



## Knowledge construction in an outsider community: Extending the communities of practice concept

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### ABSTRACT

We present an empirical analysis of a web forum in which followers of a health-related community exchange information and opinions in order to pass on and develop relevant knowledge. We analyzed how knowledge construction takes place in such a community that represents an outsider position which is not accepted by majority society. For this purpose we applied the Community of Practice (CoP) concept as a guideline for our analysis and found that many well-known activities of CoPs were true of the *Urkost* community. The social network analysis findings also supported interpreting this community as a CoP. But we found as well that this community had a variety of structural characteristics that the CoP literature deals with insufficiently. We identified the structure of goals, roles, and communication as relevant features that are typical of this outsider CoP. For example, the attitude of the core members towards people of a 'different faith' was characterized by strong hostility and rejection. These features provided an effective basis for the development and maintenance of a shared identity in the community. Our findings are discussed against the background of the necessity for further development of the CoP concept.

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### 1. Introduction

Medical achievements in Western civilizations have brought a variety of sanitary benefits in the last decades. The specialization and differentiation that came along with these achievements are perceived by many patients and people who are seeking help as unpleasant and inappropriate, however, because they get the impression they are being reduced to their symptoms and left alone with their worries. Many people are often unsatisfied with the capability of conventional medicine to provide help (McGregor & Peay, 1996). Against this background it is hardly surprising that an increasing number of people tend to seek out alternative medical approaches (Eisenberg et al., 1998; Tindle, Davis, Phillips, & Eisenberg, 2005). The Internet makes it quite easy to catch up on what is known about illnesses and respective medical or alternative medical treatments (Hawkins et al., 2010; Schmidt & Ernst, 2004; Seçkin, 2010; Walther, Pingree, Hawkins, & Buller, 2005). For the purpose of exchanging knowledge about alternative medical methods, a variety of different communities have come together on the Internet in order to discuss respective information.

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In this article, we explore how one of those communities creates and develops health knowledge and how its members learn from each other in terms of a community of practice. In our analysis, we examine to which extent Wenger's "Community of Practice" (CoP) concept (Wenger & Snyder, 2000; Wenger, White, & Smith, 2009) is sufficient for describing and explaining what is going on in such a community, and in what way this concept may be extended. We apply the CoP concept for our analysis since this community's main purpose is not "only" the development and exchange of knowledge, its members do not simply share a common interest (Cantador & Castells, 2011), but define themselves primarily by the practice they perform.

In the following text, we first provide a brief presentation of alternative medicine in general (Section 1.1) and describe how alternative communities apply the Internet for their purposes (Section 1.2). Then, we introduce one (rather extreme) community, the so-called *Urkost* movement, which also uses the Internet as a platform for knowledge exchange (Section 1.3). Analyzing this community is interesting, since this movement's fundamental assumptions would hardly be taken seriously from a scientific point of view, but still this approach has a considerable number of compliant supporters. Moreover, the *Urkost* followers are remarkable in that they propagate, on the one hand, an 'archaic' lifestyle, but at the same time use the Internet for communication. When analyzing processes of collaborative learning and knowledge

construction in a practice-oriented community, the idea suggests itself to consult the CoP concept (Lave & Wenger, 1991; Wenger, 1998). This concept is introduced in Section 2. In Section 3 we describe the research setting and our methods. In the first part of our study we apply the CoP concept as a guideline for our analysis and describe the activities in the *Urkost* community based on this approach (Section 4). Besides these theory-based findings, our open-minded analysis also elicited a variety of structural characteristics with respect to the goals, roles, and communication patterns that to date have hardly been tackled in the CoP literature (Section 5). We illustrate these points by citing pertinent examples from the web forum that show how the community members interacted with each other, how they provided help for each other, and how discourse in this community took place. Finally, we summarize and discuss our findings with respect to learning and knowledge construction in this outsider CoP (Section 6), and reflect on what we may learn from such an analysis with respect to viability and completeness of the CoP theory (Section 7).

### 1.1. Alternative medicine

The term *alternative medicine* (Astin, 1998; Bratman, 1997; also often referred to as *complementary and alternative medicine*, Barnes, Bloom, & Nahin, 2008; Bielory, 2004) deals with all those procedures and methods of treatment in the field of medicine which are not (or only to a very limited extent) accepted by conventional medicine, because their promised effects cannot be corroborated with approved scientific methods (Kaptchuk & Eisenberg, 2001a, 2001b). Alternative medical treatments comprise methods such as naturopathic medicine, traditional Chinese medicine, Ayurveda, acupuncture, nutrition-based treatments, and many others therapies (cf. Ernst, 1995).

Studies that have examined the effectiveness of alternative medical treatments have come invariably to discouraging results concerning their potencies in comparison to placebo effects (Linde et al., 1997; Riley, Fischer, Singh, Haidvogel, & Heger, 2003; Smithson, Paterson, Britten, Evans, & Lewith, 2010). But still, there is a clear increase in the attractiveness of alternative medical methods in Western societies. The development of alternative medicine goes along with social change within society (Coulter & Willis, 2007), as there is an increasingly dissatisfied attitude in public towards considering health as a simple absence of a diagnosable disease (cf. Faltermaier, 2008). Very often the usage of alternative medicine is strongly motivated by people's holistic attitude towards health and often by their spirituality (Astin, 1998; Kelner & Wellman, 1997; Testerman, Morton, Mason, & Ronan, 2004). Alternative medical modalities appear to take a much more holistic view of human beings, and they present solutions to health problems in simple language.

### 1.2. Health-related communities on the Internet

People who believe in a certain type of alternative health-related approach and regularly practice certain procedures, accordingly, constitute a community. Such communities are characterized by a shared interest in the particular alternative medical or health-related topic and by the common practice they perform. Through sharing common interests and practice, the members develop relevant competencies and knowledge.

Nowadays, much knowledge sharing and knowledge construction takes place in online environments (Cress, Kimmerle, & Hesse, 2009; De Wever, Keer, Schellens, & Valcke, 2010; Fang & Chiu, 2010; Fields & Kafai, 2009; Held, Kimmerle, & Cress, 2012). Indeed, the Internet plays a significant role in the health context as well (cf. Diaz et al., 2002; Hardey, 1999; Schmidt & Ernst, 2004): there is a multitude of web sites that offer information on alternative medi-

cine or allow users to exchange pertinent knowledge. The quality of the information provided, however, is not always high and the value of the knowledge exchange may be doubtful sometimes: there is, for example, an analysis on cancer illness information on the Internet that came to the conclusion that the web was largely characterized by an exchange of “pseudo-scientifically based” and anecdotal knowledge. Many frequently visited websites on alternative medicine for cancer offer information of quite inconsistent quality and tend to propagate unconfirmed types of therapies (Schmidt & Ernst, 2004). Especially with regard to outsider positions, online communities are a prominent means for knowledge exchange and knowledge construction of people who share these beliefs in such alternative therapies.

### 1.3. The *Urkost* community

The alternative health-related community that we examine in this analysis is the *Urkost* movement (the German term *Urkost* is a made-up word and may be adequately translated with ‘primordial food’). In the first instance, *Urkost* is a nutrition theory (representing an extreme form of raw foodism) that explicitly aims at healing diseases or preventing their outbreak. This movement was established by Konz (born 1926), who was once well known in Germany as an author of tax-saving handbooks. The term *Urkost* hints at some arbitrarily defined ‘primordial time’ (30.5 million until 500,000 years ago), in which, according to Konz (1999), diseases were unknown. *Urkost* assumes that all diseases are a consequence of a lifestyle that is not in accordance with nature. Proper nutrition is regarded as the crucial element of a natural lifestyle, and it is supposed that an *Urkost* diet, practicing *Ursport* (a primordial type of physical activity), and singing were able to cure all kinds of health problems. Appropriate food in terms of *Urkost* is composed of raw fruits, vegetables, wild herbs, nuts, and seeds. This raw food is eaten unprocessed and uncooked. The *Urkost* followers will not consume milk, meat, or any other animal products, but it is considered to be beneficial when they eat the insects (bugs, ants, or grubs) that exist on the plants which are consumed (Konz, 1999). Occasionally it is noted that drinking was not necessary for people who follow a strict *Urkost* diet. Konz also recommended that his followers eat soil once in a while. To those who pursue the *Urkost* lifestyle he promises they will reach at least an age of 120 years. According to Konz the *Urkost* community has 10,000 members.

Just as in other alternative health-related communities the *Urkost* followers gather online as well: they use a web forum (<http://www.urkostforum.de>) on the Internet in which they can seek information and exchange their *Urkost* knowledge in a comfortable way (cf. Kimmerle et al., 2011). The *Urkost* forum targets people who follow the *Urkost* lifestyle or are at least interested in it. The web forum defines itself as a platform on which *Urkost* is presented as an approach to accomplish a healthy way of living. Beyond *Urkost* in its narrow sense, there are also many other topics that are discussed in the forum, such as animal rights issues, “vaccination clarification”, “all trials and tribulations of today's conventional medicine”, “natural conception control”, “natural childbirth”, etc. (the authors translated all citations which were originally written in German). The *Urkost* forum is introduced as the “largest and most-read raw food forum on the web”.

## 2. Communities of practice

CoPs are social entities that are formed when people who share a concern or interest for some domain engage in common practice and collective learning (Lave & Wenger, 1991; Wenger et al., 2009). CoPs are “[...] groups of people informally bound together by shared expertise and passion for a joint enterprise [...]”. Some

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