

Online Support Community Building: An Interpersonal Pragmatic Study of Medical Sharing Discourse

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Abstract—The online support community is composed of netizens who have experienced shared stressful events or diseases. Few studies have focused on the mechanism of online community maintenance and construction. New rapport management model, as the frontier theory of interpersonal pragmatics, can avoid the limited coverage of linguistic evidence in sociological or communication approach. Medical sharing discourse is the true-life recording of personal medical experience in online community. As a new type of health discourse, it has become the main source for Chinese people to attain medical information. With complex interactive roles and special interpersonal contexts, it can best reflect interlocutors' awareness of community building. Based on new rapport management model, this study focuses on the medical sharing discourse in China's biggest online community Red Booklet. The discourse model and its interpersonal function in community maintenance will be elaborated in detail. Results show that bloggers have specific language selection in five language domains. Bloggers' proper manipulation of interests, emotion, face, rights and obligations and communicative objectives in interaction contributes to the construction of online community.

Keywords—health discourse, interpersonal pragmatics, online support community, rapport management

I. INTRODUCTION

“Social support refers to the psychological and material resources that individuals can obtain through interpersonal networks” [1]. With the development of Internet, social support has extended from physical space to virtual space. The online support community is composed of netizens who have experienced shared stressful events or diseases. Previous studies on online support communities have mainly focused on the perspective of journalism and communication. These studies are oriented to social support network and social support types. Little attention has been paid to the interpersonal dimension of the community, such as the maintenance mechanism of the community. Moreover, without adequate knowledge of linguistics, these studies cannot provide a detailed account of all the linguistic evidence in online interactions.

Medical sharing discourse refers to the online community members' sharing of personal medical experiences. It has become the main source for Chinese people to attain medical knowledge and an important way to alleviate negative feelings caused by disease. Compared to traditional health discourse, medical sharing has an instructive nature. Group members can gain informational and emotional support through it because all the information shared is authentic and accessible. Based on social media, it involves complex interactive roles and abundant pragmatic factors, which makes it the best entry to analyze interlocutors'

communicative intention on community maintenance. As a frontier theory in interpersonal pragmatics, a New Rapport Management Model (NRMM) is proposed by Chinese pragmatist Xinren Chen. NRMM is the revised version of Spencer-Oatey's rapport management model. It consists of different dimensions of relation management, various types of management orientation, and dynamic interactions among interlocutors, making it highly operational for analysis. Based on NRMM, this study aims to provide a detailed account of the linguistic evidence in online support communities. The following questions will be addressed:

1. What is the model of medical sharing discourse?
2. How does medical sharing discourse contribute to online support community maintenance?

II. LITERATURE REVIEW

A. Health Discourse

Health discourse refers to the language use in medical consultation and clinical treatment, involving doctors, nurses, patients and their family members. Due to its special institutional context and practical application, health discourse has become an important research area in interpersonal pragmatics. Scholars have made significant achievements in illustrating the patterns of health discourse [2–4], speech acts and pragmatic strategies [5–8], the interpersonal function of identity [9–12], and emotional polarity [13, 14].

Based on mature theoretical framework, such as dialogue syntax theory, relevance theory, and rapport management model, these studies adopt quantitative and qualitative research methods such as conversation analysis and corpus statistics. Compared to medical ethnics studies of health discourse, these studies can give a comprehensive account of the linguistic evidence and display interlocutors' language selection from different levels. Besides, these studies also incorporate pragmatic topics such as identity, face, humor, pragmatic presupposition, and dialogue empathy into medical resistance, medical conflict mediation and treatment negotiation. Unfortunately, most of them focus on discourse dominated by doctors and patients. Only a few studies involve roles like patients' families to doctors or patients to patients. The function of different discourse roles in health discourse remains to be further investigated.

With the rapid development of new media platforms, new health discourse forms have emerged, such as online medial diagnosis discourse and medical sharing discourse. These discourses incorporate multiple language modalities (pictures, texts, videos). Compared to traditional health discourse, these discourse are more accessible and the discourse roles involved are more complex, such as netizens, pharmaceutical

agents, and medical bloggers, which makes it a good entry for exploring different discourse roles. Therefore, this study focuses on medical sharing discourse, which is defined as the sharing and recording of medical experience by patients or their family members on social platforms. Medical sharing discourse can spontaneously attract patients and family members with similar backgrounds to interact. A stable online support community can be built with the help of it.

B. Online Support Community

Social support refers to the psychological and material resources that individuals can obtain through interpersonal networks [1]. Building social support groups is the most widely used approach to deal with physical or mental problems. Social support groups consist of members with shared experience of stressful events or illnesses. With consistent purposes, members follow the group guidelines and maintain stable communication. Such groups enable members to build new social identities, alleviate negative emotions and promote individual health condition [1].

The development of the Internet has extended social support from the physical space to the virtual space [1]. Online support community is a group of people with shared purposes who use the internet to communicate with each other. There are two types of online community platforms in China: asynchronous forum community (Baidu Forum, WeChat Public Account) and synchronous online community (Weibo, Red Booklet, Tik-Tok) [1]. Compared with asynchronous forum communities, synchronous online communities support real-time interaction. Members have higher language consistency and stronger community cohesion. It is more suitable for exploring the interpersonal function of medical sharing discourse.

Based on social support theory [15], most research on online support communities adopt the perspective of journalism and communication. These studies [9, 16–18] explore the needs and supplies for different social support, supporting networks and supporting transferring methods. Few studies analyze the interpersonal relationship construction mechanism in the virtual space. Previous scholars tried to establish the language coding system of social support so as to assist in discourse analysis. Unfortunately, with limited knowledge in linguistics, these systems can not cover all linguistic phenomena, which leads to different result in different contexts.

Therefore, this study adopts the interpersonal pragmatic theory: new rapport management model [19], in order to explore the model of medical sharing discourse on China’s most popular synchronous online community ‘Red Booklet’. Taking different dimensions of relationship management into consideration, this study attempts to illustrate the interpersonal mechanism of medical sharing discourse on online support community construction.

III. THEORETICAL FRAMEWORK

Rapport Management Model (RMM) is proposed by Spencer-Oatey. Though RMM is significant to the development of interpersonal pragmatics, it still has disadvantages. Considering the existence of other rapport management dimensions and the loose link between rapport management and discourse selection, Chinese pragmatist Chen [19] proposed a new rapport management Model (NRMM), aiming to revise RMM and improve its operability in discourse analysis, see in Table 1.

Table 1. New rapport management model [19]

Management orientation	Speaker’s rapport management					Discourse Selection	Hearer’s politeness judgment
	Face	Emotion	Rights and obligations	Interest	Communication objectives		
Improve	Protect quality face and social identity		Protect equity rights and association rights	Protect personal or group interests		Speech act domain	
↓					Promote communication objectives	Discourse domain	
Maintain	face	Protect others emotions				Participant domain	Polite
↓							↑
Neglect	↑	↑	↑	↑		Stylistic domain	↓
↓					Prevent communication objectives	Non-verbal domain	impolite
Challenge	Hurt quality face and social identity	Hurt others emotions	Hurt equity rights and association rights	Threaten personal or group interests			
↓							
Hurt	face						

In NRMM, Chen [19] sets five rapport management dimensions, five contextual factors and five management orientations. In order to achieve intended management orientation, speakers carefully consider rapport management dimensions and make proper language selection in five domains. Listeners will make evaluation of the appropriateness of speakers’ language behavior. Their judgments not only serve as the criteria for (im) politeness evaluation, but also contribute to interpersonal meaning negotiation and relationship construction.

Here, contextual factors include speech act domain (e.g. compliments, deception, etc.); discourse domain (topic choice, information arrangement, etc.); participation domain (turn-taking, social distance, status, etc.); stylistic domain

(tone, genre-appropriate lexis, and syntax, etc.); non-verbal domain (body movements, postures, facial expressions) [19].

IV. MATERIALS AND METHODOLOGY

Based on NRMM, this study chooses medical sharing discourse under the topic of #Type-2 Diabetes# on Red Booklet as research materials. Red Booklet is the most popular lifestyle community in China, with more than 300 million active users. Red Booklet bloggers use texts and pictures to record real-life experiences, such as travelling and medical treatment. Such experience sharing texts can trigger an interactive community communication. Other users will be induced to do the same offline and share their experience online in turn.

Type-2 Diabetes is a life-long disease, which can lead to disorders of the circulatory, nervous and immune systems. Diabetics need long-term blood sugar control and regular medical follow-up. Online platforms have constructed a new public space for vulnerable groups such as diabetics. Due to the growing prevalence and life-long disorder of Type-2 diabetes, the number and quality of its medical sharing articles is always the top under the health and medical topic in Red Booklet, which has already constructed a stable online support community.

This thesis addresses the following research questions: 1) What is the model of medical sharing discourse? 2) How does medical sharing discourse contribute to online support community maintenance? Firstly, this study will screen out the top five bloggers under the topic of #Type-2 Diabetes# based on the number of fans, received comments, received favorites, and posting frequency. Secondly, this study will record 5 medical sharing articles of each blogger (total words 17,193). Thirdly, based on NRMM, this study will display bloggers' language selection in speech act, discourse, participant, stylistic and non-verbal domain. Finally, taking account of the five rapport management dimensions, this study attempts to restore interlocutors' rapport management orientation and illustrate the interpersonal function of medical sharing discourse.

V. RESULTS AND DISCUSSION

A. *Language Selection in Medical Sharing Discourse*

In the discourse domain, medical sharing discourse involves four topics: medical knowledge introduction, medical treatment sharing, personal experience recording, and product advertising. The first two topics are informative in nature. Different from exposition, medical sharing discourse uses authors' personal experience as the source of knowledge. The first-person narration makes the discourse embedded with rich emotional attitudes, which brings readers closer to authors and avoid boredom in knowledge acquisition. Personal experience recording discourse follows the paradigm of narrative writing, which displays a detailed account of events and psychological change. It can help authors review the past experience and alleviate negative emotions such as fear and anxiety caused by disease. As a new form of advertisement, product advertising discourse is written by Key Opinion Leader (KOL), in online community. In order to reduce the intrusiveness and offense of commercial advertising, KOL always integrate the advertised products into their own storytelling. The benefits they get from these products will be demonstrated in detail. In this way, the credibility can be increased. Readers are unaware that they have already been influenced to buy the product.

In the participant domain, the interactive role of medical sharing discourse is dominated by bloggers and followers. These roles can be further divided into Type-2 diabetics, family members, bystander netizens, and pharmaceutical agents based on different identity characteristics. Identity meta-discourse, such as little sugar man, sugar followers, and sugar friend, is widely used to highlight authors' awareness of community members. The nature of medical sharing discourse is experience introducing so bloggers keep instructing other members what to do and how to do to keep better blood sugar control. With adequate knowledge, bloggers project themselves into a high position in power hierarchy. Moreover, pharmaceutical agents work as judges

in online community. They make evaluation of each articles and provide commercial advertising opportunities to the most popular bloggers. In order to make more extra profits, bloggers will always ensure their posting frequency and discourse quality.

Medical sharing discourse contains various types of speech acts. Among them, suggesting speech act is the most widely used. In medical sharing discourse, suggesting speech act can be realized through direct suggestions, personal experience descriptions, and comments. Besides, instructional speech act, meta-pragmatic speech act, and expressive speech act also play an important role. Bloggers will use instructional speech act to regulate netizens or followers' behavior, such as ask them to follow bloggers and encourage them to engage in interaction. Meta-pragmatic behavior reflects bloggers' awareness of their language use. Audience meta-discourse and textual meta-discourse are widely used in order to highlight certain dimension of a communication event. Expressive speech acts directly demonstrate bloggers' mental condition and attitudes toward certain issues.

In the non-verbal domain, medical sharing discourse integrates multiple modalities. With limited interaction and group activity, online community members can not easily develop a solid relational history like offline community members. The maintenance of online support communities only relies on medical sharing discourse. Pure-text modality can easily lead to misunderstanding, which greatly threatens the harmonious relationship between members. Therefore, bloggers adopt multiple-modality to convey precise information. Emojis are used to describe emotions, replace text message and attract readers' attention in medical sharing discourse. By visualizing abstract information, emojis can effectively avoid misunderstanding and increase the fun of reading. Pictures can enhance discourse credibility because they can complement and verify certain word-information. Pictures with text can greatly improve the efficiency of information display. Whereas, pure pictures are often used by bloggers to construct a positive online self-image.

In the stylistic domain, medical sharing discourse is between oral style and written style. In genre-specific lexicon selection, internet glossary and medical jargon are widely used, e.g., Ji-mei (sisters), Gang-jing (people enjoy rebutting others), Gan-fan-ren (foodie), and ketogenic diet. No advanced vocabulary, long and difficult sentences are used. In terms of tones, the imperative tone, rhetorical tone, and exclamatory tone are widely used along with suggesting speech acts. Colloquial tone markers, such as: oh, ao, yoo are widely used to reduce the imperative force and create a comfortable and relaxing group atmosphere.

B. *Interpersonal Functions in Community Maintenance*

Maximizing interests of members is the internal impetus for online community maintenance. Medical sharing discourse is based on bloggers' real medical experience, which is highly instructive in practice. Bloggers present private medical data, personal prescription, and recommended doctors in public, which are not accessible in popular science articles, such as the asynchronous forum community: Wechat public account *Lilac Doctor*. Bloggers' dual identity as the knowledge instructor and the diabetics can greatly enhance the credibility of the discourse.

By means of suggesting speech acts, such information is introduced to community members. Suggestive behavior refers to the speech act which listeners can benefit from Mao

and Huang [20]. In medical sharing discourse, suggesting speech acts are mainly through direct suggestions, e.g., “you must exercise more”, evaluative discourses, e.g., “this approach is very undesirable”, and personal experience description, e.g., “based on my experience of successfully losing 15 kg”. Red Booklet’s medical sharing discourse has become the main way for patients and their families to obtain medical information. They can learn disease knowledge, doctor’s prescription, and blood sugar control methods without paying. Members are closely connected and they will spontaneously discuss the issues mentioned in the discourse.

After bloggers have accumulated a certain amount of followers, they can gain opportunities for commercial advertising, which can bring them extra profits. Material incentives will drive bloggers to produce higher-quality texts and bring better reading experience to members. With the help of medical sharing discourse, the flow of interests continues to circulate between bloggers and group members. Therefore, mutual benefits have become the internal impetus for the long-term maintenance of online communities.

Regulating rights and obligation is the guarantee of community’s proper operation. Online support community is composed of members with consistent purposes and group consciousness. Scientific regulations can restrict members’ behavior and maintain the proper order of the community. In medical sharing discourse, bloggers tend to limit the equity rights of members through instructing speech acts. Equity rights refer to interlocutors’ desire that people are entitled to be treated fairly and carefully considered [21]. Bloggers always regulate what to do and how to do, e.g., “Don’t mansplain a lot. Don’t be too sensitive. Don’t force others to agree with you.” Group members are forced to follow these rules.

Example 1: This time I will only include followers who have been diagnosed with Type-2 diabetes, because I don’t want to get irritated. Just imagine, when we happily shared our after meal blood sugar 7.6, a pre-diabetics said, “Is 6.9 after meal blood sugar very high? What should I do? I am so scared.” Sis, if you said that, we would get irritated sooner or later.

Once the group norms are violated, harmonious relationship will be threatened. In example 1, the blogger wants to revise the community norms and exclude netizen who are not Type-2 diabetes from the community. Therefore, the blogger hypothesizes the situation where pre-diabetics are engaged in interaction. Different stages of diabetes have different requirements for blood sugar control. Community members with different health condition tend to have conflicts when they discuss issues related to diabetic treatment together. In Example 1, pre-diabetics’ complain is regarded as being fussy by the blogger. The blogger hurts her relationship with pre-diabetics on purpose, in order to ensure the whole group solidarity will not be threatened.

In addition, bloggers always use instructional speech acts to regulate the association rights of members. By including or excluding members in interactions, bloggers can ensure that communication goes smoothly. Offline support communities have a fixed activity process: group activities, personal sharing, and group discussion. Following the activity paradigm, members share the same association rights. The group interaction is continuous and spontaneous. On the contrary, interaction in online communities is not compulsive. The frequency of group interaction largely depends on the

discourse quality (content, posting frequency) and the platform (promotion coupons). In order to gain more attention in the community, bloggers use a series of instructional speech acts to invite community members to engage in interaction (thumb ups, comments, following, private messages), e.g., “Please comment if you have any questions”, “Follow me if you like.” Unfortunately, annoying voices are unavoidable in online interactions. In the face of these annoying netizens, bloggers can limit their association rights by excluding them in interactions, e.g., “If you control blood sugar in an extreme way, don’t follow me.”

Boosting emotional empathy can increase community solidarity. The proposition of the sympathy principle and the Ren-qing principle [22] proves the important role of emotion in interpersonal interaction. Medical sharing discourse involves direct and indirect emotion management. Direct emotion management is achieved through expressive speech acts, which can highlight the mental state of bloggers or community members. Positive emotional construction can inspire members and boost group morale. In “I was pretty happy when I was first diagnosed Type-2 diabetes, because I’m forced to lose weight”, the blogger emphasizes the positive effects of diabetes, a chance to lose weight. In this way, positive emotions and attitudes are conveyed to other patients. Members will have more confidence in recovering from diabetes. Negative emotion expression can help community members alleviate pain and anxiety. Negative emotions can be easily resolved after being fully understood and valued. Negative expressive behavior can stimulate community members to recall their similar experiences. Members will spontaneously give encouragement and comfort to others because they fully understand each other. When interacting with patients who are in extremely poor health and mental condition, other community members can also find solace.

Indirect emotion management involves the metaphorical reference of illness. Dealing with life-threatening and uncontrollable diseases, bloggers tend to use metaphors to re-conceptualize diabetes in order to attain self-empowerment. In Example 2, the blogger regards “diabetes” as a “roadblock”. In this way, the blogger ascribes the physical state (being forced to control diet) to “external forces” rather than “self” (unhealthy living habits in the past). Martin [23] finds that community members’ collective criticizing of their suffering is an important way to maintain sense of control and belonging. By separating “self” and “diabetes”, community members can get rid of self-blaming. In Examples 3 and 4, the blogger conceptualizes diabetes as “life reminders” and “friend”, in order to guide community members to figure out a positive point-of-view. Illness metaphor can change members’ negative perception of diabetes. A series of negative feelings caused by disease can be eliminated.

Example 2: Although I was stopped by diabetes halfway, I will not give up the pleasure of enjoying food in my life because of this roadblock.

Example 3: It is a reminder of your life. You have to control it. No need to lose confidence.

Example 4: Treat diabetes as a friend and live in harmony with it.

Managing face can reduce the social distance among community members. Identity face refers to communicators’ fundamental desire for being acknowledged and upheld their

social identities or roles [20]. In medical sharing discourse, bloggers use identity meta-discourse to highlight the shared attributes and identity to enhance group cohesion. Pragmatic identity is hierarchical in nature. Communicators can construct different identities at the same time. Role identity meta-discourse, such as follower, dear Red Booklet user, is used to emphasize the interactive role bloggers/followers in the community; attribute identity meta-discourse, such as little sister, is used to highlight the female identity and the potential shared disease symptoms, e.g., polycystic, gestational diabetes; belonging identity meta-discourse, such as sugar friend, sugar baby, is used to highlight the group member identity of diabetics.

Quality face refers to communicators' fundamental desire for people to evaluate them positively in terms of their personal qualities [20]. In medical sharing discourse, bloggers actively use complimentary to protect members' quality face. In Examples 5 and 6, the blogger praises the competence, character and appearance of community members. Such encouragement can effectively reduce the interpersonal distance.

Example 5: *Little sugar people deserve to be loved, because they will be healthier than normal people when they are self-disciplined.*

Example 6: *If you are a fat sugar, congratulations, you have another chance to become beautiful and thinner.*

Managing communicative objectives can ensure the group communication runs smoothly. In order to increase communication efficiency, bloggers actively project themselves into the organization of medical sharing discourse. After considering community members' comprehension ability, bloggers use textual meta-discourse as linguistic clues to the discourse structure. The medical sharing discourse always follows the summary-deduction-summary explanation paradigm. At the beginning, bloggers always use "today, I'd like to share... with you" to point out the major topic and purpose, so that readers can predict the content of the discourse and decide whether to continue or not. Bloggers keep presupposing members' comprehension result. They insert voice-overs in the middle of the discourse, with brackets as a mark. Voice-over can break the communication barriers. It can help bloggers to explain or emphasize specific information to avoid misunderstandings.

Example 7: *I have an idea of gathering fat diabetics in order to encourage each other to lose weight. In my opinion, this community should be composed of girls, so members can communicate with each other without any worries. (I don't mean to isolate my male followers. Do I have male followers? Hahaha. If there were any men in the group, girls can not freely talk their period or something like this.)*

In Example 7, the blogger explains that excluding men from the group is to make women have more freedom to talk about private topics. She does not mean to deliberately isolate or bully male followers. The blogger's voice-over can effectively avoid communication end in a deadlock. Information chains determine the direction of communication. Textual meta-discourses such as "hark back to the subject" can direct readers' attention in an intended direction. Except for summarizing the main content in the end, bloggers also use textual meta-discourse to preview the follow-up medical sharing articles, in order to improve the stickiness of members. These previews can attract readers' interest and

obtain continuous attention, such as "Next time, I will recommend some books which can help you guys to adjust up your mind."

VI. CONCLUSION

This study elaborates the model of medical sharing discourse and its interpersonal function in community maintenance. Medical knowledge introduction, medical treatment sharing, personal experience recording, and product advertising are the four major topics. With multiple modalities, medical sharing discourse is between oral style and written style. The interactive roles decide the complex speech act use in medical sharing discourse.

In order to maintain online community, bloggers consciously manipulate the five rapport management dimensions. Maximizing mutual benefits is the internal impetus of community construction. Regulating rights and obligations sets the group norms and guideline, which can protect the group order. Managing emotion, face and interactive purposes can boost group cohesion and increase communication efficiency.

CONFLICT OF INTEREST

The author declares no conflict of interest.

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