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The Experience of Providing Support to a Friend or Family Member with Post-Traumatic Stress Disorder

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Abstract

Background: Post-traumatic stress disorder (PTSD) can affect not only the person who experiences the disorder but also the friends and family members who provide ongoing emotional, practical and relational support. This study explored the experiences of people providing support to a friend or family member with PTSD.

Methods: A qualitative design was used to examine naturally occurring narratives posted on two UK-based online forums. The dataset comprised 31 comments drawn from 23 PTSD-related threads. Eligible comments described experiences of supporting a friend, partner or family member with PTSD, and comments associated with authors younger than 18 years were excluded. The material was analysed using inductive reflexive thematic analysis.

Results: Four interconnected themes were identified: (a) detrimental impacts on physical and mental well-being, (b) emotional struggles, including self-rejection and anger, (c) the importance of seeking support, and (d) experiences of confusion and hardship. Narratives described psychological and physical deterioration, guilt, depression, neglect, loneliness, inadequacy, rejection, anger, exhaustion, financial strain, uncertainty and relationship difficulties. Participants also described the importance of help-seeking, self-care and maintaining other sources of support.

Conclusion: Providing support to a person with PTSD may involve substantial emotional, psychological, physical, relational and practical demands. Support systems should therefore recognise informal support providers as people with needs of their own while avoiding assumptions that the present qualitative findings represent all people supporting someone with PTSD.

Keywords: Post-traumatic stress disorder; Informal caregivers; Family support; Social support; Secondary traumatic stress

1 | INTRODUCTION

Post-traumatic stress disorder (PTSD) is a trauma- and stressor-related disorder that can emerge after exposure to actual or threatened death, serious injury, sexual violence, or other traumatic experiences. Although PTSD is diagnosed in an individual, its symptoms can extend into interpersonal and family systems. The global burden of traumatic-event exposure is substantial, and epidemiological research has demonstrated that PTSD is an important public-health concern with heterogeneous courses and consequences (Benjet et al., 2016; Kessler et al., 2017; Bryant, 2019). The disorder may involve intrusive recollections, avoidance, negative changes in cognition and mood, and alterations in arousal and reactivity, all of which can influence everyday relationships and social functioning (Bisson et al., 2015; Pai et al., 2017).

PTSD is consequently not solely an intrapersonal experience. People living alongside someone with PTSD may become involved in managing symptoms, responding to distress, adjusting household routines, providing reassurance, accompanying the person to appointments, or absorbing the effects of disrupted employment, parenting and social participation. Research on military and veteran populations has particularly highlighted the relational consequences of PTSD, including strain within intimate relationships and difficulties in family functioning (Dekel & Monson, 2010). Studies have also indicated that the quality and form of support provided by partners can be associated with the functioning and symptom experiences of people with PTSD (Dekel et al., 2018). More recent qualitative and systematic evidence further indicates that family members of people with PTSD may experience changes in family roles, relationship difficulties, psychological burden, and their own unmet support needs (May et al., 2023; Powling et al., 2024). In particular, Powling et al. (2024) found that partners described trauma and PTSD as an ongoing process involving changes in identity, relationships, understanding, and access to external support.

At the same time, the provision of support can itself become psychologically demanding. Reviews and empirical studies have documented psychological distress and trauma-related symptoms among people in close caregiving or support roles, including partners of veterans with PTSD and caregivers of people experiencing other severe psychological or medical difficulties (Yambo & Johnson, 2014; Kingston et al., 2016; Carmassi et al., 2020). The concept of secondary traumatic stress is relevant because sustained engagement with another person's trauma-related experiences may have psychological consequences for those providing support. Although the concept was initially developed extensively in relation to professional helpers, more recent literature has also considered secondary trauma among family members and other close contacts (Figley, 2013; Kendall-Tackett, 2023). Such experiences should not, however, be assumed to constitute PTSD or another clinical disorder; rather, they indicate that supporting a traumatised person can involve significant emotional and psychological costs.

Social support remains important to recovery from trauma, but support is not a one-directional process. Evidence suggests that perceived and available social support can influence recovery from PTSD, while strained relationships may also complicate adjustment (Dai et al., 2016; Calhoun et al., 2022; Woodward et al., 2015). More recent evidence suggests that the relationship between social support and PTSD may be reciprocal rather than purely one-directional, with social support and PTSD symptoms potentially influencing one another over time (Sippel et al., 2024). A recent systematic review has also highlighted the importance of assessing social support systematically in PTSD research and clinical care (Fortney et al., 2024). Family members and friends may therefore occupy a difficult position in which they are expected to be supportive while simultaneously attempting to preserve their own well-being. Research with partners of veterans has described experiences of uncertainty, emotional depletion and the need to negotiate competing relational demands (Beks, 2016; Fredette et al., 2020).

Another important issue concerns the practical uncertainty involved in supporting someone with PTSD. PTSD symptoms can fluctuate, and support providers may not always know whether to encourage discussion, offer reassurance, give the person space, seek professional help, or protect other family members from distressing situations. This uncertainty may be particularly pronounced where the person with PTSD does not wish to seek treatment or where the support provider has limited knowledge about trauma-related symptoms. Research concerning family-centred care and caregiving more broadly suggests that support systems are more sustainable when the needs of relatives and other informal carers are recognised alongside the needs of the person receiving care (Davidson et al., 2017).

Despite the importance of these issues, much of the literature has concentrated on particular groups, especially military personnel and their spouses, or on specific clinical caregiving contexts. Less is known about the broader everyday experiences expressed by friends and family members who support people with PTSD arising from heterogeneous traumatic experiences. Qualitative research can make a distinctive contribution because it allows the complexity, ambivalence and contextual detail of support experiences to remain visible rather than reducing them to predefined measures. Naturally occurring online discussions provide an additional source of qualitative evidence because contributors can describe experiences in their own language and at times when those experiences are salient.

Online forum narratives may be particularly useful for examining sensitive experiences involving guilt, anger, resentment, exhaustion and relationship difficulties, which people may be reluctant to disclose in formal interviews. However, such data are also self-selected, context-dependent and not necessarily representative of the wider population. The present study therefore did not seek to estimate the prevalence of particular experiences or establish clinical diagnoses. Instead, it examined the meanings and patterns contained within the narratives available in the selected forums.

The present study addressed the research question: What are the experiences of providing support to a friend or family member with PTSD? The study sought to understand how support providers described the psychological, physical, emotional, relational and practical consequences of their experiences, as well as the strategies they described for coping with the demands of support provision. In keeping with the qualitative orientation of the study, the aim was to illuminate lived and expressed experiences rather than test the effectiveness of a particular intervention.

2 | METHOD

2.1 | Study Area

The study was situated within UK-based online communities in which users discussed experiences related to PTSD, relationships and family life. Two online forums were used as data sources: Mumsnet and Netmums. The forums were selected because they contained naturally occurring discussions in which adults described experiences of supporting a partner, friend or family member with PTSD. The online setting enabled examination of support experiences in a context in which contributors could describe personal difficulties in their own words.

2.2 | Study Design

The study adopted a qualitative, inductive design based on naturally occurring online forum narratives. Rather than imposing predefined categories on the material, the analysis sought to identify patterns of meaning arising from the contributors' accounts. This approach was appropriate because the research question concerned the experience of providing support and the ways in which contributors made sense of emotional, relational and practical difficulties. Reflexive thematic analysis was selected because it provides a flexible method for identifying, interpreting and organising patterns across a qualitative dataset (Braun & Clarke, 2006).

2.3 | Procedure

Relevant forum threads were identified using search terms related to PTSD, experience, support, friends and family members. Permission to use the forum material was obtained from the relevant forum administrators. The final dataset comprised 31 comments from 23 PTSD-related threads: nine comments

from six threads on one forum and 22 comments from 17 threads on the second forum. Comments were eligible when the thread concerned PTSD and the comment described the contributor's experience of supporting a friend, partner or family member with PTSD. Comments authored by people younger than 18 years were excluded.

The selected comments were transferred into a separate working document for analysis. Usernames, timestamps and identifying information, including personal or place details where present, were removed or anonymised. The material was then organised in Microsoft Excel 2021 to support systematic coding and comparison. Because the data were naturally occurring rather than generated through interviews, the analysis focused on what contributors actually expressed in the forum discussions rather than asking follow-up questions.

2.4 | Ethics Statement

Ethical approval for this study was obtained from the University of Chester School of Psychology Ethics Committee. The research was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki (1964, revised 2013). Permission to use material from the two online forums was obtained, and all identifying information was anonymised to protect the privacy and confidentiality of forum users. The protocol/approval number is not applicable.

2.5 | Participants

Because the study analysed naturally occurring online narratives, the term contributors is used alongside participants to avoid implying that the individuals were recruited into a conventional interview study. The final dataset contained 31 comments contributed across 23 PTSD-related threads. The available dataset indicated that the accounts were written by women. Demographic characteristics such as age, ethnicity, socioeconomic status and clinical diagnosis were not consistently available and were therefore not inferred. The unit of analysis was the forum comment, while the broader thread context was retained where necessary to interpret the meaning of the comment.

Data-source characteristic	**Forum 1**	**Forum 2**
Threads included	6	17
Comments included	9	22
Comments included across both forums	9	22
Type of material	PTSD-related forum narratives	PTSD-related forum narratives
Eligibility focus	Adult support-provider accounts	Adult support-provider accounts

Table 1. Characteristics of the online forum data included in the analysis. The dataset comprised 31 comments drawn from 23 PTSD-related threads across the two forums.

2.6 | Data Analysis

The extracted material was analysed using inductive reflexive thematic analysis following the six-phase approach described by Braun and Clarke (2006). The researcher first became familiar with the dataset through repeated reading, paying attention to explicit descriptions of emotional, physical, relational and practical experiences. Initial codes were then generated across the comments. Related codes were collated

and compared, candidate themes were developed and reviewed, and the final themes were refined to ensure that each captured a coherent pattern while remaining distinct from the others.

The analysis was iterative rather than strictly linear. Comments were revisited when interpretations changed, and similarities and differences across threads were considered during theme development. Microsoft Excel 2021 was used to organise codes and supporting extracts. Reflexivity was maintained throughout the analytic process because the researcher recognised that prior expectations concerning mental-health support and personal background could shape interpretation. The final analysis produced four themes: detrimental impacts on physical and mental well-being; emotional struggles, including self-rejection and anger; the importance of seeking support; and experiences of confusion and hardship. These themes were interpreted in relation to existing literature on PTSD, social support, caregiving and secondary traumatic stress.

3 | FINDINGS AND DISCUSSION

The analysis identified four interconnected themes that characterised the experiences of people providing support to a friend or family member with PTSD: (a) detrimental impacts on physical and mental well-being, (b) emotional struggles, including self-rejection and anger, (c) the importance of seeking support, and (d) experiences of confusion and hardship. Across the narratives, contributors described a complex experience in which concern for the person with PTSD coexisted with exhaustion, loneliness, frustration, uncertainty and difficulties in maintaining their own well-being. The findings indicate that supporting a person with PTSD can affect not only the emotional well-being of the support provider but also physical health, relationships, employment, finances and everyday functioning.

3.1 | Detrimental Impacts on Physical and Mental Well-being

Many contributors described supporting a person with PTSD as an experience that placed substantial demands on their own physical and psychological well-being. Their accounts included deteriorating mental health, physical health problems, anxiety, mood difficulties, exhaustion and difficulties maintaining everyday responsibilities. Rather than experiencing support provision as an isolated emotional responsibility, contributors described how the demands of supporting someone with PTSD could become embedded in their wider health and daily lives.

One contributor shared:

“My mental health and physical health then started deteriorating. I was diagnosed with 5 different health conditions and PTSD anxiety and mood swings. I soon became a mess but I had to continue to support him and my kids.”

This account illustrates the extent to which the demands of supporting a person with PTSD may become intertwined with the support provider's own physical and psychological well-being. Particularly important is the expression *“I had to continue to support him and my kids,”* which suggests a perceived responsibility to continue providing care despite experiencing personal health difficulties. The response therefore indicates that support providers may experience a tension between attending to their own needs and maintaining responsibilities towards the person with PTSD and other family members. The implication is that informal support should not be understood as cost-free; when personal well-being deteriorates while caregiving responsibilities continue, the capacity to sustain the support role may also become compromised.

A related contributor described how the demands of supporting a partner extended across domestic responsibilities and employment:

"I was absolutely shattered (we only have 1 child), I was trying to keep on top of the housework, work full time as a childminder and part time as a caretaker (because he couldn't work) and make everything 'look normal' to the outside world. But I HATED my life!"

This response demonstrates that the burden associated with PTSD support may extend beyond psychological distress to include domestic, occupational and social responsibilities. The expression *"make everything 'look normal' to the outside world"* suggests that the contributor was not only managing practical responsibilities but was also attempting to maintain an appearance of normality despite considerable internal distress. This is important because it indicates that the difficulties experienced by support providers may remain invisible to people outside the relationship or household. The finding is consistent with evidence that people who closely support traumatised individuals can experience psychological distress, burden and secondary traumatic stress (Figley, 2013; Yambo & Johnson, 2014; Kendall-Tackett, 2023). A qualitative systematic review by May et al. (2023) similarly identified overburden, changes in family roles, relationship difficulties and significant support needs among family members of people with PTSD. Powling et al. (2024) also reported that partners experienced the consequences of trauma and PTSD across their relationships, identities and wider lives, further supporting the present finding that the impact of PTSD may extend beyond the individual experiencing the disorder. However, these narratives should not be interpreted as evidence of clinical diagnoses among contributors; references to PTSD, anxiety or other conditions represent contributors' own descriptions of their experiences.

Collectively, these accounts suggest that interventions for PTSD should consider the well-being of close support providers alongside the needs of the person experiencing PTSD. Psychoeducation, opportunities for support-provider assessment, access to counselling or peer support, and practical guidance concerning boundaries and self-care may help reduce the extent to which informal support becomes unsustainable. Importantly, recognising the support provider's needs does not diminish the needs or autonomy of the person with PTSD; rather, it acknowledges that sustainable support depends partly on the well-being of the person providing it.

3.2 | Emotional Struggles, Including Self-Rejection and Anger

Contributors also described considerable emotional struggles arising from the experience of supporting someone with PTSD. These included loneliness, frustration, rejection, inadequacy, anger, neglect and feelings of being emotionally unsupported. The accounts suggest that contributors could simultaneously understand that the person with PTSD was experiencing significant difficulties while feeling hurt or neglected by the consequences of those difficulties within their own relationship.

One contributor reflected:

"What I have learned though is that no matter how much you want to help him, nothing will work unless he wants to help himself. So as a result YOU need to look after YOU!!!"

This response illustrates a movement from attempting to change or rescue the person with PTSD towards recognising the limits of the support provider's role. The statement *"nothing will work unless he wants to help himself"* conveys an awareness that informal support cannot replace the individual's own engagement with recovery. At the same time, the emphasis on *"YOU need to look after YOU"* highlights the importance of self-care and personal boundaries. The implication is that support providers may need to

recognise what is and is not within their control rather than assuming responsibility for another person's recovery.

This finding is consistent with research indicating that PTSD can place considerable strain on intimate and family relationships (Dekel & Monson, 2010; Beks, 2016). Recent qualitative evidence similarly indicates that partners may experience changes in relationship identity, emotional connection and expectations following trauma and PTSD (Powling et al., 2024), while a qualitative systematic review has identified relationship difficulties and altered family roles among family members of emergency first responders with PTSD (May et al., 2023). It also supports a relational understanding of PTSD in which the difficulties experienced by one person may influence the emotional experiences of those around them. However, the present account adds an important perspective by showing that contributors themselves recognised the need to protect their own well-being while continuing to care about the person with PTSD.

Loneliness was another important aspect of the emotional experience. One contributor explained:

"He sits upstairs most of the time he's home on his phone or watching TV I sit down I say to him I feel lonely he says we're in the same house."

This account demonstrates that physical proximity does not necessarily result in emotional connection. Although both individuals were in the same household, the contributor continued to experience loneliness and a lack of emotional reciprocity. The response therefore suggests that PTSD-related difficulties may affect not only the individual experiencing symptoms but also the quality of interpersonal connection within the relationship. The implication is that support providers may require opportunities to express and process their own emotional experiences rather than being positioned solely as sources of support for the person with PTSD.

Taken together, these accounts suggest that support-provider interventions should address emotional needs such as loneliness, frustration and perceived rejection alongside practical caregiving demands. Family-focused psychoeducation may also help contributors understand how PTSD symptoms can affect interpersonal functioning while creating space for them to communicate their own needs and establish realistic relational boundaries.

3.3 | The Importance of Seeking Support

A further theme concerned the importance of seeking support. Contributors described the value of obtaining assistance from health professionals, friends, family members and other sources of support. Their accounts also indicated that supporting someone with PTSD can become particularly difficult when the person experiencing PTSD is unwilling or unable to seek professional assistance. Consequently, contributors appeared to negotiate the difficult boundary between encouraging recovery and recognising that they could not make another person seek help.

One contributor explained:

"What I have learned though is that no matter how much you want to help him, nothing will work unless he wants to help himself. So as a result YOU need to look after YOU!!!"

Beyond its relevance to emotional struggles, this response highlights the importance of recognising the limits of informal support. The contributor appears to have learned that personal effort alone cannot determine another person's recovery. This has an important implication for support provision: friends and family members should not be expected to function as substitutes for professional mental-health services. Instead, they may require information about PTSD, guidance concerning how to encourage appropriate help-seeking, and support in managing their own emotional responses.

The findings are consistent with evidence that social support plays an important role in adjustment following psychological trauma (Dai et al., 2016; Calhoun et al., 2022). Recent research has further demonstrated that the relationship between social support and PTSD may operate bidirectionally, suggesting that PTSD symptoms may affect social-support resources while social support may also be associated with subsequent PTSD outcomes (Sippel et al., 2024). At the same time, the present narratives suggest that social support needs to operate in more than one direction. While the person with PTSD may require support from family and friends, those providing that support may also require assistance themselves. A support system that depends excessively on one individual may increase exhaustion and relationship strain.

The practical implication is that PTSD-related services could adopt a broader family- and relationship-sensitive approach. This is supported by a systematic review of PTSD interventions involving significant others, which identified interventions in which partners or other significant people were actively or passively involved in treatment and concluded that involving significant others warrants further consideration in PTSD treatment (Meuleman et al., 2023). Psychoeducation could help relatives and friends understand PTSD symptoms, possible interpersonal consequences and appropriate routes to professional help. Support providers could also be offered opportunities to seek assistance independently of whether the person with PTSD chooses to engage with treatment. Such an approach would recognise the autonomy of the person with PTSD while simultaneously acknowledging the legitimate needs of those providing ongoing support.

3.4 | Experiences of Confusion and Hardship

The final theme concerned confusion and hardship. Contributors described uncertainty about how to respond to PTSD-related behaviours, difficulties maintaining relationships, exhaustion, financial and occupational pressures, and disruptions to everyday life. These accounts suggest that providing support was often characterised by uncertainty because contributors did not always know whether to provide reassurance, give the person space, encourage professional help or prioritise their own needs.

One contributor described the emotional difficulty of feeling disconnected despite living in the same household:

“He sits upstairs most of the time he's home on his phone or watching TV I sit down I say to him I feel lonely he says we're in the same house.”

The response illustrates how confusion and hardship can emerge from a mismatch between physical presence and emotional availability. The contributor appears to have expected emotional connection from the relationship but experienced the response that they were *“in the same house”* as insufficient to address the loneliness being expressed. This suggests that contributors may struggle not only with the symptoms of PTSD but also with uncertainty about how those symptoms affect the relationship and what they can reasonably expect from the person they are supporting.

The hardship described across the narratives also extended beyond emotional experiences. Contributors discussed the effects of support provision on work, domestic responsibilities, finances, personal time and relationships. Such experiences indicate that the consequences of supporting someone with PTSD may accumulate across several areas of life rather than occurring within a single domain. Previous qualitative research has similarly described partners and family members of people with PTSD as experiencing uncertainty, relational strain and an ongoing process of adapting to the consequences of trauma (Beks, 2016; Fredette et al., 2020; Powling et al., 2024).

This implies that support providers may require practical guidance in addition to emotional support. Information about PTSD and its interpersonal effects may reduce uncertainty about how to respond to symptoms, while access to professional and social support may reduce the expectation that one person must manage the consequences alone. Services should therefore consider providing support providers with clear information about when to encourage professional help, how to maintain appropriate boundaries and how to protect their own well-being while remaining supportive.

4 | IMPLICATIONS OF FINDINGS

The findings carry implications for mental-health practice, family support and psychological research. First, services working with people with PTSD may benefit from recognising that close family members and friends can experience substantial distress in the course of providing support. Where clinically appropriate, routine enquiry about the well-being of significant support providers could help identify unmet needs, while maintaining the confidentiality and autonomy of the person with PTSD.

Second, psychoeducation could extend beyond symptom information for the diagnosed individual to include realistic expectations about support provision, boundaries, help-seeking, self-care and available family resources. This is consistent with evidence emphasising the role of social support in recovery (Dai et al., 2016; Calhoun et al., 2022). Such education should not position relatives as informal therapists. Instead, it should clarify what friends and family members can reasonably provide and when professional intervention may be required.

Third, the findings indicate a need for interventions that consider the relational context of PTSD. Support providers may require opportunities to process anger, guilt, loneliness and uncertainty without being characterised as unsupportive. Family-focused or couple-oriented approaches may be particularly relevant where PTSD symptoms are strongly affecting relationship functioning (Dekel & Monson, 2010; Dekel et al., 2018). These implications should, however, be evaluated empirically rather than treated as evidence that a particular intervention is effective.

Finally, the findings have implications for future research. Studies should investigate the experiences of male and female support providers, different family and friendship relationships, culturally diverse populations and support contexts outside military-related PTSD. Research could also examine whether support-provider interventions improve both provider well-being and the relational environment surrounding the person with PTSD.

5 | LIMITATIONS/SUGGESTIONS FOR FURTHER STUDIES

The present study has several limitations. First, the dataset was relatively small, comprising 31 comments from 23 PTSD-related threads across two UK online forums. The findings therefore represent the experiences contained within this dataset rather than the wider population of people supporting someone with PTSD. Second, online contributors are self-selecting. Individuals who experience particularly intense distress may be more likely to post, while others may never describe their experiences publicly. The data may therefore overrepresent some forms of hardship.

Third, the available forum material did not provide consistent demographic or clinical information. Although the dataset was composed of women's accounts, other characteristics such as age, socioeconomic background and relationship history could not be systematically established. The absence of clinical verification also means that the study cannot determine whether the people described by contributors had

formally diagnosed PTSD or whether the support providers themselves met criteria for any mental-health condition. Terms such as secondary PTSD should therefore be interpreted as participants' own descriptions rather than clinical findings.

Fourth, the study used naturally occurring online material, which limits opportunities for clarification. Unlike interviews, forum data do not permit the researcher to ask contributors what they meant, explore contradictions or investigate changes over time. The analysis is also interpretive, and reflexive thematic analysis recognises the active role of the researcher in developing themes (Braun & Clarke, 2006). These features are strengths for understanding meaning but also mean that alternative interpretations are possible.

Future research should therefore use larger and more diverse samples and combine qualitative accounts with longitudinal or mixed-method designs. Studies could examine whether support-provider distress changes over time, how different relationships influence experiences, and whether psychoeducation, family interventions, peer support or other approaches improve outcomes. Research should also include male support providers and participants from diverse cultural contexts. Comparative work across cultures would be particularly valuable because expectations concerning family responsibility, help-seeking and mental-health disclosure may shape how PTSD-related support is experienced.

6 | CONCLUSION

The study explored the experience of providing support to a friend or family member with PTSD using naturally occurring narratives from two UK online forums. Four themes captured the central experiences represented in the dataset: detrimental impacts on physical and mental well-being; emotional struggles, including self-rejection and anger; the importance of seeking support; and experiences of confusion and hardship.

The findings indicate that supporting someone with PTSD can involve substantial psychological, physical, emotional, relational and practical demands. Support providers may experience distress and exhaustion while simultaneously attempting to remain compassionate and responsive to the needs of the person with PTSD. The accounts also indicate that help-seeking and attention to the support provider's own well-being are important. Overall, the findings support a broader view of PTSD care in which the well-being of close family members and friends is recognised alongside that of the person experiencing the disorder. Because the study was based on a small, self-selected sample of UK online narratives, the findings should be interpreted as an in-depth account of the experiences represented in these data rather than as prevalence estimates or evidence of causal relationships.

Funding Declaration

No external funding was reported for the study.

Ethics Statement

Ethical approval for this study was obtained from the University of Chester School of Psychology Ethics Committee. The research was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki (1964, revised 2013). Permission to use material from the two online forums was obtained, and all identifying information was anonymised to protect the privacy and confidentiality of forum users. The protocol/approval number is not applicable.

Consent to Participate

The study analysed naturally occurring online forum material rather than recruiting participants for interviews. Permission to use the forum material was obtained from the relevant forum administrators, and identifying information was removed or anonymised.

Consent to Publish

Not applicable to the anonymised analysis of naturally occurring online forum material.

Clinical Trial Number

Not applicable.

Data Availability Statement

The underlying forum material was subject to the terms and permissions of the respective online forums and was not reproduced as an open dataset. The analysed material is therefore not publicly deposited as a standalone dataset. Interested researchers may request access by contacting the corresponding author via email at uwemedimoisaiah.msc@uniuyo.edu.ng

Conflict of Interest

No conflict of interest was reported in the underlying dissertation.

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