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A Narrative Analysis of Thyroid Cancer Patients' Self-Disclosure Behaviors on Visual Social Media

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Abstract: This study explores how thyroid cancer patients construct illness narratives on China's short-video platform Douyin, examining the types, experiences, and meanings of self-disclosure in visual social media contexts. Drawing on Frank's narrative typology—restitution, chaos, and quest—the analysis of 426 videos from 12 patient accounts reveals a dynamic interplay of narrative forms. Restitution narratives emphasize recovery and normalization, chaos narratives express disorientation and emotional turmoil, while quest narratives highlight personal growth and resilience. Findings demonstrate that visual storytelling enables multimodal meaning-making, identity reconstruction, and public advocacy, transforming private suffering into shared knowledge. The study underscores the role of digital platforms in reshaping health communication, offering new insights into the cultural, technological, and emotional dimensions of online patient narratives.

1. Introduction

The concept of self-disclosure may not be novel, but the emergence of new social platforms has fundamentally transformed its landscape. Against the backdrop of widespread use of visual social media such as TikTok and Xiaohongshu, self-disclosure through integrated formats of short videos, images, and text has become an emerging phenomenon. These platforms not only expand the mediated space for users to express personal experiences, but also reshape how individuals disclose themselves in public spaces—through multimodal content, heightened visibility, and algorithmic curation—making them critical sites for examining patients' online self-disclosure behaviors. Nevertheless, research on cancer patients' self-disclosure in digital environments remains limited.

Over recent decades, the incidence of thyroid cancer has risen rapidly worldwide, making it one of the fastest-growing malignancies and ranking among the top ten cancers globally. In China, thyroid cancer has become the third most common cancer among women and the seventh among men. Given this trend, developing new theoretical understandings of cancer patients' self-disclosure practices on visual social media is particularly significant. Such practices have the potential to shape new cultural and behavioral norms and influence the formation and transformation of identity through users' own narratives. There is thus an urgent need to re-examine, both theoretically and empirically, the interplay between "visible" disclosure and "narrative" disclosure in the context of

new media environments. As Chase has pointed out[1], researchers must pay attention to how social media transform the meaning of naturally occurring conversations.

2. Literature Review

2.1. Listening to Patients' Voices: Illness Narratives and Health Communication

For a long time, research on patients' psychological responses, emotional expression, and health behaviors has relied heavily on standardized questionnaire instruments. While such approaches yield systematic and comparable findings that enrich our understanding of patient experiences, they are constrained by predefined frameworks that often obscure the subjective voices of individuals in their lived illness experiences. In contrast, the rise of narrative medicine has elevated patient stories to a central role in clinical practice, emphasizing the value of listening to and validating personal illness narratives[2].

Within medical anthropology and health communication, "narrative" is recognized as a key method for understanding patient experience. Personal storytelling is viewed as a core mechanism through which individuals construct meaning from illness—transforming fragmented medical encounters into coherent life stories and thereby asserting agency in interpreting their condition[3]. Crucially, narrative grants patients control over how their illness experiences are represented, enabling them to reframe the role of disease in their lives through deliberate choices in plot structure, form, and metaphor. This process not only fosters self-understanding but also enhances the potential for social support.

The emergence of social media has further disrupted the traditional privacy of illness narratives, transforming them into increasingly public sources of health information and peer support[4]. Recognizing the power and reach of online patient narratives—particularly their ability to convey medical knowledge through embodied, first-person experiences and to bridge the emotional gap in conventional health communication—researchers have begun to focus on the unique capacity of illness narratives for "narrative persuasion," highlighting their persuasive influence in shaping health attitudes and behaviors.

2.2. Private Records to Public Expression: The Rise of Visual Narratives

The widespread availability of video recording tools and the rise of visual social media platforms have created new spaces for cancer patients to share their personal narratives. Video blogs (vlogs), as a distinctive form of social media content, enable patients to document their treatment journeys and express emotional experiences from a first-person perspective. This narrative mode not only facilitates individual psychological adjustment but also fosters the development of online support networks through audience interaction. The immersive quality of visual storytelling—sharing personal stories through video—enhances viewer engagement and has increasingly become the preferred means for patients to access health information and seek social support.

From a theoretical standpoint, these videos can be understood through the lens of narrative theory. Narrative theory posits that individuals make sense of their experiences by constructing stories about their lives[5]. Such narratives not only aid personal meaning-making but also serve as communicative tools that foster empathy, convey knowledge, and help individuals find community. An increasing number of social scientists recognize that narrative is but one mode of representation among many, yet its value lies in its capacity to generate knowledge about the realities underlying the story. Visual narratives extend this process into new media dimensions, enabling "illness understanding" to transcend textual forms and emerge as multimodal, sensorially rich expressions.

2.3. Narrative Types and Meaning-Making

Scholars have proposed various typologies for illness narratives, among which Frank's tripartite classification is the most widely cited[6]: restitution narrative, which centers on recovery and emphasizes a return to health as the central plot; chaos narrative, which captures the sense of disorder and loss of control brought by illness, highlighting uncertainty, suffering, and disruption; and quest narrative, in which illness is reframed as a transformative journey—patients confront their condition not merely to survive, but to discover new meaning, personal growth, and purpose.

For patients, storytelling is more than a means of sharing health experiences; it is a crucial mechanism for constructing personal identity[7]. Through narrative, individuals make sense of their illness, impose coherence on disruptive events, and reclaim agency in the face of medicalization. As Frank argues, those who are ill need to become storytellers in order to recover the voice that illness and its treatment often take away[6]. Personal narratives enable connections with others who share similar experiences, facilitate the exchange of coping strategies, and foster social support and understanding.

Following a cancer diagnosis, patients undergo an internal cognitive adjustment process to cope with the rupture of their anticipated life trajectory. This process allows them to interpret their experience, regain a sense of control, accept a transformed self-image, and re-evaluate interpersonal relationships. While illness narratives have been extensively studied in text-based social media contexts, the rise of visual social platforms has led increasing numbers of patients to share their stories through video. Yet scholarly discussion on the types, experiences, and meanings of illness narratives in this visual context remains limited.

Therefore, this study addresses the following central question: What narrative types, lived experiences, and meanings do thyroid cancer patients construct and convey in their video-based disclosures?

3. Research Design and Methodology

3.1. Data Sources

This study selects Douyin—a leading short-video platform in China—as the research context for investigating online self-disclosure behaviors among thyroid cancer patients, a choice that offers both theoretical significance and practical feasibility. As one of the largest, and widely used social media platforms in China, Douyin provides a rich source of data for examining the online self-disclosure practices of individuals with cancer. Moreover, short videos integrate multimodal features—including visual, auditory, and linguistic elements—offering a more nuanced and holistic representation of personal experiences and emotional states compared to text-only or static image formats.

3.2. Data Collection and Analysis

This study focuses on short videos related to thyroid cancer posted on the Douyin platform. On July 1, 2023, we conducted a search for videos published within the preceding six months that contained relevant hashtags—such as #ThyroidCancer, #JiaAi, #JiaYou, and #ThyroidSurgery—initially identifying 121 user accounts that had shared content related to thyroid cancer. A subsequent manual screening process was applied based on the following criteria: (a) the account name or profile bio explicitly included thyroid cancer–related keywords; or (b) the account had posted more than five videos on the topic. Through this process, 81 authentic patient-operated accounts were selected for inclusion in the study. All searches were performed on a mobile device

with a newly installed Douyin application and cleared cache to minimize algorithmic bias and ensure data transparency.

Given the large volume of video content across the 81 identified accounts, conducting a comprehensive qualitative analysis of all videos was deemed impractical. Therefore, guided by the methodological principles of virtual ethnography, we selected 12 accounts with comprehensive and sustained illness documentation for in-depth analysis. The selection criteria were: (a) more than six months post-surgery; (b) continuous posting of at least 20 thyroid cancer–related videos; and (c) a follower count of 100 or more. A total of 426 videos from these 12 accounts were systematically analyzed. Virtual ethnography represents an extension of traditional ethnographic methods into digital environments, utilizing internet-based platforms to enable deep, context-sensitive engagement with online communities. It emphasizes immersive observation and interpretive understanding of cultural practices, social interactions, and identity construction within digitally mediated spaces[8].

4. Research Findings

Illness narratives serve as a critical mechanism through which patients linguistically construct and make sense of their lived experiences, offering valuable insights into the psychological, social, and cultural dimensions of disease. Among the various frameworks for classifying illness narratives, the typology proposed by Frank[6] —comprising "restitution", "chaos", and "quest" narratives—has become one of the most widely adopted theoretical tools in qualitative health research. These narrative forms reflect distinct ways in which individuals relate to their illness, revealing varying degrees of agency, meaning-making, and self-reconstruction in the face of chronic or life-altering conditions[9] Through a narrative analysis of thyroid cancer patients' short videos on Douyin, this study elucidates how illness becomes entangled with bodily, social, and psychological realities, visually articulating how disease reshapes life trajectories.

4.1. Restitution Narrative: Returning from Illness to Health

The restitution narrative is the most prevalent form among thyroid cancer patients' video content. Characterized by its linear structure and teleological orientation toward recovery, this narrative frames illness as a temporary disruption—a deviation from normalcy that can be corrected through medical intervention, ultimately enabling a return to pre-illness life[6]. This narrative pattern is particularly common in the context of thyroid cancer, where high survival rates and effective treatments reinforce the cultural expectation of curability and restoration.

In restitution narratives, disease is conceptualized not as a permanent identity but as a transient phase that can be overcome. This cognitive framing helps mitigate fear and fosters hope for the future. For instance, one male patient, six months post-surgery, reflected in a video: "*Diagnosed with thyroid cancer at 34, I went from complete breakdown to making peace with my scar.*" His phrase "making peace with the scar" signifies not only physical acceptance but also a redefinition of self-identity in the aftermath of illness.

Patients further pursue bodily "normalization" through daily adjustments. One patient shared:

"*Many friends asked me how my wound is healing. Honestly, it's not perfect… My doctor said the scar has turned pale, which means it's in the recovery phase.*" Despite acknowledging hypertrophic scarring, she added optimistically: "*You can't even see it when I wear clothes like this.*" Such accounts illustrate patients' efforts—through medical follow-ups and lifestyle modifications—to reclaim a sense of bodily normality.

Crucially, restitution extends beyond physical recovery to include the reconstruction of self-image. However, the path to restoration is rarely straightforward. As one postoperative patient noted:

"*I've gained over ten kilos since surgery; looking in the mirror is unbearable. So I'm starting to lose weight—eating low-calorie, healthy food and exercising.*" Her response to weight gain underscores that restitution involves not just physiological repair but also the active renegotiation of body image and self-worth.

The prevalence of restitution narratives is deeply embedded in broader sociocultural contexts. In traditional Chinese culture, the restoration of health is often perceived as an expected outcome, and the resumption of "normal life" is foundational to personal fulfillment. Consequently, patients frequently emphasize the use of social resources such as "regular check-ups" and "medical insurance support," signaling their reliance on institutional and familial structures to achieve this culturally sanctioned ideal of normalcy.

4.2. Chaos Narrative: The Fog and Disarray of Illness

In contrast to the optimistic trajectory of restitution, chaos narratives capture the disorienting, uncontrollable, and anxiety-laden dimensions of illness. Rooted in nonlinearity, fragmentation, and emotional overwhelm, chaos narratives reflect patients' feelings of helplessness, uncertainty, and existential instability in the face of disease[6]. These narratives emerge prominently during moments of diagnostic shock, treatment complications, or fears of recurrence, when patients find themselves trapped in a state of psychological disarray—what one might describe as a "fog" without clear direction.

A defining feature of chaos narratives is the profound sense of loss of control, stemming from the dual assault of illness on both body and mind. One patient recalled her initial diagnosis: "*I was only in my twenties when I got cancer—this kind of blow is just unacceptable… That night, I cried until dawn, and the more I searched online, the more broken I felt.*" Her description of crying until dawn" and "the more I searched, the more broken I became" exemplifies the temporal suspension and informational overload characteristic of chaos narratives, where the future appears opaque and unmanageable.

Postoperative complications further intensify this sense of chaos. A patient experiencing thrombosis after surgery wrote: "*I developed a blood clot too… Yesterday I could walk, today I'm bedridden… The doctor said clots are common after surgery.*" This sudden deterioration plunged her into physical and psychological turmoil. As Frank observes, chaos narratives lack coherent plotlines—they consist not of progression but of accumulating events, each compounding the preceding crisis[6].

Therapeutic challenges also contribute to narrative disarray. One male patient described his struggle to quit smoking post-surgery: "*I'd smoked for over ten years… At first, I was irritable and anxious… On the eighth night, my hands were shaking violently—I needed something to hold onto to stop trembling.*" He attributed these symptoms to both surgical stress and nicotine withdrawal, lamenting: "*My temper was already unstable… Now I'm even more irritable.*" Such disruptions shatter the expectation of linear recovery, thrusting patients back into chaos. This sense of disorder often arises from the relentless erosion of daily routines, leaving patients feeling powerless[3].

Chaos narratives also extend beyond individual suffering to affect familial and social networks. For example, one patient recounted: "*My mother was diagnosed with thyroid cancer… When my father learned we both had it, he broke down crying like a child.*" She described the poignant irony of her mother caring for her post-surgery while also being ill herself, adding: "*My little one kept crying, refusing to leave his grandma.*" This cascading impact within the family illustrates the social dimension of chaos, where illness destabilizes relational roles and collective well-being. Indeed, the uncertainty inherent in illness does not affect the patient alone but reverberates across kinship systems[10].

4.3. Quest Narrative: Meaning-Making and Growth through Illness

Among the three narrative types, the quest narrative is arguably the most transformative and introspective. Unlike the forward-moving restitution narrative or the fragmented chaos narrative, the quest narrative centers on the search for meaning, personal transformation, and post-traumatic growth. Drawing on Tedeschi and Calhoun's theory of Post-Traumatic Growth (PTG), this narrative form posits that adversity can catalyze resilience, wisdom, and renewed purpose, leading to positive psychological change—including a reevaluation of life priorities, enhanced personal strength, and spiritual development[11].

As one patient reflected five years post-diagnosis: "*From initial anxiety and panic to now facing it calmly—'since it has come, I shall accept it'—this has been a long journey.*" A hallmark of the quest narrative is the reframing of illness as an opportunity for self-examination and renewal. The same patient elaborated on changes in her lifestyle: "*Before surgery, my life was unhealthy—staying up late, binge eating… Now my mood is calmer, and my diet has completely changed.*" This shift from fear to acceptance embodies the central theme of the quest narrative: illness as a catalyst for redefining the self.

Another patient, two years post-diagnosis, shared: "*It's been two years since my diagnosis… I've always believed: if you believe you can become something, you will.*" By losing weight and taking up running, she reconstructed her life: "*Just weighed myself today—this was my original goal. I did it.*" This sense of accomplishment reflects not only regained bodily control but also a reassertion of life meaning, enhancing self-efficacy[12]and contributing to improved psychological well-being.

Importantly, quest narratives often transcend individual transformation to encompass care for others. One patient urged viewers: "*To all the women watching: let's try to get angry less, reduce anxiety and stress… Fellow 'JiaYou' members, stay strong!*" Another, 102 days post-surgery, stated: "*I have malignant papillary carcinoma… I'm sharing this to show I listened to advice… Wishing all of us a single surgery and steady recovery.*" Through such messages, patients move beyond personal experience to offer solidarity, encouragement, and communal support—revealing the social dimension of the quest narrative.

At its core, the quest narrative reflects patients' capacity to derive meaning from suffering and transform it into an internal source of strength. As a profound mode of illness representation, it reveals how thyroid cancer patients navigate adversity not merely to survive but to grow. Through lifestyle changes, acts of empathy, and reimagined daily practices, they demonstrate resilience and agency. Yet, quest narratives are not universal; their emergence may depend on cultural context, access to social support, and individual psychological traits.

From a theoretical standpoint, Frank's tripartite framework provides a robust lens for understanding the complexity and dynamism of patients' lived experiences. The restitution narrative reflects the cultural imperative of recovery; the chaos narrative exposes the fragility of life and the disruptive force of illness; and the quest narrative highlights the potential for growth amid suffering. These narratives do not exist in isolation but are often interwoven within a single individual's journey, shifting over time in response to clinical developments, emotional states, and social interactions. Together, they constitute a rich tapestry of meaning-making through which patients navigate the multifaceted reality of living with thyroid cancer.

5. Conclusion and Discussion

Short-video platforms have enabled illness narratives to transcend the boundaries of traditional medical settings, evolving into interfaces that bridge private suffering with public empathy. Grounded in Frank's tripartite narrative framework—restitution, chaos, and quest—this study employs qualitative analysis to uncover the types, structures, and meanings of illness narratives

among thyroid cancer patients. The coexistence and interweaving of these three narrative forms reveal that psychological adaptation among patients is not a linear or singular process, but rather a dynamic integration of multiple coping strategies, reflecting the complexity of lived illness experiences.

Frank's framework offers an insightful lens for understanding patient self-disclosure, while also highlighting its fluidity and contextual constraints. Whether expressing hope for recovery, navigating the disarray of chaos, or embarking on a journey of personal transformation, these narrative modes are not fixed identities but shifting performances embedded within patients' everyday lives, evolving over time and in response to changing circumstances. As Riessman notes, all texts are inherently fluid [13]; thus, interpreting the structural dynamics of narratives—and their entanglement with cultural norms and technological environments—is a crucial task for both researchers and clinical practitioners. Through attentive listening and critical reflection, we can not only illuminate the multifaceted nature of illness experience but also develop more empathetic, person-centered approaches to patient care.

With the rise of visual social platforms such as Douyin, illness narratives among cancer patients are undergoing a significant shift toward "visualization" and "publicization". Patients increasingly share personal stories through dynamic, multimodal formats—what may be described as "micro-autobiographies" in video form. These narratives capture fine-grained, subjective insights into illness, including emotional fluctuations, diagnostic challenges, and experiential knowledge. Notably, the comment sections beneath these videos function as a distinctive "echo chamber of empathy"[14], where viewers respond with personal stories, encouragement, and advice, creating a dialogic space of mutual recognition and emotional solidarity.

Overall, visual storytelling has emerged as a powerful tool for coping with illness and facilitating personal transformation. By employing structured narrative strategies, thyroid cancer patients not only reconstruct their sense of self but also shape collective understandings of disease, offering a new paradigm for health communication in the digital age. From the perspective of compensatory media theory, visual illness narratives hold the potential to become institutionalized channels for patient-to-patient exchange—complementing formal healthcare systems and empowering individuals through shared experience, visibility, and voice.

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