional support providers in Nigeria, individuals who function as "emotional dump yards" within their social circles. It addresses a significant gap in both global and local research by examining the psychological costs of consistently absorbing others' emotional burdens without reciprocal support, training, or institutional recognition. Grounded in compassion fatigue theory, the research underscores the mental toll associated with prolonged, unacknowledged emotional labor and highlights how cultural expectations and community dynamics influence the caregiving experience in Nigerian society. By adapting established theoretical models such as those developed by Hochschild (1983/2012) and Figley (1995) to the Nigerian context, this study not only expands the understanding of emotional labor but also underscores the vital role of social work in addressing it.

Social workers, as mental health advocates and community-based practitioners, are uniquely positioned to recognize and support informal caregivers through psychosocial education, culturally responsive counseling, and the creation of protective support networks. This study, therefore, also speaks to the discipline of social work by advocating for the inclusion of informal support providers in intervention efforts, mental health policy planning, and social service delivery models. The primary objective is to examine the mental health consequences of emotional dumping on these individuals, understand how sustained exposure to others' distress impacts their well-being, and explore the coping strategies they employ to manage burnout and compassion fatigue. Additionally, it analyzes the socio-cultural norms that shape their roles and responses. By addressing these concerns, the study offers critical insights for social work professionals seeking to design interventions that prioritize the mental health and resilience of informal support providers particularly in low-resource, high-demand environments. Given Nigeria's increasing

reliance on informal care networks to meet emotional needs, this research is both timely and essential for guiding future academic inquiry, social work education, and practical community engagement.

Materials and Methods

Study Location

This study was conducted in Enugu East Local Government Area, located in Enugu State, Nigeria. Enugu East is one of the key administrative regions in the state and is part of the larger Enugu Capital Territory. The area is a mix of urban and peri-urban communities and is home to a significant population of young adults.

According to data from the National Bureau of Statistics (2012), Enugu East Local Government Area (LGA) had a population of 277,119 in the 2006 census, comprising 131,214 males and 145,905 females. The population was estimated to have increased to approximately 397,700 in 2022, and 435,300 in 2026 (World Population Review, 2026). The region is characterized by a growing youth population, increased urbanization, and expanding access to digital technologies and media, all of which have implications for mental health and social dynamics. The area's proximity to the Enugu Capital metropolis makes it a strategic location for studies focused on emerging psychological and social issues, particularly among young people navigating complex emotional and social environments.

Sampling and Recruitment

The study employed a two-stage sampling strategy that combined purposive and availability sampling methods to ensure a targeted and contextually grounded selection of participants. This approach was particularly effective in identifying individuals who are an often-overlooked group within mental health discourse in Nigeria: those who regularly provide emotional support to others and have experienced emotional strain as a result. The combination of these techniques allowed for an in-depth exploration of the personal experiences of individuals who serve as informal emotional support providers within Enugu East Local Government Area, Enugu State.

In the first stage, purposive sampling was used to identify participants who met the study's inclusion criteria. Participants were recruited through notices shared on student WhatsApp groups and personal networks within Enugu East Local Government Area. The recruitment message briefly explained the purpose of the study, the eligibility criteria, the voluntary nature of participation, and the use of audio recording for interviews. Interested individuals contacted the researcher directly or were referred by others who knew potential participants. Each interested person was then screened using the inclusion criteria: being between 18 and 40 years old, being able to communicate in English, being available and willing to participate, being able to provide informed consent, and agreeing to audio recording. Participants were also required to self-identify as having experienced mental health challenges or emotional distress. The study did not use DSM-5 clinical diagnosis;

rather, it relied on participants' self-reported lived experiences, consistent with qualitative approaches that recognize self-reporting as useful for identifying individuals with mental health-related experiences (Bonsaksen et al., 2018). Only individuals who met all inclusion criteria were invited for interviews.

The second stage involved availability-based recruitment within neighborhoods in Enugu East, particularly in areas surrounding the Enugu Capital metropolis which hosts a high population of young adults. Researchers engaged directly with community members to locate individuals who met the inclusion criteria and were open to participating. This process was guided by theoretical frameworks such as Wickremasinghe's (2021) work on trauma dumping, which provided useful insight into the effects of excessive emotional unloading on informal support providers.

The final sample consisted of 22 participants (n = 22), including 12 women and 10 men aged 20–40 years, who identified as informal emotional support providers. They regularly offered emotional support to friends, family members, romantic partners, and colleagues. Their support roles ranged from 6 months to 10 years, and most reported engaging in emotional-support interactions several times per week.

After data cleaning, three cases were excluded because they either did not meet the inclusion criteria or provided incomplete responses that lacked sufficient detail for thematic analysis. Such exclusions are acceptable in qualitative research when data are insufficient, irrelevant, or inconsistent with the study objectives (Malterud et al., 2016; Saunders et al., 2018). The final sample (n = 22) was considered adequate because the interviews generated rich data and thematic saturation was achieved, meaning that no substantially new themes emerged from additional interviews (Nelson, 2017; Saunders et al., 2018).

These screening procedures helped ensure the reliability and richness of the data collected. The researchers monitored age and gender during screening to include both men and women across the eligible age range of 18–40 years. No eligible participant was rejected because of gender. Participants above 40 years were not included because the study intentionally focused on young adults. who were actively involved in informal emotional-support relationships. Before each interview, participants were informed about the study's purpose, procedures, potential risks, and benefits. They were assured that their information would be treated confidentially and that participation was voluntary, with the option to withdraw at any time without consequence.

Data Collection

The researchers employed in-depth interviews (IDIs) for data collection, consistent with a qualitative descriptive research design. The IDI guide was developed collaboratively by the research team and included 13 semi-structured, open-ended questions designed to elicit detailed responses while allowing for flexibility in probing deeper into participants' lived experiences and emotional responses. The IDIs were grounded in compassion fatigue theory, which emphasizes the emotional and physical exhaustion experienced by individuals exposed to the continuous trauma and distress of others (Figley, 1995; Joinson, 1992). This theoretical lens informed both the structure of the interview guide and the

interpretation of participants' narratives, particularly focusing on how individuals cope with the strain of constant emotional caregiving.

All interviews were conducted in calm and appropriate settings, including shaded outdoor areas away from direct sunlight and excessive noise, as well as classrooms and libraries. These settings were selected to ensure confidentiality and provide a calm and familiar environment. Each session lasted between 45 minutes and 1 hour and was scheduled individually to accommodate participants' availability. Careful attention was paid to creating a supportive and respectful environment, ensuring both the psychological safety and comfort of participants.

Prior to the interviews, participants were briefed on the study's objectives, potential risks, and benefits. They were assured of the confidentiality of their responses and informed of their right to withdraw from the study at any point without consequences. Oral consent and permission to use a digital recorder were obtained from each participant before the interviews commenced. Ethical approval was obtained from the University of Nigeria, Nsukka. Before the main data collection, the interview guide was piloted with three individuals who shared similar characteristics with the target participants but were not included in the final sample. The pilot helped assess whether the questions were clear, sensitive, and capable of eliciting relevant responses about the emotional burden of informal support provision. Based on feedback from the pilot, unclear questions were reworded, repetitive items were merged, and the order of some questions was adjusted to improve the flow of the interview. No major themes were removed from the guide.

Data Analysis

Thematic analysis followed Braun and Clarke's (2006) six-phase framework. Codes were reviewed collaboratively to ensure dependability, and themes were refined through iterative discussion. The lead author, a social work scholar with training in applied sociology and with prior research experience in mental health and social-support studies in Nigeria and the United States, designed and led the study. This background informed an empathetic and culturally sensitive approach to interviewing. To minimize bias, the research team maintained reflexive notes, engaged in peer debriefing, and conducted joint coding discussions to ensure that the findings reflected participants' experiences rather than researchers' assumptions. With participants' consent, all in-depth interviews were audio-recorded using a digital recorder, and field notes were compiled by the researchers during each interview to capture contextual observations and non-verbal cues.

The data were transcribed verbatim in English to ensure exact meaning without alteration. The researchers independently read the analysis of transcripts to generate infinite categories that aided the initial coding. In the second coding, the transcript was read over time by researchers for familiarity which enabled the researchers to eliminate, combine or subdivide the themes that were generated in the initial coding to enable us to identify the themes upon which our reporting was made.

Results

Participants

The socio-demographic characteristics of the participants are summarized in Table 1. The study included 22 participants, comprising 12 females and 10 males. Participants' ages ranged from 20 to 40 years, with an average age of approximately 30.5 years. In terms of occupation, 12 participants were civil servants, six were public servants, and four were students. The table therefore reflects variation in age, gender, and occupational background among the participants.

Table 1. *Sociodemographic Characteristics of Participants (n=22)*

Pseudonym	Gender	Age	Occupation
Ada	Female	23	Civil Servant
Amaka	Female	26	Civil Servant
Chinedu	Male	29	Student
Chioma	Female	28	Civil Servant
Chisom	Female	27	Civil Servant
Chukwuemeka	Male	38	Student
Ebere	Female	24	Civil Servant
Emeka	Male	21	Public Servant
Grace	Female	34	Civil Servant
Ifeanyi	Male	40	Public Servant
Ifunanya	Female	35	Civil Servant
Ijeoma	Female	30	Civil Servant
Ike	Male	33	Public Servant
Kelechi	Male	39	Public Servant
Mary	Female	32	Civil Servant
Ngozi	Female	22	Civil Servant
Nkechi	Female	40	Civil Servant
Nnamdi	Male	37	Public Servant
Obinna	Male	36	Student
Okechukwu	Male	31	Student
Oluchi	Female	25	Civil Servant
Uche	Male	20	Public Servant

Themes

From the inductive thematic analysis, four key themes emerged, reflecting participants' perspectives on the mental health impacts of emotional dumping and informal emotional support roles in Nigeria. These themes are: (1) emotional labor and its consequences, (2) burnout and coping mechanisms, (3) social expectations and emotional display rules, and (4) long-term mental health outcomes.

Emotional Labor and Its Consequences

The analysis of the transcripts revealed that many participants experienced emotional fatigue because of consistently serving as a source of support for others. While many described a strong sense of obligation or fulfillment in offering help, this unreciprocated emotional labor often led to internal strain, exhaustion, and a gradual decline in their own mental well-being. A participant shared:

> *I often feel emotionally drained after supporting friends. I push aside my own emotions to be there for them. After those conversations, I feel empty, like I've put myself on pause. It's not that I don't want to help, but constantly setting aside my own needs takes a real emotional toll.* (Ada, Civil Servant).

Participants also reflected on the duality of fulfillment and fatigue that comes with caregiving. Another shared:

> *Helping others brings a sense of fulfillment, but that quickly fades into burnout. Each time I offer emotional support, I feel like I'm giving away a part of myself. Over time, I'm left depleted. It builds up silently then one day, I realize I'm emotionally exhausted and struggling to recover.* (Emeka, Public Servant).

Others described absorbing emotional burdens to the point of feeling psychologically entangled with others' struggles. A participant thus said:

> *When I support people emotionally, I often carry their pain as if it were my own. I listen deeply, and I feel everything they feel sadness, stress, anxiety. Sometimes it's so consuming that I forget to take care of myself. Their emotions stay with me long after the conversation ends.* (Chinedu, Student).

Burnout and Coping Mechanisms

The analysis of the transcripts revealed that continuous emotional caregiving led many participants to experience symptoms of burnout. Participants described emotional exhaustion, feeling overwhelmed, and the need to disengage after prolonged support encounters. While some adopted constructive strategies like mindfulness, journaling, and rest, others relied on less healthy means to cope with the mental strain of always being available for others.

A male, Ike, participant explained how journaling helped him process the emotional residue left from supporting others:

> *After I talk to someone who's going through a lot, I usually feel heavy. So, I write down everything I felt what they said, how I reacted. It helps me make sense of things and get clarity. Journaling has become my therapy. I don't always have someone to talk to, so that's how I take care of myself emotionally.* (Ike, Public Student)

Another participant, Josh, shared how mindfulness helped him manage the psychological burden of emotional labor:

> *Whenever I support someone emotionally, I try not to carry their pain around. That's why I practice mindfulness and breathing exercises. It sounds simple, but just breathing slowly and checking in with myself after those conversations helps me stay grounded. It creates a line between me and them. Without that, I think I would've burned out by now.* (Obinna, Student)

A civil servant, Grace, discussed her approach to emotional boundaries and how it helped her stay balanced:

> *It's very easy to lose yourself when you're always listening to people's problems. I used to take everything in, but now I use breathing techniques and alone time to create space between their emotions and mine. I had to learn that I'm not a sponge for everyone's stress. Creating that distance is what's keeping me emotionally stable.* (Grace, Civil Servant)

In support of the coping strategies mentioned above, a student, Kelechi, reflected on turning to less healthy outlets to cope, even though he is aware of their limitations:

> *Sometimes the emotional burden is just too much, and I go out drinking to take my mind off it. I know it's not the healthiest way to deal with things, but it gives me temporary relief. I tell myself that at least I'm helping others, and I try to draw strength from that to keep going.* (Kelechi, Public Servant)

The findings indicate that while many informal support providers strive to protect their emotional well-being through various strategies, the intensity of their roles sometimes drives them to coping methods that offer only temporary relief. The mix of constructive and risky coping behaviors reflects the high emotional demands they face and the need for more structured support systems and emotional education.

Societal Expectations and Display Rules

The analysis of the transcripts revealed that cultural and societal expectations played a significant role in how participants navigated emotional support roles. Many felt socially obligated to be emotionally available for others, often at the expense of their own well-being. These expectations, deeply rooted in cultural norms, discouraged vulnerability and reinforced the belief that showing emotional strength is a social duty, particularly in Nigerian communal settings. A civil servant (Ngozi) shared how societal norms pressure individuals to constantly appear strong and emotionally stable, regardless of personal struggles:

> *There's always this expectation that you must be the strong one available, listening, supportive no matter what you're going through yourself. It makes it very difficult to open up or admit when I'm not okay. People seem to forget that support providers also need support. That constant pressure can be mentally and emotionally overwhelming over time.* (Ngozi, Civil Servant)

Another participant explained how cultural ideals around emotional selflessness often suppress individual emotional needs:

> *In our culture, you're taught to put others first, especially emotionally. You don't talk about your pain you focus on helping someone else through theirs. At times, it feels suffocating. It's like I've been conditioned to ignore my feelings so I can be there for others, even when I'm silently struggling myself.* (Nkechi, Civil Servant)

A similar concern was expressed by Amaka (Civil Servant), who emphasized how cultural values can discourage emotional expression among caregivers:

> *We are raised to always be present for others family, friends, coworkers no matter what. But that comes with a cost. You start hiding your pain because you're expected to be the strong one. I've often felt guilty for even thinking about prioritizing myself. But we matter too. Our emotions are valid, and they need space too.* (Amaka, Civil Servant)

These narratives highlight how deeply ingrained social and cultural expectations can shape emotional behavior. Participants expressed that while caring for others is valued, it often leads to emotional suppression, inner conflict, and an inability to prioritize self-care. The burden of constantly conforming to these display rules further complicates their mental health and emotional well-being.

Long-Term Mental Health Outcomes

The analysis of the transcript revealed that prolonged emotional support roles had significant psychological consequences for participants. While many found meaning in helping others, the continuous exposure to emotional distress, coupled with cultural expectations, led to worsening anxiety, emotional instability, and mental fatigue. These outcomes reflect the longer-term effects of compassion fatigue and unregulated emotional labor among informal support providers.

A male participant shared his experience with persistent anxiety caused by the weight of emotional caregiving:

> *I've noticed more anxiety since I started helping people around me. It's not just during the conversations it continues long after. I keep thinking about their issues, trying to come up with solutions. I even lose sleep sometimes. I feel emotionally tied to their lives, and it's affecting my own mental health because I carry their pain too deeply.* (Ifeanyi, Public Servant)

Another participant echoed the overwhelming demands placed on her personal life due to constantly supporting others emotionally:

> *It's like I don't exist anymore. I spend so much time and energy worrying about people I'm helping that I barely have anything left for myself. Even when I'm tired, I still try to be available. My anxiety has increased, and I feel like my own needs have disappeared. The pressure to be emotionally present never ends.* (Ebere, Civil Servant)

A female participant reflected on the emotional instability she now experiences because of internalizing others' struggles:

> *My emotions have become unpredictable. I find myself suddenly sad or frustrated, even when nothing has happened to me directly. I think it's because I've absorbed too much of other people's emotional pain. Their problems stay with me and affect my mood. It's hard to draw the line between their emotions and mine, and it's mentally exhausting.* (Chisom, Civil Servant)

In support of the above but from a slightly different perspective, another participant a student (Okechukwu) noted "that while the experience has made him more emotionally resilient, the psychological cost remains high." The findings suggest that over time, the accumulation of emotional labor can lead to significant mental health struggles if left unaddressed.

Discussion

The study aimed to examine the mental health consequences of emotional dumping on informal emotional support providers in Nigeria. It also explored the coping strategies used by these individuals and the sociocultural influences that shape their roles. From the analysis of the transcripts, several key findings emerged, offering rich insights into how informal supporters, referred to as "emotional dump yards" manage persistent emotional labor and its effects on their psychological well-being.

Findings revealed that participants consistently experienced emotional fatigue and psychological exhaustion due to being constantly available to others. This emotional burden often went unacknowledged, as participants reported receiving little or no support from those they helped. The emotional labor involved deep empathy, self-sacrifice, and sustained attentiveness, frequently at the expense of personal well-being. This echoes Grandey et al.'s (2015) description of emotional depletion and extends Ajibade et al.'s (2020) findings on burnout among professional caregivers to unpaid, informal supporters in Nigerian communities. Recent evidence similarly shows that emotionally demanding support roles can increase stress and psychological strain, especially when support providers lack clear boundaries or adequate resources (Michelson & Kluger, 2023). Participants also described a sense of fulfillment from helping others; however, this satisfaction often coexisted with compassion fatigue, reflecting the emotional cost of repeated exposure to others' distress (Michelson & Kluger, 2023; Sinclair et al., 2017). In Nigeria, these experiences are amplified by cultural expectations that prize emotional strength and selflessness (Ajitoni, 2024; Dogbe, 2020). Many participants described being viewed as the "strong one" within their families or peer circles, a role reinforced by communal values such as Ubuntu, which encourage emotional availability while discouraging self-care (Ogude, 2019; Wu et al., 2023). While such norms promote solidarity, they also perpetuate emotional overextension and neglect of personal boundaries.

The study found that participants adopted diverse coping strategies to manage the emotional strain associated with their support roles. Some used constructive methods such as journaling, mindfulness, and quiet reflection, which align with recent evidence that self-care and reflective coping practices can help reduce stress, emotional exhaustion, and compassion fatigue among individuals exposed to others' distress (Michelson & Kluger,

2023; Sinclair et al., 2017), and Sonnentag and Fritz's (2015) work on psychological recovery. Others, however, relied on maladaptive outlets like alcohol consumption to relieve stress. Similar findings were reported by Dolley-Lesciks et al. (2024) and Amir et al. (2019), who noted that individuals with blurred emotional boundaries often resort to unhealthy behaviors when overwhelmed by others' distress.

Cultural expectations further shape these dynamics. Participants described how Nigerian family systems emphasize emotional endurance and discourage vulnerability. This aligns with Peng and Li's (2023) findings that cultural scripts demanding emotional toughness can reinforce emotional suppression. As several participants shared, prioritizing others' needs often felt like a moral duty, even when it led to personal strain, a phenomenon Hochschild (1983/2012) identified as deep acting.

The study further revealed that prolonged emotional labor led to long-term psychological effects such as anxiety, emotional exhaustion, and a weakened sense of self. These findings align with Stanley and Sebastine (2023), who noted that continuous exposure to others' distress without adequate regulation can contribute to burnout and emotional withdrawal. In resource-limited contexts like Nigeria, where mental health systems remain underdeveloped, informal supporters often serve as the primary, and sometimes only, source of help. Lacking institutional guidance or structured coping mechanisms, they may be particularly vulnerable to compassion fatigue and emotional depletion (Benveniste et al., 2024; Halbesleben & Buckley, 2004). Although prior research has primarily focused on burnout among formal professionals (Ajibade et al., 2020; Rasheed-Karim, 2020), this study sheds light on the invisible emotional labor of individuals outside formal care systems. The findings support Zhang's (2019) assertion that psychological strain occurs when emotional demands exceed available resources or recognition. In the present study, all participants reported some level of emotional strain, although their experiences differed by gender, relationship type, and the intensity of emotional engagement. Female participants generally reported higher emotional exhaustion and internalized distress, reflecting stronger cultural expectations around emotional availability and caregiving. Male participants, on the other hand, tended to suppress their emotions, bearing emotional burdens silently and internalizing stress in line with societal norms that discourage open emotional expression. .

These findings align with compassion fatigue theory, which explains the psychological cost of repeated exposure to others' suffering and emotional distress. Although traditionally applied to formal caregivers, recent evidence shows that sustained listening to others' distress can also increase stress and emotional exhaustion among support providers (Michelson & Kluger, 2023; Sinclair et al., 2017). In this study, the theory is extended to informal, community-based support relationships, showing that compassion fatigue may occur even when emotional caregiving is motivated by cultural, relational, or moral obligation. The findings highlight the important role of social workers in identifying and supporting informal emotional caregivers, including those who function as "emotional dump yards" within their communities. Grounded in the promotion of social justice, human rights, collective responsibility, and community well-being, social work offers practical frameworks for addressing unrecognized emotional labor and strengthening support systems for individuals who carry the emotional burdens of others (IFSW, 2014). In

Nigeria, where the profession continues to evolve, practitioners are strategically positioned to engage these individuals through counseling, advocacy, and psychoeducation (Enekoga & Owoyemi, 2025). Social workers can help informal supporters establish emotional boundaries, build resilience, and access culturally appropriate mental health resources. Beyond direct services, social workers can also lead task-shifting initiatives, where trained professionals mentor and coordinate peer-support networks in communities lacking adequate mental health personnel. Such approaches mirror Kourgiantakis et al.'s (2020) emphasis on preparing practitioners to manage sustained emotional strain in under-resourced settings.

In this context, social workers can challenge systemic and cultural barriers that perpetuate invisible emotional labor, ensuring that informal supporters receive recognition, protection, and access to resources. These insights echo Ragesh et al.'s (2017) findings on the social worker's role in delivering empowerment-based interventions to restore emotional well-being. By building inclusive and community-driven support systems, social work can enhance mental health resilience and promote emotionally balanced communities.

Limitations and Recommendations

A key limitation of this study is its cross-sectional design, which captures participants' experiences at a single point in time. As a result, it cannot account for how emotional strain or coping strategies may evolve as individuals continue in their support roles.

Future research should employ longitudinal or mixed-method approaches to trace changes in emotional resilience and burnout over time. There is also a need for community-level interventions that promote emotional boundaries, self-care, and awareness of compassion fatigue. Social work and public health practitioners can collaborate to create peer-led support groups, integrate informal caregivers into community mental health initiatives, and destigmatize help-seeking behaviors through culturally grounded education and advocacy.

Conclusion

This study set out to examine the mental health consequences of emotional dumping on informal emotional support providers in Nigeria, with a particular focus on how sustained exposure to others' emotional distress affects their psychological well-being. Through in-depth interviews, the study revealed that many informal supporters experience emotional exhaustion, anxiety, and a gradual decline in their own mental health due to the unreciprocated emotional labor they perform. Participants described a cycle of internalized pressure, societal expectations, and emotional fatigue, compounded by a lack of boundaries and accessible coping resources. These findings contribute significantly to the existing literature by drawing attention to the often-overlooked experiences of informal caregivers in low-resource, high-demand environments, particularly within the Nigerian cultural context. They also underscore the urgent need for public health education and community-

based interventions that promote emotional self-awareness, healthy boundaries, and sustainable coping strategies.

Importantly, the study has clear implications for social work practice in Nigeria and similar settings. As frontline mental health advocates, social workers can play a critical role in identifying and supporting informal emotional support providers by designing culturally sensitive interventions, offering counseling services, and facilitating peer support groups that address compassion fatigue and emotional burnout. Integrating this overlooked population into social work outreach and policy advocacy efforts is essential for building more inclusive and resilient mental health systems.

However, the study is limited by its focus on a single geographical location and its reliance on self-reported data, which may not capture the full diversity of experiences. Future research should explore this phenomenon across multiple regions, employ mixed-method approaches, and consider gendered perspectives to provide a more comprehensive understanding of emotional labor in informal settings. By bringing these invisible emotional burdens to light, this study lays the groundwork for further inquiry and advocacy focused on the well-being of those who support others behind the scenes.

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