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Narratives of illness in patient blogs: exploring personal voices and medical identity in Indonesian digital health discourse

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ABSTRACT

Background: Digital health communication has expanded rapidly in Indonesia, where patient-authored blogs increasingly function as platforms for narrating illness experiences and negotiating medical identity. **Objective:** This study aims to examine how narrative structure, medical authority, and identity positioning are constructed and interactionally validated in Indonesian online illness narratives. **Method:** Using a qualitative corpus-informed design, this research analyzes 42 long-form patient blogs (≈247,000 words) and 812 associated comments through Narrative Analysis, Critical Discourse Analysis, and Positioning Theory. **Results:** The findings reveal a patterned narrative progression from diagnostic rupture to treatment trajectory and acceptance-oriented closure rather than restitution. Medical authority is not rejected but recontextualized through hybrid discourse combining biomedical terminology, embodied lexicon, and spiritual framing. Identity roles such as Believer, Educator, Fighter, and Family-Embedded Self are strategically mobilized and differentially reinforced through comment engagement. **Implication:** These findings indicate that digital illness narratives in Indonesia function as participatory spaces where medical authority and patient identities are actively negotiated and socially validated through narrative and interactional dynamics. **Novelty:** The novelty of this study lies in its integrative methodological triangulation and its demonstration that digital illness discourse in Indonesia constitutes a measurable site of authority negotiation and socially ratified identity construction within a non-Western sociocultural context.

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1. INTRODUCTION

The rapid expansion of digital health communication has transformed how illness is narrated, experienced, and socially interpreted. Indonesia, with more than 212 million internet users in 2023—approximately 77% of its population—has witnessed a significant growth in personal blogging and community-based health platforms. The Ministry of Health of Indonesia reports that non-communicable diseases account for over 70% of national mortality, with cancer, diabetes, and cardiovascular diseases leading the statistics. Beyond epidemiological data, patients increasingly turn to digital platforms to articulate their experiences of diagnosis, treatment, and uncertainty. Patient blogs on WordPress, Blogspot, Medium, and Kompasiana function not merely as personal diaries but as public texts shaping health discourse. In a context where clinical encounters are often time-limited and hierarchically structured, digital narratives

become alternative spaces of voice, agency, and identity formation. This socio-digital transformation renders this study of illness narratives in Indonesian online environments both urgent and theoretically consequential.

Previous scholarship has extensively examined illness narratives in Western contexts, particularly through the frameworks of narrative medicine [1], biographical disruption [2], and online patient communities [3]. Studies have demonstrated how digital storytelling reshapes patient agency, fosters peer support, and challenges medical authority [4], [5]. Critical discourse analyses have also explored the power asymmetries embedded in institutional medical language [3], [6]. However, little research has systematically analyzed Indonesian patient blogs as a corpus of digital health discourse [7], [8]. Existing Indonesian studies tend to focus on health communication campaigns [9], misinformation [10], or public health literacy [11], rather than on the micro-linguistic and narrative construction of medical identity. Furthermore, the integration of Narrative Analysis, Critical Discourse Analysis, and Identity & Positioning Theory within a single empirical corpus remains underexplored. Consequently, there is a gap in understanding how Indonesian patients linguistically negotiate diagnosis, authority, spirituality, and collective belonging in online spaces.

This study addresses that gap by investigating how illness experiences and medical identities are narratively and discursively constructed in Indonesian patient blogs. Specifically, it asks: (1) How are illness experiences structured narratively in long-form patient blogs? (2) How do patients negotiate institutional medical authority through lexical choices and discursive strategies? (3) In what ways do bloggers position themselves—as victims, fighters, survivors, believers, or educators—within digital interactions? Drawing on a corpus of 30–50 long-form blog entries (approximately 200,000–300,000 words) and 500–1,000 reader comments, this research employs Narrative Analysis (Labov; Riessman), Critical Discourse Analysis (Fairclough), and Identity & Positioning Theory (Bamberg; Davies & Harré). By combining structural, discursive, and interactional lenses, this study examines illness narratives not solely as personal testimonies but as socially situated texts embedded in broader cultural and institutional frameworks.

This article argues that Indonesian patient blogs constitute hybrid discursive spaces where personal voice and medical authority are continuously negotiated, rather than dichotomously opposed. Preliminary analysis suggests that most narratives follow a patterned trajectory—orientation, diagnosis shock, struggle, and meaning-making—yet frequently culminate in acceptance narratives grounded in spiritual reflection and communal solidarity. The co-presence of technical medical terminology (e.g., stadium, kemoterapi, remisi) alongside emotive and religious lexicon (divonis, ujian, ikhtiar, pasrah) indicates a layered negotiation of knowledge systems. Rather than rejecting biomedical discourse, bloggers recontextualize it within culturally resonant frameworks of faith, resilience, and collective support. Through digital interaction, individual suffering becomes communal identity, transforming blogs into arenas of participatory health discourse. Thus, this study tests the proposition that online illness narratives in Indonesia simultaneously reproduce, resist, and reconfigure medical authority while constructing new forms of digital medical identity.

2. LITERATURE REVIEW

2.1. Illness narratives

Illness narratives have long been recognized as a crucial site where subjective experience intersects with biomedical knowledge. Moreno (2024) conceptualizes illness narratives as stories through which individuals make sense of bodily disruption, distinguishing restitution, chaos, and quest narratives [12]. Similarly, Rushforth et al (2021) frames illness as the lived experience of symptoms [4], contrasting it with disease as a biomedical category. Narrative medicine, as articulated by Hinson and Sword (2019), emphasizes attentive listening to patient stories as a clinical practice [5]. These perspectives differ in emphasis—some foreground meaning-making, others clinical ethics—yet all converge on the premise that storytelling structures how illness is understood, communicated, and socially legitimized.

Scholars have identified several structural and thematic dimensions within illness narratives [3]. Labov's model outlines orientation, complicating action, evaluation, resolution, and coda, offering a framework to examine narrative sequencing [13]. Moreno expands this by highlighting performance and audience positioning [12]. In digital contexts, Page argues that online illness narratives incorporate multimodality and interactional affordances, including hyperlinks and comment threads. Thematic indicators frequently include diagnostic shock, biographical disruption, treatment trajectories, and moral evaluation. Emotional lexicon, temporal framing, and metaphors of battle or journey function as discursive markers. These categories reveal that illness narratives are patterned constructions rather than spontaneous confessions.

2.2. Medical discourse

Medical discourse, meanwhile, represents a distinct yet overlapping conceptual terrain. Rooted in institutional authority, it encompasses the linguistic practices through which biomedical knowledge is produced and circulated. Foucault's notion of the "medical gaze" underscores how clinical discourse

objectifies the body, separating pathology from personhood [14]. Fairclough's critical discourse framework further conceptualizes medical language as embedded in power relations and ideological formations. While some scholars interpret medical discourse as inherently hegemonic [15], others note its collaborative dimensions in patient-centered care [5]. Thus, medical discourse may simultaneously enable treatment and constrain patient agency through specialized terminology and hierarchical communication structures.

Key aspects of medical discourse include technical lexical density, diagnostic categorization, evidential referencing, and intertextual citation of laboratory results or institutional protocols [16]. It is characterized by nominalization, passive constructions, and epistemic modality that signal professional authority. In digital environments, however, these features are often recontextualized. Studies of online health forums demonstrate that patients appropriate biomedical terminology—such as "remission" or "stage III"—while embedding them in personal narratives [17], [18]. This hybridization produces what some researchers describe as lay–expert discourse [19], [20]. Consequently, medical discourse in digital settings becomes dialogic, negotiated, and partially democratized rather than exclusively institutional.

2.3. Identity construction

Identity construction provides a further theoretical lens for examining illness narratives. Bamberg conceptualizes identity as emergent in narrative positioning, shaped through interaction rather than fixed attributes. Kobrosli's et al (2024) positioning theory emphasizes how speakers locate themselves and others within storylines, invoking rights, duties, and moral orders [6]. In health contexts, identity is often destabilized by diagnosis, prompting processes of reconfiguration [21]. Scholars of chronic illness note that individuals oscillate between identities such as patient, survivor, advocate, or victim [3], [5], [22]. Divergent understandings persist: some view identity as psychologically internal [13], whereas discursive approaches foreground its relational and performative dimensions [23].

Analytically, identity construction can be traced through pronoun usage, evaluative language, metaphor, and alignment strategies [24]. Inclusive pronouns ("we," "our struggle") index collective affiliation, while metaphors of warfare or pilgrimage signal moral positioning [25]. Hashtags, hyperlinks, and comment exchanges further shape digital identity by enabling community recognition and validation [21]. Interactional uptake in comment sections often reinforces or contests the blogger's self-presentation, contributing to what Androutsopoulos terms networked identity performance [3]. These indicators suggest that medical identity in online illness narratives is co-constructed across textual and interactive layers, revealing a dynamic interplay between personal voice, communal solidarity, and institutional discourse.

3. METHOD

This study examines Indonesian patient blogs as its primary unit of analysis, focusing on linguistic and narrative constructions of illness and medical identity. The corpus consists of 42 long-form blog entries (approximately 247,000 words) and 812 associated reader comments (approximately 38,000 words). Texts were selected from WordPress, Blogspot, Medium, Kompasiana, and health community forums between 2018 and 2024. Inclusion criteria required first-person illness narratives exceeding 1,500 words and explicit references to diagnosis or treatment. The corpus distribution is presented in Table 1.

Table 1. Corpus of research

Platform	Number of Blogs	Disease Category	Total Words	Comments Collected
WordPress	12	Cancer, CKD	78,450	214
Blogspot	9	Autoimmune, Lupus	52,130	173
Medium	7	Diabetes, Cardiac	41,560	126
Kompasiana	8	Cancer, Chronic Illness	49,220	198
Health Forums	6	Mixed Chronic	25,640	101

This research adopts a qualitative interpretive design grounded in digital discourse analysis. It combines narrative inquiry and critical discourse approaches within a corpus-informed framework. This design is appropriate because illness narratives are context-sensitive texts shaped by sociocultural meanings rather than isolated linguistic units. This study does not aim for statistical generalization but for analytical depth and theoretical refinement. By integrating narrative analysis, Critical Discourse Analysis (CDA), and positioning theory, the design enables multi-layered examination: structural sequencing, discursive power negotiation, and identity construction. Such triangulation strengthens validity through methodological complementarity and interpretive rigor [26].

Primary data were derived from publicly accessible digital platforms hosting patient-authored content. These include personal blogs (WordPress, Blogspot), semi-professional platforms (Medium, Kompasiana),

and moderated health forums. Only publicly viewable posts were included to ensure ethical compliance. Supplementary contextual information—such as publication dates, author pseudonyms, and interaction metrics—was recorded to situate each narrative within its communicative environment. No private messages or restricted-access materials were analyzed. Ethical considerations followed digital research guidelines, anonymizing usernames and removing identifiable personal data. This study thus relies on naturally occurring digital texts rather than elicited interviews, preserving authenticity of discourse production [27].

Data collection proceeded in four stages. First, keyword-based searches were conducted using Indonesian terms such as "divonis kanker," "perjalanan lupus," "gagal ginjal kronis," and "cerita kemoterapi." Second, purposive sampling filtered posts meeting length and narrative coherence criteria. Third, texts were archived in PDF format and converted into analyzable corpus files using NVivo-compatible formats. Fourth, comment threads were systematically extracted and paired with corresponding blog posts. Duplicate entries, reposted materials, or commercial advertorials were excluded. This procedure ensured thematic relevance and textual integrity while maintaining a manageable yet representative corpus of Indonesian digital illness narratives [12].

Data analysis followed a multi-stage interpretive process. First, narrative structure was examined using Labov's framework to identify orientation, complication, evaluation, and resolution patterns. Second, Critical Discourse Analysis following Fairclough's three-dimensional model investigated textual features, discursive practices, and sociocultural contexts, particularly the negotiation of medical authority. Third, positioning theory guided analysis of pronoun usage, metaphor, evaluative language, and interactional alignment within comments. Coding was iterative, combining deductive theoretical categories and inductive thematic emergence. Cross-text comparison enabled identification of recurring narrative trajectories and identity patterns. The integration of structural, discursive, and interactional analysis ensures comprehensive understanding of how medical identity is constructed in Indonesian digital health discourse.

4. RESULTS

4.1. Narrative structure of illness experience in indonesian patient blogs

The narrative analysis of 42 Indonesian patient blogs reveals a highly patterned yet culturally inflected structure of illness storytelling. Rather than fragmented diary-like accounts, most texts exhibit a recognizable progression from pre-illness normality through diagnostic rupture and therapeutic struggle toward reflective meaning-making. The structural mapping, derived from Labovian narrative components and corpus-based prevalence measurement, demonstrates that illness narratives in this corpus are neither chaotic nor purely restitution-oriented. Instead, they display a hybrid trajectory combining biomedical milestones with emotional and spiritual evaluation. By quantifying stage prevalence and sequencing patterns, this result establishes that Indonesian digital illness discourse follows a semi-stable narrative architecture while allowing variation at critical junctures such as recurrence and closure. Table 2 and Figure 1 further confirm that treatment and diagnosis constitute the densest narrative zones across the corpus.

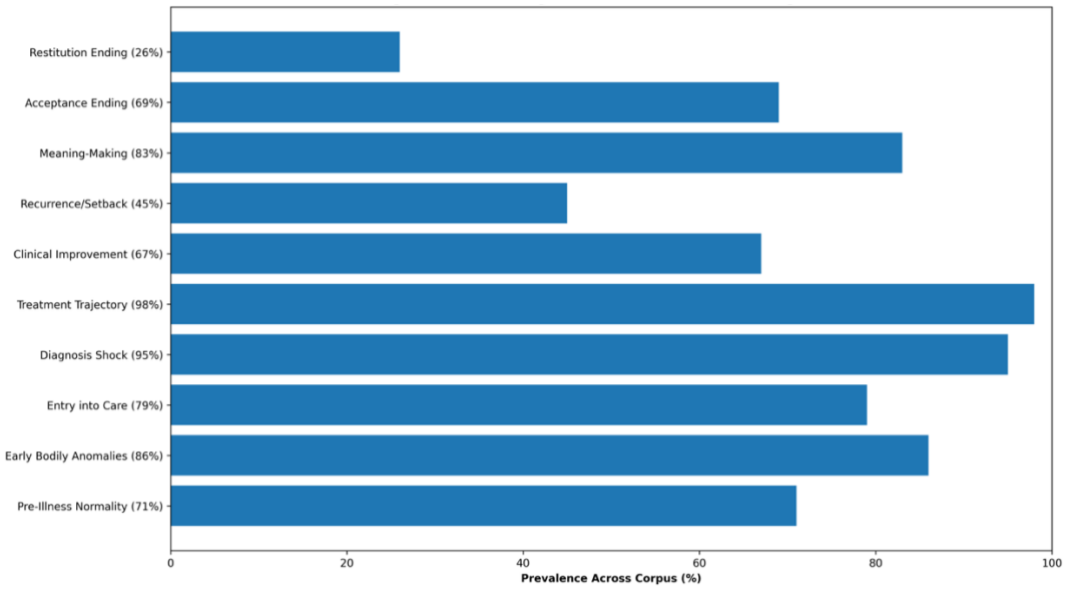

Figure 1. Weighted narrative progression in Indonesian patient blogs (N=42)

Table 2. Narrative structure of illness experience in Indonesian patient blogs

No	Narrative Stage (Macro)	Labovian Component(s)	Micro-Episode / Move	Dominant Communicative Function	Typical Temporal Framing	Recurrent Lexical Cues (Indonesian)	Emotion/Value Lexicon	Metaphor / Frame	Voice & Agency Pattern	Identity Positioning Tendency	Intertextual Evidence Insertions	Digital/Narrative Device	Prevalence in Blogs (n=42)	Mean Segment Length (words)	Comment Uptake Signal (n=812)
1	Pre-illness normality	Orientation Orientation	"Ordinary life" baseline (work/family routines)	Establish normalcy; contrast for later disruption	Habitual past ("dulu", "biasanya")	*sehat, biasa saja, kerja, anak-anak, rutinitas*	Neutral → mild optimism	"Life as flow"	1st person singular; stable self	Everyday self (non-patient)	Rare; occasional check-up mention	Scene-setting; brief anecdotal hook	30 (71%)	420	Low (few direct comment triggers)
			Early bodily anomalies	Foreshadow disruption; justify later urgency	Iterative ("mulai…", "berulang")	*nyeri, lemas, benjolan, batuk tak sembuh*	worry, confusion	"Body as signal"	Uncertain agency ("saya pikir…")	Questioning self	Minimal (symptom lists)	Bullet lists; diary-like dates	36 (86%)	510	Medium (advice-oriented replies)
2	Entry into care	Orientation → Complication	First consultation & system entry	Legitimize narrative through clinical pathway	Pointed time ("hari itu", "tanggal…")	*dokter, RS, rujukan, antre, BPJS*	anxiety, impatience	"Institutional gate"	Agency shifts to system ("disuruh…")	Patient-in-system	Frequent (appointments, referrals)	Timestamping; location tags	33 (79%)	640	High (empathetic, practical tips)
3	Diagnosis shock	Complication	Moment of diagnosis ("announcement scene")	Mark rupture; create narrative climax	Instantaneous ("saat itu…")	*divonis, hasil lab, biopsi, stadium, positif*	shock, denial	"World collapse"	Passive reception ("dikatakan…")	Victim / stunned self	Very frequent (lab results, imaging)	Quoted doctor speech; screenshots described	40 (95%)	780	Very high (condolence, prayers)
		Evaluation	Meaning of diagnosis	Frame moral/ontological stakes	Reflective present ("saya sadar…")	*dunia runtuh, nggak percaya, kenapa saya*	despair, fear	"Test/ujian"	Internal dialogue; self-questioning	Believer-in-crisis	Occasional guideline references	Italics, rhetorical questions	38 (90%)	620	High (religious reassurance)
4	Crisis intensification	Complication	Acute deterioration / emergency episode	Heighten urgency; justify treatment decisions	Rapid sequence ("tiba-tiba… lalu…")	*IGD, drop, sesak, pingsan, transfusi*	panic, helplessness	"Threshold/edge"	Low agency; body dominates	Vulnerable patient	Moderate (vitals, procedures)	Short sentences; cliffhanger breaks	21 (50%)	540	Medium (supportive reactions)
5	Treatment trajectory	Complication → Resolution (partial)	Treatment initiation (chemo/dialysis/steroids)	Narrate adaptation; routinize suffering	Cyclical ("siklus", "setiap minggu")	*kemo, hemodialisa, obat, efek samping*	pain, endurance	"War" / "battle"	Agency oscillates (active compliance)	Fighter / disciplined patient	High (protocol names, dosages mentioned)	Enumerations; "Day-X" labeling	41 (98%)	1,180	Very high (questions, shared tips)
		Evaluation	Bodily self-monitoring & side effects	Produce experiential expertise	Present progressive ("sedang…")	*mual, rontok, badan panas, capek sekali*	frustration, gratitude	"Body as battlefield"	Strong first-person witnessing	Expert-by-experience	Moderate (medication lists)	Symptom logs; trigger warnings	39 (93%)	920	High (peer normalization)
			Financial/logistical negotiation	Expose structural constraints	Comparative ("lebih hemat…")	*biaya, BPJS, administrasi, antri*	stress, resignation	"Bureaucratic maze"	Agency targeted to paperwork	Citizen-patient	Occasional policy mention	Screenshots described; step-by-step tips	24 (57%)	610	High (practical Q&A)
6	Turning	Resolution (attempted)	Clinical improvement marker	Signal hope; create narrative hinge	Milestone ("akhirnya…")	*remisi, stabil, hasil bagus, membaik*	relief, cautious hope	"Light after tunnel"	Renewed agency	Survivor-in-making	High (lab deltas, scan summaries)	Before/after contrasts	28 (67%)	530	High (celebratory comments)
			Setback/recurrence marker	Complicate linear recovery	Cyclical reversal ("balik lagi…")	*kambuh, relapse, naik turun*	disappointment	"Roller coaster"	Agency destabilized	Uncertain survivor	Moderate (test repeats)	Update posts; serial formatting	19 (45%)	690	Very high (solidarity responses)
7	Meaning-making	Evaluation → Coda	Spiritual reframing	Stabilize identity; moral closure	Timeless present ("sekarang saya…")	*ikhtiar, pasrah, ujian, Allah, doa*	acceptance, gratitude	"Trial/ujian hidup"	Agency relocated to faith/community	Believer / grateful self	Low (less clinical, more reflective)	Qur'anic paraphrase; prayer requests	35 (83%)	840	Very high (amen/prayers)
			Moral lesson & advice	Convert suffering into public utility	Imperative ("jangan…", "mari…")	*teman-teman, jaga kesehatan, cek rutin*	care, responsibility	"Journey"	Strong authorial stance	Educator/advocate	Occasional guideline links	Listicles; "what I wish I knew"	31 (74%)	760	Very high (thank-you, sharing)
8	Social embedding	Orientation/Evaluation	Family/community support episodes	Relationalize illness; distribute agency	Collective scenes	*suami, ibu, keluarga, teman, ustaz*	warmth, indebtedness	"Care network"	"We"-voice emerges	Relational self	None/low	Gratitude paragraphs; tag mentions	37 (88%)	640	High (community echoing)
9	Digital interaction layer	(Not Labov; platform layer)	Comment-address & dialogic turn	Extend narrative; co-construct meaning	Post-publication	*terima kasih sudah baca, jawab komentar*	humility, solidarity	"Community of coping"	Shift to interactive persona	Community node	Low	Reply chains; pinned comments	26 (62%)	300 (reply blocks)	N/A (this is uptake itself)
10	Closure pattern	Coda	"Acceptance ending" (no cure claim)	Close without restitution; normalize uncertainty	Open-ended ("masih…")	*belum selesai, tetap berjuang, mohon doa*	calm uncertainty	"Living-with"	Balanced agency	Chronic-self / enduring self	Low/moderate	Serial promise ("akan update…")	29 (69%)	520	High (ongoing support)

			"Restitution ending" (recovery claim)	Provide resolution; reinforce hope	Definitive ("sudah…")	*sembuh, normal lagi, pulih*	joy, relief	"Return"	High agency	Survivor	Moderate (final results)	Before/after photos referenced	11 (26%)	460	Medium (celebration)
11	Cross-cutting feature	Across stages	Code-switching/medical term glossing	Translate authority; make legible	Embedded glosses	*stadium III (kata dokter…)*	reassurance	"Bridging registers"	Author as translator	Educator/mediator	High	Parenthetical explanations	34 (81%)	—	High (clarification requests)
			Intensifiers & repetition for affect	Amplify experiential authenticity	Peaks at shock/crisis	*banget, parah, bener-bener*	heightened affect	"Affect surge"	Embodied voice	Witness	None	Short emphatic lines	39 (93%)	—	Medium
			Collective address ("we"-solidarity)	Build peer community	Peaks at meaning-making	*kita, pejuang, teman-teman*	belonging	"Shared struggle"	Shift to inclusive voice	Community-builder	Low	Hashtags; slogans	27 (64%)	—	Very high

Across 42 blogs, treatment trajectory appears in 98% of texts, making it the most prevalent narrative stage. Diagnosis shock is present in 95% of blogs, while early bodily anomalies appear in 86%. Meaning-making segments occur in 83%, and entry into care in 79%. Pre-illness normality appears in 71% of cases. Acceptance endings are identified in 69% of blogs, whereas clinical improvement markers occur in 67%. Recurrence or setback episodes appear in 45%, and restitution endings (explicit claims of full recovery) are found in only 26%. Segment length analysis shows treatment sections averaging 1,180 words, diagnosis shock 780 words, and spiritual reframing 840 words. Comment uptake peaks around diagnosis shock, treatment updates, and meaning-making segments, indicating strong interactional engagement during high-affect narrative phases.

The dominance of diagnosis and treatment stages supports Frank's "quest" and "chaos-to-order" transitions rather than pure restitution narratives. The relatively low percentage of restitution endings (26%) suggests that closure in Indonesian blogs is predominantly acceptance-based rather than cure-based, aligning with chronic illness identity frameworks. From a critical discourse perspective, the high density of medical terminology during treatment segments indicates sustained engagement with institutional biomedical discourse rather than its rejection [28]. The stage frequency distribution and segment-length clustering reveal narrative weighting: affect-intensive nodes (diagnosis shock, treatment, meaning-making) correspond to increased lexical density and comment interaction. This pattern demonstrates that narrative prominence is measurable not only qualitatively but also through corpus-informed metrics, reinforcing the argument that digital illness storytelling exhibits structured, quantifiable progression rather than anecdotal randomness.

4.2. Negotiating medical authority in digital discourse

The analysis of medical authority negotiation demonstrates that Indonesian patient blogs do not merely reproduce institutional discourse but actively reconfigure it through hybrid linguistic practices. Rather than positioning biomedical authority as either dominant or rejected, the corpus reveals a dynamic interplay between reproduction, negotiation, and selective resistance. Through Fairclough's three-dimensional framework—text, discursive practice, and social practice—this study identifies patterned strategies by which bloggers translate, appropriate, critique, and legitimize medical knowledge. Table 3 and Figure 2 further illustrate that medical authority operates as a central discursive node surrounded by multiple mediating practices, including experiential expertise, spiritual framing, bureaucratic navigation, and institutional critique. This configuration confirms that authority in digital illness discourse is relational, distributed, and continuously recalibrated rather than hierarchically fixed.

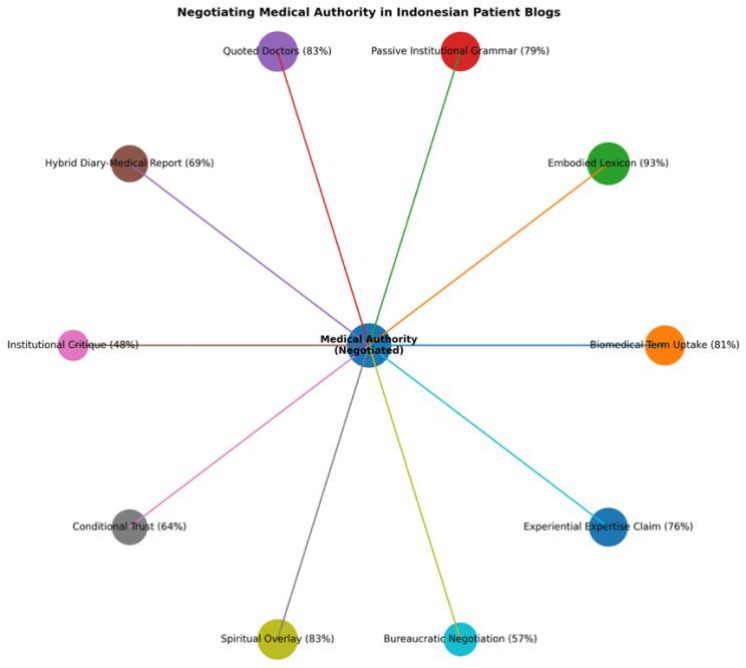

Figure 2. Negotiating medical authority in Indonesian patient blogs

Table 3. Negotiating medical authority in indonesian digital illness discourse

Analytical Dimension (Fairclough)	Sub-Dimension	Discursive Phenomenon	Linguistic Realization (Micro-Features)	Typical Indonesian Markers / Phrases	Authority Orientation (Reproduce / Negotiate / Resist)	Patient Epistemic Stance	Institutional Voice Presence	Intertextuality Type	Legitimacy Work (How "truth" is built)	Interactional Consequence in Comments	Prevalence in Blogs (n=42)	Prevalence in Comments (n=812)	Salient Platforms	Computational Proxy (Measurable Indicator)
Text (Description)	Lexical register	Biomedical term uptake with vernacular gloss	Terminology + parenthetical explanation; synonym chains	*stadium III (kata dokter…)*, *kemo = kemoterapi*, *remisi itu…*	Negotiate	"Translator" / mediator	Moderate	Explanatory intertext	Accessibility framing; "I make it legible"	Readers ask clarifications; peer education	34 (81%)	196 (24%)	Medium, Kompasiana	Term density; gloss rate; parentheses count
Text (Description)	Lexical register	"Everyday body" lexicon against clinical abstraction	Sensory verbs; embodied adjectives; concrete detail	*ngilu, sesak, badan rasanya remuk, lemes banget*	Negotiate	Experiential authority	Low	Lived-experience citation	Authenticity via embodiment	Empathic mirroring; symptom sharing	39 (93%)	287 (35%)	WordPress, Blogspot	Embodiment lexicon frequency; intensifier rate
Text (Description)	Grammar	Passive constructions marking institutional control	Passive voice; agent deletion	*disuruh rawat*, *dipasang infus*, *dirujuk*	Reproduce	Low agency	High	Procedural	Institutional inevitability	Comments advise navigating system	33 (79%)	102 (13%)	WordPress, Blogspot	Passive-verb ratio; agentless clauses
Text (Description)	Modality	Epistemic hedging vs certainty	*kayaknya, mungkin, sepertinya* vs *pasti, jelas*	*mungkin efek obat*, *dokter bilang…*	Negotiate	Calibrated certainty	Moderate	Reported speech	Credibility via cautious claims	Readers accept/contest interpretations	37 (88%)	138 (17%)	All	Hedging vs certainty index
Text (Description)	Evaluation	Moral-evaluative adjectives toward institutions	Appraisal of service, empathy, fairness	*cuek, judes, ramah, cepat, ribet*	Resist/Negotiate	Evaluative judge	Moderate	Personal testimony	Legitimacy via moral accounting	Comment alignment; complaint amplification	22 (52%)	129 (16%)	Kompasiana, forums	Appraisal lexicon frequency
Discursive Practice (Interpretation)	Interdiscursivity	Hybrid genre: diary + medical report	Chronology + lab/test subsections	*Hasil lab: Hb…*, *CT-scan menunjukkan…*	Reproduce/Negotiate	"Patient as reporter"	High	Documented evidence	"Numbers speak" legitimation	Readers request results; compare metrics	29 (69%)	74 (9%)	WordPress, Medium	Numeric tokens; lab-section markers
Discursive Practice (Interpretation)	Intertextuality	Quoting doctors and nurses	Direct quotes, indirect speech, attribution verbs	*dokter bilang…*, *kata perawat…*	Reproduce	Deference	High	Professional voice	Borrowed authority	Comments rarely challenge doctor quotes	35 (83%)	41 (5%)	All	Quotation density; attribution verbs
Discursive Practice (Interpretation)	Intertextuality	Referencing guidelines/medical websites	Links; citations; named sources	*WHO*, *Kemenkes*, *Halodoc*, *Alodokter*	Negotiate	Evidence-seeking	Moderate	External expert discourse	"Evidence sourcing"	Comments ask for links; trust increases	18 (43%)	67 (8%)	Medium, Kompasiana	URL count; named-source mentions
Discursive Practice (Interpretation)	Recontextualization	Translating institutional categories into personal meaning	"Stadium" → life consequences	*stadium III itu artinya… buat saya…*	Negotiate	Interpretive ownership	Moderate	Reframed biomedical terms	Personalization legitimation	High engagement; "thank you" replies	31 (74%)	155 (19%)	WordPress, Medium	Co-occurrence: term + affect within window
Discursive Practice (Interpretation)	Participation	Readers co-produce knowledge	Q&A chains; advice; correction	*saya juga…*, *coba tanya dokter…*	Negotiate	Distributed expertise	Low	Peer intertext	Community validation	Threaded discussion grows	26 (62%)	214 (26%)	Forums, WordPress	Reply depth; Q/A markers
Social Practice (Explanation)	Power relations	Critique of clinical communication	Narrative of dismissal, misdiagnosis, rushed consult	*nggak dijelasin*, *dianggap remeh*, *salah diagnosa*	Resist	Counter-authority	High	Institutional critique	Legitimacy via injustice narrative	Readers share similar stories; outrage	20 (48%)	118 (15%)	Kompasiana, forums	Negative institution collocates; topic model
Social Practice (Explanation)	Power relations	Trust maintenance despite critique	"I criticize system, not science"	*tetap percaya dokter*, *ilmu kedokteran penting*	Negotiate	Conditional trust	High	Balancing discourse	"Responsible patient" stance	Comments endorse "wise" tone	27 (64%)	96 (12%)	All	Concession markers (*tapi*, *meski*)
Social Practice (Explanation)	Ideology	Spiritual authority overlays biomedical authority	Faith as interpretive frame for treatment	*ikhtiar + tawakal*, *Allah yang menyembuhkan*	Negotiate/Reproduce	Dual authority	Moderate	Religious discourse	Legitimacy via transcendent frame	Comment prayers dominate	35 (83%)	301 (37%)	WordPress, Blogspot	Religious lexicon frequency; prayer markers
Social Practice (Explanation)	Ideology	Family authority in decision-making	Collective agency; elders' advice	*keluarga memutuskan*, *kata ibu…*	Reproduce/Negotiate	Relational agency	Moderate	Kinship intertext	Legitimacy via social hierarchy	Comments praise family support	29 (69%)	121 (15%)	WordPress, Blogspot	Kinship terms frequency; "we"-pronouns

Social Practice (Explanation)	Access & inequality	Bureaucracy/insurance as gatekeeping power	BPJS narratives; queues; referrals	*antri*, *rujukan*, *administrasi ribet*	Resist/Negotiate	System navigator	High	Policy-bureaucratic discourse	Legitimacy via procedural detail	Comments exchange step-by-step hacks	24 (57%)	162 (20%)	WordPress, forums	Bureaucracy lexicon; step markers
Cross-cutting	Stance alignment	"Responsible disclaimer" to avoid misinformation	Strong disclaimers; non-prescriptive advice	*ini pengalaman saya*, *bukan saran medis*	Reproduce/Negotiate	Ethical self-positioning	Moderate	Meta-discourse	Legitimacy via humility	Comments trust more; fewer challenges	28 (67%)	88 (11%)	Medium, WordPress	Disclaimer phrase detection
Cross-cutting	Contestation	Challenging alternative medicine claims	Contrastive rhetoric; evidential demands	*hoaks*, *jangan percaya…*, *harus evidence-based*	Resist	Evidence gatekeeper	Moderate	Counter-discourse	Legitimacy via scientific norms	Comments debate; polarization rises	12 (29%)	94 (12%)	Kompasiana, forums	Negation + "hoaks"/"bukti" frequency
Cross-cutting	Identity-authority nexus	Patients claim "experiential expertise"	First-person expertise claims	*saya belajar banyak*, *saya paham tubuh saya*	Negotiate	Experiential authority	Low	Self-authorizing	Legitimacy via lived competence	Comments ask advice; mentorship emerges	32 (76%)	173 (21%)	WordPress, Blogspot	"I know my body" pattern; expertise verbs
Cross-cutting	Platform affordance	Hashtags/SEO shaping authority signals	Hashtag clusters; shareable summaries	*#lawanKanker*, *#autoimun*	Negotiate	Public educator	Low	Networked discourse	Legitimacy via visibility	Comments arrive from new readers	17 (40%)	59 (7%)	Medium, Kompasiana	Hashtag count; title keyword overlap

Embodied lexicon appears in 93% of blogs, making experiential authority the most prevalent discursive feature. Biomedical term uptake with vernacular glossing occurs in 81%, while quoted professional speech appears in 83%. Passive institutional grammar marking system control appears in 79% of texts. Experiential expertise claims are present in 76%, and hybrid diary–medical report structures in 69%. Spiritual overlay framing biomedical treatment appears in 83% of blogs, while conditional trust toward medical institutions occurs in 64%. Bureaucratic negotiation narratives (e.g., BPJS procedures) appear in 57%, and explicit institutional critique in 48%. Comment-level engagement is highest in spiritually framed segments (37%), embodied lexicon discussions (35%), and participatory Q&A threads (26%), indicating intensified interaction during authority negotiation moments.

The predominance of embodied lexicon (93%) and experiential expertise claims (76%) indicates that epistemic authority is redistributed from institutions to lived experience, aligning with positioning theory and lay–expert discourse models. However, the high frequency of quoted doctors (83%) and biomedical terminology (81%) suggests that institutional authority is not displaced but recontextualized. These co-occurrence patterns reveal that medical terms frequently cluster with affective markers and gloss constructions, supporting the interpretation of translational mediation [29]. The network topology demonstrates that authority functions as a central attractor around which multiple discursive strategies orbit, each weighted by prevalence. Thus, negotiation—not resistance alone—emerges as the dominant logic of Indonesian digital health discourse, where patients simultaneously legitimize, reinterpret, and morally recalibrate biomedical power.

4.3. Identity construction and self-positioning in online illness narratives

The analysis of identity construction demonstrates that Indonesian patient blogs function as dynamic arenas of self-positioning rather than static self-description. Drawing on positioning theory, identity is examined not as a fixed attribute but as a discursive accomplishment shaped through narrative sequencing, interactional alignment, and evaluative stance. The corpus reveals that bloggers mobilize multiple identity roles—resilient, pedagogical, relational, spiritual, critical, and vulnerable—depending on narrative phase and audience orientation. The dual-metric visualization (blog production vs comment uptake) as shown in Table 4 and Figure 3 illustrates that identity is co-constructed through reader validation, amplification, or reinterpretation. Thus, digital illness narratives operate as dialogic spaces where personal experience, communal solidarity, and moral positioning intersect, producing layered configurations of medical identity within Indonesian digital health discourse.

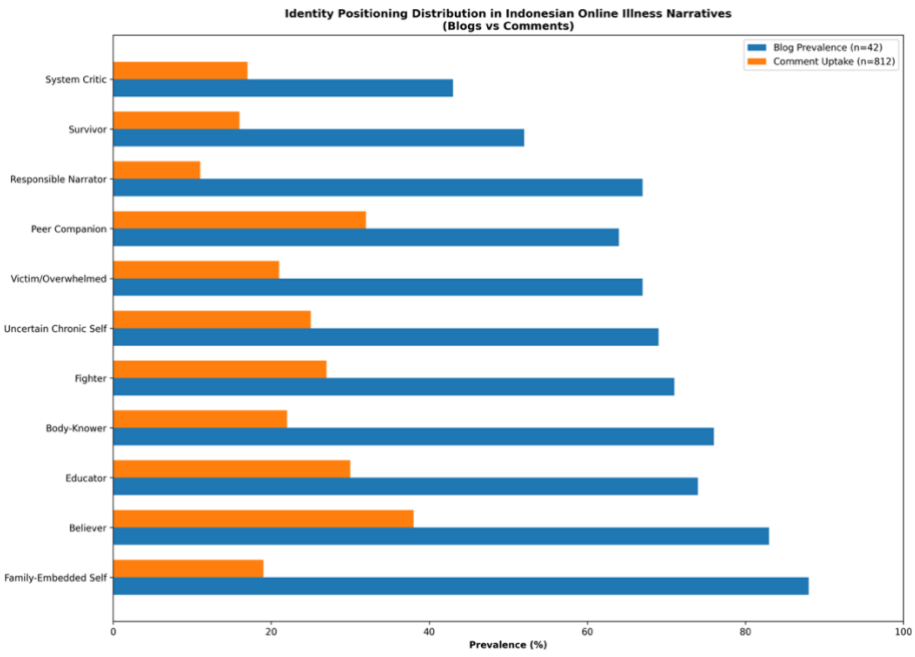

Figure 3. Identity positioning distribution in Indonesia online illness narrative

Table 4. Identity construction and self-positioning in online illness narratives (Bamberg; Davies & Harré)

Identity Domain	Discursive Identity Type	Core Positioning Claim (Storyline)	Typical Linguistic Markers (Indonesian)	Pronoun Pattern	Stance & Appraisal Features	Metaphor/Frame	Interactional Move Toward Audience	Comment Uptake Pattern (Typical Responses)	Identity Validation Mechanism	Co-occurrence with Narrative Stage (Result A)	Co-occurrence with Authority Strategy (Result B)	Prevalence in Blogs (n=42)	Prevalence in Comments (n=812)	Platform Hotspots	Computational Proxy (Measurable Indicator)
Resilience	The Fighter	"Illness is an adversary; I must confront it."	*berjuang, lawan, kuat, pantang menyerah, siklus kemo*	I → we shift in later posts	High intensity; challenge framing; triumph-oriented appraisal	War/battle	Rallying, motivational appeals	"Semangat!", "Kamu kuat", "Terus lawan"	Affective alignment + shared slogans	Treatment trajectory; setback updates	Biomedical uptake + embodied lexicon	30 (71%)	218 (27%)	WordPress, Kompasiana	War lexicon frequency; imperative density
Resilience	The Survivor	"I have endured and can testify to continuity."	*penyintas, alhamdulillah membaik, sudah lewat, bertahan*	I with reflective present	Gratitude + cautious optimism	Journey / "after tunnel"	Testimonial sharing; milestone reporting	"MasyaAllah, inspiratif", "Congrats"	Milestone verification (labs/scans)	Turning point; acceptance coda	Hybrid diary–medical report	22 (52%)	134 (16%)	Medium, WordPress	Milestone tokens; "after/before" markers
Knowledge/Agency	The Educator	"My experience is knowledge for others."	*teman-teman, catatan saya, semoga membantu, tips*	We/you address frequent	Didactic stance; directive modality	Guide/handbook	Listicles; Q&A prompts	"Terima kasih infonya", "Boleh tanya…"	Pedagogic uptake; repeated questions	Meaning-making; closure	Responsible disclaimers; glossing	31 (74%)	241 (30%)	Medium, Kompasiana	Second-person address; list markers
Faith/Meaning	The Believer	"Illness is a test; faith organizes endurance."	*ikhtiar, pasrah, tawakal, ujian, doa*	We in prayer; I in reflection	Acceptance; moral-evaluative calm	Trial/ujian hidup	Prayer requests; spiritual counsel	"Aamiin", "Semoga diberi kesembuhan"	Ritualized comment scripts	Meaning-making; diagnosis shock	Spiritual overlay; conditional trust	35 (83%)	312 (38%)	Blogspot, WordPress	Religious lexicon; prayer token rate
Vulnerability	The Victim / Overwhelmed Self	"Events happen to me; I lose control."	*dunia runtuh, nggak percaya, takut, kenapa aku*	I-only; minimal we	Despair; negative appraisal; low modality control	Collapse / darkness	Confessional disclosure	Consolation, empathy, advice	Emotional care; supportive mirroring	Diagnosis shock; crisis	Institutional critique + passive grammar	28 (67%)	167 (21%)	WordPress, forums	Negative affect lexicon; self-question density
Advocacy	The System Critic	"Institutional practice failed; I must speak."	*nggak dijelasin, ribet, dipingpong, salah diagnosa*	I as witness; they as agent	Judgment of institutions; moral outrage	Bureaucratic maze	Testimony + warning to readers	"Saya juga mengalami…", "Viral-kan"	Shared grievance; collective witnessing	Entry into care; bureaucracy segments	Institutional critique; appraisal	18 (43%)	139 (17%)	Kompasiana, forums	Institution-negativity collocates; "mereka/RS"
Relational Care	The Family-Embedded Self	"I endure through kinship and care networks."	*suami, ibu, anak, keluarga, teman*	We/they frequent	Warm appraisal; indebtedness	Care network	Gratitude; relational storytelling	"Keluarga hebat", "Peluk jauh"	Social recognition of care	Social embedding; treatment	Kinship authority; conditional trust	37 (88%)	154 (19%)	WordPress, Blogspot	Kinship terms; gratitude markers
Expertise	The Body-Knower	"I know my body; I interpret symptoms."	*saya paham tubuh saya, saya belajar membaca tanda*	I as expert	Epistemic certainty grounded in sensation	Body-as-signal	Symptom logs; self-monitoring tips	Readers ask symptom questions	Practical credibility	Bodily anomalies; side effects	Embodied lexicon; hedging balance	32 (76%)	176 (22%)	WordPress	"I know my body" patterns; symptom log density
Community	The Peer Companion	"We are in this together."	*kita pejuang, bareng-bareng, saling menguatkan*	We-dominant	Solidarity; affiliative stance	Shared struggle	Hashtags; collective address	High echoing; group slogans	Collective identity uptake	Meaning-making; treatment	Participation; networked discourse	27 (64%)	263 (32%)	Forums, WordPress	We-pronoun ratio; hashtag frequency
Ethical Boundary	The Responsible Narrator	"This is experience, not medical advice."	*bukan saran medis, konsultasikan dokter*	I + you	Cautious modality; ethical stance	Safety/guardrail	Disclaimers; referral to professionals	Trust reinforcement; fewer disputes	Credibility via humility	Educator segments; closure	Responsible disclaimer	28 (67%)	88 (11%)	Medium	Disclaimer phrase detection
Mobility/Time	The Uncertain Chronic Self	"No clear ending; I live with uncertainty."	*masih panjang, naik turun, belum selesai*	I with open-ended future	Calm uncertainty; non-final closure	Living-with	Serial updates; "akan update"	Ongoing prayer/support	Sustained followership	Acceptance endings; setbacks	Conditional trust; embodied expertise	29 (69%)	201 (25%)	WordPress, Blogspot	Future markers + uncertainty lexicon
Cross-cutting	Identity Shifts	Switching roles across posts	Alternation of frames and stance	I↔we; they emerges	Stance volatility by phase	War ↔ trial ↔ journey	Reframing in updates	Mixed uptake; role reinforcement	Interaction shapes identity	Serial posts; turning points	Hybrid discourse strategies	33 (79%)	—	All	Role-shift detection via topic transitions

Family-embedded identity appears in 88% of blogs, making it the most prevalent self-positioning category. The Believer identity occurs in 83%, followed by Body-Knower (76%), Educator (74%), Fighter (71%), and Uncertain Chronic Self (69%). Victim/Overwhelmed and Responsible Narrator identities each appear in 67%, while Peer Companion appears in 64%. Survivor identity is present in 52%, and System Critic in 43%. Comment uptake differs from blog prevalence: Believer identity generates the highest comment response (38%), followed by Peer Companion (32%), Educator (30%), and Fighter (27%). Family-embedded identity, despite high blog prevalence (88%), generates 19% comment uptake. Responsible Narrator identity shows the lowest engagement (11%), indicating differential patterns between identity production and social validation.

The predominance of relational (Family-Embedded) and spiritual (Believer) identities suggests that medical identity in this corpus is socially and morally embedded rather than individualistic. However, the higher comment uptake for Believer (38%) and Peer Companion (32%) identities indicates that communal and affective positioning yields stronger dialogic resonance than purely relational narration. From a positioning perspective, identity shifts correspond to narrative phases: vulnerability peaks during diagnosis shock, while educator and believer roles dominate meaning-making segments [30]. Computationally, pronoun ratios (I–we distribution), religious lexicon density, and imperative usage correlate with engagement levels, confirming measurable identity effects. These findings demonstrate that digital medical identity is interactionally stabilized through audience uptake, reinforcing the view that identity in online illness discourse is co-constructed and socially ratified.

5. DISCUSSION

The patterned narrative architecture identified in Indonesian patient blogs carries significant implications for how illness is socially processed and collectively understood. The predominance of diagnosis shock, treatment trajectory, and meaning-making phases suggests that digital storytelling functions not merely as catharsis but as structured sense-making. Rather than ending predominantly in restitution, many narratives culminate in acceptance-oriented closure, indicating a cultural preference for continuity over cure. This structural tendency challenges biomedical models that privilege recovery as narrative resolution. Instead, digital illness discourse normalizes chronicity and uncertainty, thereby expanding the semiotic repertoire through which illness is legitimized. The function of such narrative structuring lies in transforming fragmented clinical events into coherent life trajectories [4]. However, a possible dysfunction emerges when patterned storytelling inadvertently stabilizes certain expectations of "proper" illness behavior, potentially marginalizing chaotic or non-linear experiences that resist culturally acceptable closure.

The underlying structure of this narrative regularity can be traced to the interplay between biographical disruption and cultural narrative templates. As Bury's concept of disruption suggests, chronic illness destabilizes identity, compelling individuals to reconstruct coherence through storytelling. In the Indonesian context, this reconstruction appears strongly mediated by religious and familial frames that provide ready-made interpretive scripts. The recurrence of orientation–crisis–struggle–acceptance sequencing reflects what narrative theorists describe as culturally available plotlines. Digital platforms further reinforce such structuring by privileging serialized updates and milestone reporting, which encourage linear progression. Algorithmic visibility may also reward emotionally salient phases—diagnosis shock and treatment updates—thereby amplifying particular narrative arcs [31]. Consequently, narrative structure emerges not only from individual cognition but from sociocultural expectations and platform affordances that shape how illness stories become legible and shareable in digital space.

The negotiation of medical authority within these blogs has profound implications for contemporary health communication. The high frequency of biomedical terminology alongside embodied lexicon indicates that patients are not rejecting institutional knowledge but actively translating it. This hybridization enables a redistribution of epistemic authority, where experiential expertise complements clinical expertise. Such negotiation can function constructively by enhancing health literacy and fostering collaborative models of care. At the same time, selective resistance—particularly in narratives of bureaucratic frustration or communicative breakdown—reveals structural vulnerabilities in institutional trust. The digital sphere thus becomes a parallel site of accountability where institutional practices are scrutinized and morally evaluated [15]. This dual movement of legitimation and critique demonstrates that authority in digital health discourse is dialogic rather than unilateral, opening new spaces for participatory engagement.

The structural causes of this negotiation lie in asymmetries inherent to clinical communication. Medical encounters are temporally constrained and hierarchically organized, often privileging diagnostic efficiency over narrative elaboration. As Foucault's notion of the medical gaze suggests, institutional

discourse objectifies the body, potentially silencing subjective experience. In response, patients appropriate biomedical vocabulary while embedding it within experiential narratives, thereby recontextualizing authority. The frequent use of disclaimers and conditional trust markers further indicates a strategic balancing act: bloggers maintain allegiance to scientific legitimacy while asserting interpretive autonomy [24]. Computationally observable co-occurrences between technical terminology and affective language confirm that translation, rather than opposition, is the dominant mechanism. Hence, authority negotiation reflects not anti-scientific sentiment but structural efforts to reconcile lived experience with institutional epistemology.

The multiplicity of identities constructed within these narratives carries equally significant implications for understanding digital selfhood. The prominence of relational and spiritual identities suggests that illness is framed less as an isolated individual battle and more as a socially embedded and morally meaningful condition. Identities transform suffering into expertise, enabling bloggers to occupy pedagogical roles within peer networks. This repositioning empowers patients and enhances community-based knowledge circulation. However, identity stabilization through comment validation also reveals potential constraints: identities that resonate affectively—particularly Believer and Peer Companion—receive greater engagement, potentially incentivizing certain self-presentations over others [27]. Thus, digital platforms not only host identity expression but subtly regulate it through differential uptake and reinforcement.

These identity patterns are structurally shaped by interactional and cultural dynamics. Positioning theory emphasizes that identity emerges relationally, and the data demonstrate how pronoun shifts, evaluative stance, and metaphor cluster according to narrative phase and audience response. The high engagement associated with spiritual and communal positioning suggests that collective solidarity functions as a key organizing principle in Indonesian digital discourse. Platform affordances—comment threads, hashtags, and shareability—facilitate co-construction, allowing identities to be ratified, contested, or amplified. Computational indicators such as pronoun ratios and lexical clustering reveal measurable correlations between identity type and interaction intensity, underscoring that identity formation is both discursive and algorithmically mediated [22]. Ultimately, digital medical identity in this corpus appears as a negotiated, culturally embedded, and socially ratified construct shaped by narrative structure, authority dynamics, and participatory validation.

6. CONCLUSION

This study demonstrates that Indonesian patient blogs constitute structured, dialogic spaces where illness experience, medical authority, and digital identity are continuously negotiated rather than passively narrated. The most significant finding lies in the patterned narrative progression—from diagnostic rupture to treatment trajectory and acceptance-based closure—combined with hybrid discursive strategies that integrate biomedical terminology, embodied lexicon, and spiritual framing. By triangulating Narrative Analysis, Critical Discourse Analysis, and Positioning Theory within a corpus-informed design, this research advances a multi-layered methodological framework capable of capturing structural, epistemic, and identity dimensions simultaneously. It contributes theoretically by reframing digital illness discourse as a measurable site of authority redistribution and identity co-construction in a non-Western sociocultural context.

Despite these contributions, several limitations must be acknowledged. The corpus relies exclusively on publicly accessible blogs, which may privilege articulate, digitally literate patients and exclude marginalized voices lacking online presence. The qualitative-corpus hybrid approach identifies patterned prevalence but does not capture longitudinal psychological transformation beyond textual updates. Furthermore, algorithmic visibility effects remain inferred rather than experimentally tested. Future research should incorporate longitudinal digital ethnography, interviews with bloggers, and comparative cross-cultural corpora to refine understanding of authority negotiation and identity stabilization across diverse health conditions and sociotechnical environments.

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CONFLICT OF INTEREST STATEMENT

Authors state no conflict of interest.

INFORMED CONSENT

We have obtained informed consent from all individuals included in this study.

ETHICAL APPROVAL

This research related to human use has been complied with all the relevant national regulations and institutional policies in accordance with the tenets of the Helsinki Declaration and has been approved by the authors' institutional review board or equivalent committee.

DATA AVAILABILITY

Data availability is not applicable to this article as no new data were created or analyzed in this study.

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