Chapter 20
Online Learning in Discussion Groups:
A Sense-Making Approach[1]

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ABSTRACT

Recently, theorists concerned about the democratic quality of electronic group discussions have advocated the incorporation of situational information to facilitate consensus/dissensus activity. In this chapter, we demonstrate the utilization of a discussion group design and analytical process informed by Sense-Making Methodology to highlight the relationship between situational aspects of online dialogue and consensus/dissensus activity. We analyzed 1,360 messages submitted to three pedagogical discussion groups. The postings fell into two broad situational modes: (a) dialogic, which coincided with an outward orientation and a greater number of agreeing/disagreeing micro-practices, and (b) contemplative, which demonstrated more inwardly-focused personalized observations and far fewer agreeing/disagreeing micro-practices. These findings suggest that, counter to received theories advocating the privileging of user-to-user interaction within online discussion groups, both modes appeared to be important for robust communicative activities.

INTRODUCTION:

Situation Movement States and Consensus/Dissensus in Online Public Spheres

As global digital networks began to encircle the globe in the 1970s, researchers developed electronic bulletin board-style discussion groups to facilitate asynchronous dialogue among far-flung colleagues. Over time, systems like USENET, BITNET, The WELL, and others became popular among users (Hiltz and Turoff, 1977/1993; Rheingold, 1993; Schaefer, 1999a). Meanwhile, practitioners within a variety of fields, including education, politics, and health care, increasingly utilized computer mediated

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communication (CMC) to enhance dialogic processes between participants in online forums (see Gurak & Antonijevic, 2008; Kim, Lee, & Guild, 2009; Schaefer & Dervin, 2009). Educators, for example, were optimistic about the use of such systems for the creation of online environments to facilitate democratic discussions among students (Ess, 1996; 2000; 2002; Ess and Cavalier, 1996). Today, a wide array of online discussion systems have been increasingly incorporated into course designs, marketed by companies like Jenzabar, WebCT, SCT, and Facebook.

Within health care, practitioners sought to use CMC in a variety of ways. Forster (2009) noted that, since the 1990s, there had been an explosion in the development of online discussion groups, listservs, and blogs devoted to health care topics. Users scoured the Internet for information on particular diseases, posed questions to health care professionals, and created blogs that chronicled personal experiences with treatments, often obtaining support from other patients, family or friends (Heilferty, 2009). Heilferty (2009) noted that while the majority of online health-related information had been created by medical professionals, the rapid growth of online forms and blogs provided a wealth of user-generated content that proved to be popular among users.

Ironically, however, researchers have also questioned the potential of online discussion groups to facilitate productive dialogues. Recent findings have suggested that such systems often reinforce powerful hegemonies that distort and steer communicative processes. For example, Ess (2002) reported that several international networks had been captured by commercial imperatives that controlled and limited possibilities for the democratic exchange of ideas and discussion. Yates (2001) argued that pedagogical discussion groups were at the mercy of non-democratic practices that seriously hampered the emergence of productive dialogue. Schaefer (2000) identified more than eight control-oriented practices that impeded democratic web discussions, including insider-outsider labeling and excluding, flaming, abusive moderator practices, etc. Smith, McLaughlin, and Osborne (1998) reported that USENET users often experienced harsh reproachment techniques in response to transgressive behaviors. Qian & Scott (2007) found that bloggers often expressed concern about the negative effects of disclosing personal information online. Within health care, Forster (2009) noted that concerns over the quality of online information "raise[d] questions about the extent and effectiveness of blogs as a means of dialogue among... patients" (p. 24). Kim, Lee, & Guild (2009) pointed out that information seekers needed to actively assess the credibility of online health care information as a guard against potentially erroneous or misleading user-generated content passed around in online forums.

In order to better understand dialogic processes within online public spheres, computer-mediate communication (abbreviated CMC) theorists began to draw upon the theoretical work of German philosopher Jurgen Habermas (see Baynes, 1994; Ess, 1996; 2000; 2002; Herring, 1993; Papacharissi, 2002; Papacharissi, 2004; Rananand, 2003; Sharrock and Button, 1997; Yates, 2001). Habermas (1984) defined an Ideal Speech Situation[2] as one in which all interlocutors presupposed symmetrical structural conditions. Smaling (2000) noted that approximations of ideal speech situations only occurred when participants were made aware of otherwise hidden coercive structures. Thus, theorists have argued that awareness of situational characteristics of CMC is crucial for undistorted communicative action. Ess (2002) argued that proper critique of CMC discussion fora required analysis of "situational empowerment" – the means by which systems tacitly impose structural constraints on users. Brothers (2000) noted that one of the primary limitations of CMC was the lack of appropriate situational information -- circumstantial information surrounding the creation of online content (i.e. what *led* a user to contribute an online posting [e.g., he/she just wanted to kill time, or connect with an admired