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Belonging and Empathy: Identity and Emotional Practices in Patient Support Groups–An Analysis of a WeChat Group for Cervical Cancer Patients

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Abstract: This study explores how cervical cancer patients' social support is enriched through their engagement in a WeChat support group. Using qualitative methods over four months, it was found that group identity, fostered by shared experiences and community activities, significantly enhanced members' emotional bonds. This emotional resonance was further strengthened by mutual goals, information exchange, and psychological support, highlighting the interplay between group identity and emotional solidarity.

1. Introduction

In today's society, the development of Internet technology provides people with a new platform for communication and interaction. According to the 39th Statistical Report on the Development of Internet in China released by China Internet Network Information Center (CNNIC) on January 22, 2017, as of December 2016, the number of Internet users in China reached 731 million, and the Internet penetration rate reached 53.2%[1]. This huge Internet user base provides a broad space for the formation and development of patient groups. In this context, the emergence and emerging of patient groups is not only a simple communication platform, but also a community full of emotional resonance and social support. Patients communicate and help each other through social platforms such as wechat groups, which not only provides them with access to medical information and treatment suggestions, but also allows them to feel emotionally resonant and supported.

With the continuous innovation in the field of medical science and technology and the significant improvement of public awareness of health maintenance, cancer, as a complex disease, is gradually becoming the focus of extensive discussion and in-depth research in the social science and medical circles. In the long journey of anti-cancer, patient groups not only face physiological challenges, but also need to deal with psychological loneliness and helplessness.

Based on the sociological investigation of cervical cancer patients, the core issues of this paper focus on the construction process of the internal identity of this community and the formation, operation and far-reaching impact of the emotional resonance mechanism in this process, aiming to systematically investigate cervical cancer patients from an in-depth sociological perspective, this study is committed to revealing the following key issues: How do patients form a unique group identity based on personal experience, social norms, cultural symbols, and external social cognition?

Are there specific modes of communication, storytelling, or community activities that are more effective at promoting emotional empathy among members? Is there a mutually reinforcing relationship between the construction of identity and the generation of emotional resonance? Is there a positive effect on the construction of identity and emotional resonance in cervical cancer patients?

2. Literature review

2.1 Identity: from individual isolation to group belonging

When the disease is diagnosed at the moment, the individual patient seems to be suddenly pushed into a strange world, from "normal" to "patient" role change makes the patient is forced to complete the withdrawal from the routine life in an instant. This transformation is not only a label change in medical diagnosis, but also brings profound psychological impact and social identity isolation. For cancer patients, this transformation is particularly dramatic, as they not only have to deal with the physical pain of the disease itself, but also with the accompanying reconfiguration of social labels and self-perception. Parsons' concept of "The sick role" refers to the specific changes in the identity of patients after illness, and stipulates that "sick people should look like sick", which is endowed with specific rights by society and imposed on patients as a constraint [2]. After illness, patients are stressed by the outside world to deepen their "patient identity", and they need to face the identity of "instant", "temporary today" and "waiting to be decided" according to the changes of their illness [3]. In this process, how patients face the rapid change of status has become one of the psychological impacts of this group. Tu Jiong (2020) pointed out that the physical changes after illness forced patients to change their family and social roles and compress their social space, and they needed to find balance and self-worth in the new identity [4]. In this process, the patient will feel lonely and isolated psychologically, and think that they are drifting away from the world of "healthy people".

The process of "identity" that an individual goes through in sociology after a diagnosis is often challenging. During this process, many patients begin to actively seek out and build new social connections and support networks to cope with the sudden identity shift that occurs as a result of the disease. The online medical community provides a platform for knowledge popularization, self-management and community support for patients with chronic diseases, and promotes the development of integrated Chinese and Western medicine and multidisciplinary disease management [5].

2.2 Emotional practice: the construction and deepening of emotional community

Social Identity Theory, founded in the 1970s by Henry Tafel and John Turner, has been extensively validated by research on group behavior. This theory clearly defines the difference between individual identity and social identity in cognitive dimension, and its core point of view is that "an individual's deep identification with the group to which he belongs is the inner driving force for his participation in group activities". In other words, the stronger the individual's sense of identity with the group, the more significant the individual's tendency to participate in group activities. In the group of patients, patients can not only find people who are in a similar situation with themselves, but also gain recognition and understanding of their own experiences through communication. This resonance helps patients redefine their own social identity, drawing strength and new social connections from the role of "patient." By participating in activities and discussions with fellow patients, patients can feel a sense of belonging and form a close emotional community. The strength of this collective emotion makes the patient group become a powerful social support system, which helps individuals feel the presence of society and collective care when facing difficulties in life, realize the continuity of social identity, and thus re-integrate into society.

3. Research method

From May 2024 to August 2024, the author entered the group of cervical cancer patients in wechat platform as a patient's family member, and conducted an in-depth analysis of the chat records of cervical cancer patients in wechat platform from May to August 2024 with the method of participant observation. Meanwhile, semi-structured interviews were conducted with 10 cervical cancer patients using the snowball sampling method. They were from Beijing, Shandong, Heilongjiang, Guangdong, Hebei and other regions, and ranged in age from 28 to 58 years old. The inclusion criteria of the subjects were: having real disease experience; Join the patient community for more than one month; Speak and interact with the group at least three times a week. The purpose of this study is to analyze the mechanism of identity formation and emotional resonance among members of a community. The interview included patients' basic information, reasons for joining the patient group, interaction practices within the community, emotional resonance and support among members, etc. In the process of conducting interviews and analyzing chat logs, the researchers strictly adhered to the principles of privacy protection and ethical research. All participants participated in the study on the basis of informed consent, and all data was anonymized for analysis and reporting. The following Table 1 is the basic information of the interviewees. In order to protect the privacy of the interviewees, coded nicknames are adopted:

Table 1: Interviewee's Basic Conditions

Numbering	Age	Region	Duration in the group
G1	28	Beijing	2 months
G2	32	Guangdong	1 year
G3	34	Heilongjiang	3 months
G4	38	Beijing	6 months
G5	42	Shandong	1 month
G6	43	Beijing	2 years
G7	49	Hebei	3 months
G8	50	Shandong	3 years
G9	52	Shandong	2 months
G10	58	Shandong	1 year

4. The construction process of identity

In the world of cervical cancer patients, the disease is not only a physical challenge, but also a touchstone of social identity and emotional resonance. This chapter will explore in depth how patients, in the face of a sudden cancer diagnosis, find belongingness and support through the special social structure of the patient group from the initial role disorder and loneliness. Through this journey, patients not only redefine themselves, but also find the strength to move forward in the warmth of the community.

4.1 Why Me: Character Disorder and the Onset of Loneliness

For most patients, the first discovery of cancer is sudden and unknowable. For a period of time before diagnosis, patients often just feel a little discomfort in their body and treat it as a common disease. Moreover, most cases have no feeling before diagnosis and are informed of the disease by participating in the physical examination of the unit or the "two cancer screening" activities organized by the community. The diagnosis of cancer first brought them emotional confusion and anxiety.

I participated in the "two cancer screening" of the community organization to find out this disease, that afternoon a strange phone number suddenly called me, I picked up the community hospital, the doctor told me (situation) is not very good, let me go to the big hospital for rediagnosis. You do not know when my head "buzz" suddenly, feel the sky dark, can not stand, I did not expect this (refers to illness) can fall on my head, do not know how to get home. (G8)

When the disease is diagnosed, the label of "cancer patient" becomes a watershed for the patient, so that the life of the patient and his family is suddenly divided into the normal life before cancer and the changed life after cancer. Surprisingly, through the interview, it is found that at the beginning of the disease diagnosis and early treatment, some family members are for protection purposes. They may choose to hide the disease from the patient or reduce the extent of the disease in a more obscure way. But as treatment deepens and the disease progresses, most patients will go through the process from "vaguely aware" to fully aware, to fully accepting the condition.

This patient's family did not tell me the truth at the beginning, the test results came out and told me that it was not "cancer", but if you do not pay attention to it, it is likely to become that (referring to cancer), and we do not understand those reports …… In fact, I also know that it is such a thing (referring to the diagnosis of cancer) to the oncology department treatment, that is not this disease? I pretended I didn't know so my family wouldn't worry. (G10)

As Tu Jiong and Mei Xiao (2019) said, in the practice of disease notification, the "family" is often divided, and there are contradictions and conflicts between patients and their families. The crux of China's disease notification practice is not the transfer of autonomy from patient to family, but the involuntary transfer from patient to family [6]. In this process, patients actually have some thinking and judgment about their own situation and the degree of disease, but the concealment of family members prevents patients from obtaining the actual condition to a certain extent. This information asymmetry not only deprives patients of the right to participate in treatment selection as a decision maker, but also inadvertently creates a communication barrier. In the absence of complete information, it is difficult for patients to effectively communicate with medical staff and family members, which affects patients' understanding and acceptance of the treatment plan, and reduces their sense of control and participation in the treatment process. This can cause patients to feel marginalized, exacerbating their crisis of trust and feelings of loneliness.

4.2 Huddling for warmth: the formation and improvement of patient community

In every large, medium, and small cities in China, there are mutual aid organizations for patients, recovered patients and their relatives and friends, which can be roughly divided into two categories: common disease patients' organizations and rare disease patients' organizations [7]. Wang Fang and Pan Min (2011) et al believe that this mutual support mode can significantly help members of mutual aid organizations to increase their confidence in treating diseases and relieve their anxiety and depression, thus achieving the purpose of improving the quality of life of patients. Information transfer, nursing experience sharing, emotional support and other activities are carried out among members of the patient care organization to increase mutual stickiness and realize the goal of mutual support among members of the patient care organization [8]. With the development of the Internet, more and more patients choose to join online communities to communicate their illness.

The primary reason most patients join a peer community is access to information resources. The lack of information resources, especially information about treatment options, drug options, rehabilitation recommendations, etc., has become a major obstacle in the process of initial diagnosis and follow-up treatment. It is this need that has given birth to the rise of the patient community, and gradually developed into an important platform for cancer patients to obtain information, exchange experiences, and comfort each other. In the face of massive information, a set of information screening and integration mechanism has gradually developed within the community. The community sponsors strictly check the collected information, eliminate false and misleading content, and integrate high-quality resources, such as compilation of treatment cases, drug use guidelines, and rehabilitation experience sharing sets, to share with the group free of charge.

Many patients realize that, given individual differences and the complexity of the condition, individuals must actively learn and understand their own health status, because only they know their own physical condition best and remain alert to subtle changes in the condition, so that they can more confidently cope with the treatment process. The establishment of the anti-cancer community provides patients with access to information channels, but also gives patients a certain degree of psychological comfort, at the same time, with the expansion of member groups, the anti-cancer community is also constantly moving toward standardization.

4.3 Only self-transition: acceptance and internalization of social identity

In the in-depth study of the sociological phenomenon of cervical cancer patients, it is not difficult to find that the proposition of "only self-transition" has deeply touched the core of community members' identity and emotional resonance under the framework of social identity theory. Social identity theory emphasizes that individuals can obtain self-concept shaping and satisfaction of belonging by classifying themselves into a certain social group. According to this theory, identity is dynamic and can change with time and situation. Shan Yifan (2017) found that patients with terminal cancer not only have to endure the torture of illness, but also face the emotional distress caused by spiritual distress, such as pain, despair and fear at the end of their lives [9]. For cervical cancer patients, joining the group of patients is not only a way to seek medical information, but also a journey of profound acceptance and internalization of social identity.

At first, I do not want to talk to others about my illness, because once you say it, others will inevitably always treat you as a "patient", after entering the group to see so many sisters are trying to cure the disease, I feel that I am not a person in the fight, we have not done anything wrong, just sick, cured on the line. (G4)

Now I "dare" to tell others ah, I am sick, but now it has been controlled, I can continue to work, travel, eat delicious food, no difference with everyone, people eat grains will always get sick, it is nothing. (G3)

Yao Zelin (2023) found that when patients are understood in terms of disease experience, they will see that patients do not naturally accept and play the role of patients [10]. The internalization of social identity is a comprehensive transformation process from cognition to emotion and then to behavior. In the group of cervical cancer patients, patients continue to deepen their understanding of self-identity by sharing treatment experiences, recovery experiences, emotional confusion, etc. This emotional resonance and connection urge patients to internalize the identity of "cervical cancer patients" as a part of their self-identity, accept the disease at the spiritual level, and then show more group responsibility and belonging in behavior, and also promote patients to look at the disease and patient identity from an objective position. How to reconcile with the label of "patient" is the primary problem faced by every patient in the course of treatment.

5. The stimulation and deepening of emotional resonance

In the anti-cancer community, the stimulation and deepening of emotional resonance is the key to enhancing community cohesion. By sharing personal experiences, using community-specific terminology and symbols, and engaging in online and offline activities, members find a sense of belonging and support. This chapter will explore how this process promotes the emotional connection among members along the path of "emotional awakening - emotional expression - emotional solidarity", and build a community atmosphere of mutual encouragement and common struggle, thus playing a positive role in the anti-cancer journey of cervical cancer patients and their families.

5.1 Emotional arousal: Sharing and understanding of similar experiences

Members of the cervical cancer community often share similar pain experiences and psychological stress. When one member shares his or her own healing process, journey, or challenge, the other members quickly empathize because they have experienced or are experiencing similar struggles. This resonance not only deepens the emotional connection between members, but also inspires mutual understanding and support.

There is a feeling of "relief" in chatting with everyone in the group, because everyone is a patient or patient's family, and there are basically no obstacles for us to talk. When I first entered the group, those "understand" sisters helped me read indicators and give me ideas. After gradually understanding (relevant knowledge), I also sometimes give suggestions to new people in the group. Help if you can. Don't let the people behind you step on the hole. (G6)

Community provides members with a relatively private and safe space for emotional expression. Here, members can talk freely about their fears, anxieties, hopes, or despair without fear of being misunderstood or judged. When new members join, they often quickly feel the care and help from "experienced people", and this mutual assistance atmosphere based on common goals makes them feel "relieved". With the gradual integration of the community, the members not only obtained the necessary medical information and psychological comfort, but also actively passed on their own experience to the later arrivals, forming a virtuous circle. This atmosphere of freedom and security helps members release their inner stress, which makes it easier to generate emotional arousal.

5.2 Emotional expression: symbolic identification in the context of technological empowerment

"Repeat a grade, graduate, CR, run away..." These words may seem unfamiliar and difficult to understand to new members of the patient group. These terms are actually the exclusive language shared within the community, and they represent a tacit understanding and recognition among the members of the community. For example, "repeat grade" refers to patients who need to repeat a certain treatment stage because of repeated illness, and do not follow the preset treatment plan; "Graduation" means that the patient has completed the treatment plan and achieved clinical remission or recovery; "CR" in medicine usually refers to Complete Remission, which means that the patient's disease is completely controlled after treatment. "Running away" means that patients believe that the treatment plan of the existing hospital is not suitable for them and begin to seek treatment plans of other hospitals.

At present, the development of the network continues to promote its own evolution and technological empowerment, gradually realizing a deep shift from helping the community to see the bigger world to being seen by the bigger world, and also helping the community to realize the paradigm transition from shallow consumption network to deep participation in network creation [11].

I'm sure I want to be healthy, but isn't there no way? Cure more to see what others say, can not be at home, before I in the X city Z hospital program on the "step pit", with the patients said, this program is behind how many years, everyone let me hurry "run" it, have to go to the big city to see a doctor. (G3)

As a symbolic culture, specific nouns are often derived from the shared experiences of community members, and in the community of patients, these terms are associated with a specific treatment process, drug side effects, or medical procedures, and they help members express and share their unique experiences. At the same time, the use of special nouns contributes to the inheritance of community culture. As new members join, these words and the meanings they represent are passed on to ensure the continuity of community culture. To some extent, the use of special nouns can also be seen as a kind of separation between the community and the outside world, and this unique use of language helps the members of the community to establish a unique community identity and distinguish themselves from non-members.

5.3 Emotional Solidarity: The unifying power of community activities

Through the author's observation, in addition to online daily communication, the community will also organize public interest lectures, science popularization and other activities from time to time, and many members will exchange contact information after getting familiar with them, and carry out face-to-face joint activities.

Just last year, several of our sisters who were close together organized a meal and a stroll. Before it was all online communication, Sister Wang and Sister Li also helped me buy Shengxue Bao (Note: Shengxue Bao mixture, a supplement that can be used to treat leukopenia caused by radiotherapy and chemotherapy). I didn't have a chance to thank them, so I said that we must meet all the time, and I invited everyone to dinner! (G5)

Community activities play a vital role in deepening emotional solidarity among members, providing a more personal and intimate environment where members can get to know each other more authentically in informal Settings. The experience of shared participation, whether it is a charity event, a health talk or a simple leisure activity, becomes a bond that strengthens emotional solidarity. These activities expand the level of emotional support, allowing members to provide more immediate comfort and encouragement, increasing the visibility and impact of the community, while also promoting the development of new skills and interests, which in turn increase members' sense of belonging to the community.

Research has found that in the cancer community, patients inspire deep emotional resonance by sharing personal experiences and feelings. This resonance not only makes patients feel understood and supported, but also promotes emotional connection and solidarity within the community. With the deepening of communication, the emotional connection between patients becomes closer, and through the path of "emotional awakening - emotional expression - emotional solidarity", a social network of mutual dependence and support is formed among patients.

6. Conclusion and discussion

By analyzing the interview cases of patients with cervical cancer, this paper, based on the social identity theory, explores the formation process of identity, the stimulating and deepening mechanism of emotional resonance, and the two-way strengthening relationship between identity and emotional resonance in the anti-cancer community.

On the first topic, three stages of identity construction are revealed: the initial disorder of identity, as individuals experience the impact of self-cognition brought by disease; The next step is the formation and improvement of patient groups, providing a platform for people with similar experiences to share their experiences and build connections; Finally, through the acceptance and internalization of social identity, individuals adapt to the new role and integrate it into their self-cognition. This process not only promotes the individual's psychological adaptation, but also enhances their social participation and group belonging. The second theme, the stimulation and deepening of emotional resonance in the community, is a complex process involving the awakening of resonance, the liberalization of expression and the enhancement of solidarity. By sharing similar experiences, community members awaken deep emotional connections; Technological empowerment further promotes the diversity and depth of emotional expression, and strengthens the emotional identity of individuals and communities. Community activities act as a cohesive force by promoting interaction and mutual help among members, strengthening emotional bonds and building a collective of support and understanding.

As mentioned by Tu Jiong in his book "The Story of Cancer Patients' Illness and Pain", cancer treatment is long and slow, and patients' pain is not only caused by physical symptoms, but also by the disease's threat to social relations, self and identity. The findings of this study also have implications for relevant practices: First, cancer patients join communities to broaden access to information and find identity, and practitioners should aim to create a warm, inclusive environment where patients feel a sense of belonging and acceptance. In addition, patients should be encouraged to share personal experiences and feelings through social platforms, which not only help them build and strengthen their identity, but also inspire emotional resonance within the community. Finally, relevant professional institutions should also pay attention to the patient group, intervene and participate in the patient community, such as regularly inviting medical experts, psychological counselors or dietitians into the community, providing members with professional health guidance and psychological support, helping them better manage their illness and emotions, and establishing a feedback and suggestion mechanism. We need to enable members to comment on community activities and to participate in the ongoing improvement and development of the community.

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