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

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A B S T R A C T

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; Sečkin, 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. 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, 2002; 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, 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

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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. Alternative medicine

The term alternative medicine (Astin, 1998; Bratman, 1997; also often referred to as complementary and alternative medicine, Barnes, Bloom, & Nahin, 2008; Biely, 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. Faltermairer, 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, Kümmerle, & Hesse, 2009; De Wever, Keer, Schellens, & Valcke, 2010; Fang & Chiu, 2010; Fields & Falai, 2009; Held, Kümmerle, & Cress, 2012). Indeed, the Internet plays a significant role in the health context as well (cf. Díaz et al., 2002; Hardey, 1999; Schmidt & Ernst, 2004): there is a multitude of web sites that offer information on alternative medicine 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 therapy (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 water 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 want to 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
3. Research setting and methods

The Urkost forum presents one user (who will be abbreviated as “BR” in the remainder of this text) as regular moderator and apparently sole administrator. She is introduced as the ‘deputy’ of Franz Konz. Konz himself does not make an appearance in the web forum (it seems he is not involved in such everyday activities). Thus, BR plays an important role, as she is able to apply Konz’ principles to everyday situations and make inferences accordingly. The Urkost doctrine cannot (or only to a very limited extent) be traced back to BR; she is rather relevant as an important commentator on the Urkost principles.

This web forum provided the basic data for our analysis. The web forum was established in July 2008 and provides six areas in which members can discuss various topics: “Around Urkost and Untraining”, “News”, “Worth reading”, “Introduction forum”, “Critique”, and “Animal rights”. The first area is the largest one by far with 14,713 contributions on 1628 topics. The other areas are relatively small containing between 129 (“Worth reading”) and 482 (“Introduction forum”) contributions. BR alone has provided 2496 contributions (all statistics as of December 6, 2011). In order to be allowed to participate actively in the forum, one has to send an application e-mail to BR who then decides whether the application of a new member is accepted. Two hundred and seventy five registered users participated actively in the web forum. BR is the most active user among them and there are also a number of other quite active members. As shown in Fig. 1 the participation rates represent a long-tail distribution (cf. Anderson, 2006), which is rather typical of online activities (Agarwal, Liu, Tang, & Yu, 2008; Hogg & Szabo, 2009): while a few people are highly active, a rather large number of registered users have contributed only very seldom.

Although most people would probably not regard the Urkost idea as a relevant topic from a scientific point of view, it appears that the forum members successfully share their competencies and learn from each other. The participants seem to be strongly committed to the Urkost idea. They introduce their knowledge to the forum and provide support for each other. The members of the Urkost community are literally practitioners and, as will be described below, they share and develop a collection of resources, such as stories, experiences, or routines for dealing with recurring problems.

We analyzed the Urkost forum both quantitatively and qualitatively. The first analysis gives a partial overview of the picture within the community. The second analysis goes into detail and provides exemplary interaction patterns. In the following, we first explain the procedure of the social network analysis (SNA) that we applied to the forum (Section 3.1). Afterwards, we introduce the procedure of our qualitative analysis (Section 3.2).

3.1. Social network analysis

Our quantitative methodology of choice is SNA because it provides a widely accepted approach to the relation between structure and interaction dynamics within a community. It was originated under the name sociometry by Moreno (1934) who analyzed real-world networks of actors by means of questionnaires and direct observation. In recent years, SNA has been extensively used for research of online communities (e.g., Kimmerle, Moskaliuk, Har rer, &
Cress, 2010; for a detailed exposition of the SNA methodology, see Wassermann & Faust, 1994).

For the present study we constructed a network using the members of the Urkost community as nodes and of their interactions as links, meaning their co-participation in a discussion thread. As there is no other categorization of separate discussion themes besides the threads in the forum, we assumed that a central position of a member finds expression in her broad activity in many threads (i.e., making many contributions), interacting with many other members. In order to measure this, we employed betweenness centrality (Freeman, 1979), which is well established in research of any type of networks. This metric indicates to what extent a member occupies a ‘mediating’ position, and as such, is able to filter the knowledge-exchange channels inside the community. In a CoP, it is mainly the experienced members who are supposed to act as mediators controlling the processes of knowledge construction and refinement of practices. Our quantitative analysis (Section 4.1) addressed the temporal development of members’ positions within the Urkost community in relation to their experience with the community. We followed the CoP reasoning that members start with only peripheral participations and gradually take more central positions within the community as mediators of the knowledge construction process.

3.2. Qualitative analysis

The qualitative analysis is divided into two major parts which both analyze all the contributions in the web forum (see Flick, 1998; Strauss, 1987). The first part of our analysis was theory-based and searched for activities which characterized the Urkost followers as a CoP (Section 4.2). In the second part of the analysis (Section 5) we followed the hermeneutic sociology of knowledge, a theoretical and methodological approach that aims at reconstructing interactions (Reichert, 2004). Interpretation of data in the sense of this approach aims at detecting the intersubjective meaning of people’s actions. Our analysis was conducted in four consecutive steps. In the first phase, we explored all contributions in the web forum—respect to content, language, topics addressed, and communication style. The openness of the first phase allowed us to consider all modalities of knowledge construction in this community in the second phase. In the course of this procedure we confirmed that the amount of data was sufficient for re-evaluating the explored features. In the third phase, we extensively re-examined the data in their context in order to ensure the reliability of the procedure. Members of our research team scrutinized the interpretations that developed from this course of action by correcting and rectifying explanations. In a final step, the findings were brought together with examples from the web forum that illustrate the most relevant and interesting modalities of knowledges edge construction. We did not use any content analysis software for this procedure. The analysis presented in Section 5 describes relevant characteristics that ‘emerged’ from the data (cf. Glaser, 1992; Strauss, 1987) and turned out to be relevant for purposes of developing knowledge in this community. These characteristics provide the basis for further theoretical considerations (in the sense of grounded theory, cf. Charmaz, 2006; Glaser, 1992) from which detailed hypotheses may be derived for future research and that may extend the communities of practice concept. We organized the description of these specific features that seem to be characteristic for this outsider CoP according to the schema goal structure (Section 5.1), role structure (Section 5.2), and communication structure (Section 5.3).

4. Analysis of the Urkost community as a CoP

In this section, we provide two types of analyses that examine the Urkost forum as a CoP. First, we present results from an SNA that supports the assumption that it is typical LPP processes that can be observed in this community (Section 4.1). Then we provide a qualitative examination of well-known CoP activities that can be found in the Urkost community (Section 4.2).

4.1. Social network analysis

We analyzed all 10,203 posts in 1378 threads made by 275 members in the Urkost forum in the period between July 2008 and March 2011. We measured the interaction network at five points in time at an interval of about 6 months. At each measurement point, all previously made posts in threads were considered to examine the state of the network. When two members made posts to the same thread, we interpreted that as a meaningful interaction between them both. When the interaction between them occurred in more than one thread, the relationship accordingly received a higher weight. We employed the igraph package for R (Csárdi & Nepusz, 2006) in our calculations of weighted betweenness centrality. Table 1 shows the development of relationship counts for community members with different experience. Cohorts one to five encompass different members who made their first post in periods one to five, respectively. Since at each measurement point, the interaction network contained all previously actualized relations, the relationship counts steadily rose over time. Interestingly, with the exception of cohort 2 in periods 4 and 5, the more experience a group of members possessed, the higher their mean count of relationships was. This shows that people were becoming increasingly more related to other community members over time. Their interaction was not bound to a subgroup of people or topics, but expanded continuously to more participants and topics.

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Table 1
Mean count of relations per period and cohort.

<table>
<thead>
<tr>
<th>Cohort</th>
<th>Rel. count 1</th>
<th>Rel. count 2</th>
<th>Rel. count 3</th>
<th>Rel. count 4</th>
<th>Rel. count 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cohort 1</td>
<td>9.7</td>
<td>18.8</td>
<td>26.7</td>
<td>40.1</td>
<td>46.5</td>
</tr>
<tr>
<td>Cohort 2</td>
<td>12.7</td>
<td>19.8</td>
<td>26.1</td>
<td>29.3</td>
<td></td>
</tr>
<tr>
<td>Cohort 3</td>
<td>13.9</td>
<td>30.1</td>
<td>33.6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 4</td>
<td>25.6</td>
<td>30.2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cohort 5</td>
<td></td>
<td>16.6</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Similar to Table 1, Table 2 shows the development of betweenness centrality for members in the community with different experience. As the interaction network got larger over time with new members joining the Urkost forum, the global level of centralization tended to sink and the mean betweenness per cohort declined. At any point of time, however, members with more experience occupied more central positions. Newcomers participated on the periphery of the community. Over several time periods, those newcomers started to acquire more central positions compared to the newest members of that point in time.

Our quantitative results from the SNA conclude with a visualization of the interaction network over the last three periods. The visual was made using Gephi (Bastian, Heymann, & Jacomy, 2009) (see Fig. 2). The different colors of the nodes indicate members from different cohorts: white for cohort 1, black for cohort 5, and different shades of gray for the remaining cohorts 2, 3, and 4. The size of the nodes indicates their betweenness centrality (the larger the more central). The thickness of the curves between the nodes corresponds to the weight of the relationships. The nodes layout within the network was calculated according to their relationships and centrality.

In each of the three periods it is visible that the dark-colored nodes representing the newcomers are positioned on the periphery of the interaction network, while the center is constantly occupied by the white nodes of members from cohort 1. Some of the experienced members (light-colored nodes) keep a peripheral position throughout the three periods because they have not deepened their involvement after their initial contributions to the forum. Nevertheless, there are many dark-colored nodes that become larger and more central over time.

4.2. Qualitative analysis

When examining the subjects discussed in the Urkost forum, one can easily notice that well-being, health, and food do indeed play an essential role, but these topics are not at all the only content. The ‘appropriate’ attitude towards living and nature, to animal welfare, politics, religiousness, sexuality, and many more areas are also addressed. So the shared domain of interest in this community is the ‘correct’ (from an Urkost point of view) position towards all areas of life and, accordingly, the ‘right’ practice in each case. In this context, many of the well-known CoP activities as described by Wenger (1998) can be found in the Urkost community, such as:

- Seeking experience.
- Requests for information.
- Discussing developments.
- Mapping knowledge/identifying knowledge gaps, or
- Visits.

In the CoP theory these activities are considered to be contributors to the development of a CoP identity. In the following paragraphs we will provide examples of conversations with respect to each of these activities in order to illustrate that the Urkost forum does indeed represent a CoP. We will provide the number of contributions made by a specific member at the time of the cited contribution as an indicator of expert status of this member.
4.2.1. Seeking experience

What we found very frequently were experience-seeking posts. A request by user “Chantal” (who was a new member and had just 17 contributions up to that time) may serve for illustration:

“Now I am confronted with a new problem. The desire for those exasperating baked goods. [...] at present I long for bread and buns. Let alone the wonderful smell of toasted bread. Why is it that way, why is one so addicted to baked goods? [...] How did you overcome the bread obstacle. Did you actually have such a problem with this?” (Contribution date—format: dd.mm.yyyy: 11.12.2009, 02:36 pm).

Many other users—mostly with a higher expert status—were willing to provide their own related experiences which all take the same line. User “Eichhörnchen” (94th contribution), BR (549th contribution), and user “Irmisato” (59th contribution):

“it is absolutely normal that your emotions are still influenced by old addictions. many people have to deal with that. don’t let it trouble you: the better you get used to urkost (and when you look for alternatives at the same time) your body cells will not find bread so great anymore.” (11.12.2009, 03:17 pm).

“In order to get away from this imprinting, IMO it is first of all really necessary to have good alternatives available at home. And second, you have to take leave of these things downright and officially. I know what I’m talking about, because I was a passionate bread baker for years [..]” (11.12.2009, 06:53 pm).

“When I switched to raw food in January 2009, I did not believe that I could ever walk past a bakery, I really controlled myself and soaked 50 grams of germinable grain in 110 ml of water every night, I sweetened this mass in the morning with a half of a grated apple and cut a piece of fruit (alternating daily) and a banana into it. In this way I managed to have absolutely no more yearning for bread. After two and a half months I fasted for 21 days, then I started Urkost.” (12.12.2009, 06:02 am).

4.2.2. Requests for information

The same Chantal continued a couple of months later, showing another typical CoP activity—practice-related requests for information. Again user “Chantal” posted a question (28th contribution) and this time user “Mary Brickenkamp” (108th contribution) provided an answer:

“I have to ask you another question concerning bread. And that is, my friend said that one could eat buckwheat bread and millet bread (does this exist at all). Is this true? I mean, this is baked as well and then it is the same thing as with the other types of grains, isn’t it?” (24.02.2010, 11:06 pm).

“It depends on your standards. Buckwheat and millet bread are more digestible than wheat or rye bread. At least they don’t have the gluten which puts a strain on the intestines. But is your goal a minimal or a basic change in your diet and lifestyle? And exactly that feeling that ‘at least I eat better bread than the others’ tempts you to leave it at that—and oops, then you eat normal bread again when you are in company, because your exceptional bread isn’t accessible. And there you are again at the beginning, and you barely realize it. To put it dramatically: a daily injection of heroin is normally considered much more dangerous than a glass of red wine. That’s why most people shy away from the injection of heroin and feel secure that their practice of drinking a daily glass of wine is not dangerous, is even healthy.” (25.02.2010, 08:49 am).

4.2.3. Discussing developments

There are also examples of discussing developments and what implications these may have for the Urkost practice, such as the conversation between users “Thorsten K.”, “Nera”, and “Irmisato”:

“What is your attitude towards organic wine?” (28.05.2010, 10:18 am).

“Organic wine? Unfortunately, since the basic changeover in diet my body does not feel like any contact with alcohol at all anymore.” (28.05.2010, 10:36 am).

“Concerning your question about organic wine, the answer is self-evident, if (and I have this impression) you have understood the principle of Urkost. Does organic wine appear in nature? Does the bottle grow on trees and shrubs? If yes, then you may eat it including core and stem.” (28.05.2010, 11:15 am).

This thread clearly shows that members with different degrees of how central they were in the community had different roles: “Thorsten K.” was a newcomer and this was his first question. “Nera” was a bit more central and had 26 contributions at that time. She explained her own first experiences with Urkost. “Irmisato” was very central in the community (She already had 200 contributions). She took on the role of a ‘teacher’ who was allowed to rebuke the newcomer.

4.2.4. Mapping knowledge/identifying knowledge gap

Another typical CoP activity that can be observed here is mapping knowledge/identifying knowledge gaps. Sometimes other groups are pointed out from which relevant aspects might be learned. For example, there is a thread of a discussion about how menstruation will become weaker or even cease when a woman switches to raw food (which is considered as sign of successful detoxication). User “Granatapfel” provided in her/his 23rd contribution a link to a web page within an anti-animal-experiments wiki. There it is explained that an absence of menstruation is a sign of prospering health elicited by raw food:

“I recommend the following page to those who want to read something about this topic: http://www.tiersuchtsgegner.org/wiki/..Kulvinskas” (01.02.2011, 09:37 am).

There is a variety of other cases in which web links are provided to other like-minded communities, such as links to pages of Aids deniers and other conspiracy theorists (e.g., the ‘chemtral’ conspiracy theory). But theories that are too ‘weird’ from the Urkost point of view (i.e., those which provide supernatural explanations) frequently lead to skeptical or rejecting reactions. Altogether there is a permanent debate on whether certain aspects from other communities should be taken up (e.g., from radical animal rights activists) and from which point on this becomes problematic (e.g., when it comes to an opinion that the holocaust and the slaughter of animals are equal). Consistencies with and differentiations from right-wing extremist communities are also discussed from time to time.

4.2.5. Visits

Moreover, some members of this web forum seem to visit each other from time to time for purposes of shared practice; users “Ritchen” and “AndreAB”, who with regard to their number of contributions (152 and 149) might be considered experts, had the following conversation:

“I LOVE eating olives…and when nobody else wants the Durian I would eat that too!” (31.08.2010, 01:39 pm).

“Ha, Ritchen, I’ll come visit you then!” (01.09.2010, 07:48 am).

“Gladly, Andrea, I’ll share my Durian with you, then we’ll write a ‘love poem to Durian’ together!” (01.09.2010, 12:02 pm).

In addition, there are seminars and meeting on a regular basis where Urkost followers get together.
4.2.6. Summary

The Urkost community can be summarized on the basis of three dimensions, that is, three core questions: (1) What is the Urkost community? (2) What are its functions? (3) What is its capacity to produce?

(1) The Urkost community defines itself through the ‘correct’ application of the Urkost principles in the everyday lives of its members. Many members considered putting these principles into practice a challenge so they continuously discussed the interpretation of these principles and negotiate the best ways to implement the Urkost rules into their daily lives.

(2) The main function of the community is social support (cf. also Section 5) for its members, who are often outsiders in other societal contexts due to their strict diet. The community helps its members to form a social identity, in particular, in terms of dissociation from other people and other social entities.

(3) Finally, what the community produces is a repertoire of shared resources such as stories and firsthand reports of Urkost experiences. These reports help the community develop routines and provide a certain vocabulary for its members (cf. also Section 5).

With regard to the examples of conversations (and the forum provides many more), it seems appropriate to conclude that the Urkost community that meets in this web forum has a variety of properties that are typical of CoPs according to Lave and Wenger (1991) or Hildreth & Kimble, 2004; for a discussion of the viability of the CoP concept in the context of online communities, cf. Hung, Lim, Chen, & Koh, 2008). The community members share experiences, request information, discuss developments, identify knowledge gaps, and meet up in order to perform their practices. Newcomers ask questions and follow the discussion, whereas people with more expertise share their experiences and help to socialize newcomers. Beyond these well-known CoP characteristics the data brought up a variety of properties that are to date insufficiently discussed in the pertinent literature and which will be analyzed in the following section.

5. Analysis of the Urkost movement as an outsider community

The analysis of other properties—which have hardly been considered so far in the CoP literature—may be shed more light on how a CoP with an outsider position works (see also Merriam, Courtaney, & Baumgartner, 2003). In the following, we will analyze to what extent structural elements go beyond the widely described characteristics of CoPs and in what way they are relevant and functional for the community, that is, how they contributed to the development and maintenance of a shared identity in this community. We will describe these characteristics with regard to the community’s goal structure, role structure, and communication structure.

5.1. Goal structure

The main goals within this community are, on the one hand, to convince potentially interested newcomers that Urkost is the silver bullet for living a healthy life, and on the other hand, to reinforce followers and to persuade them to stick to living by Urkost prescriptions. In this section, we will describe how conversation with new members took place and how knowledge about Urkost practice was passed onto them. Moreover, we will show how the community reinforced its members and dealt with skepticism in their own ranks. The Urkost community expects its members to take a clear stand on many issues, be it conception control, breast feeding, vaccination, or similar topics. This is quite a challenge to new members, which makes them seek support from established community members in order to do it right.

At first glance, the forum appeared to be quite open-minded. New members were invited to get to know the Urkost principles. For studying the community’s efforts to attract new members, we specifically analyzed conversations with newcomers (we defined new members as users who at that time had joined less than 3 months ago): newcomers were always welcomed very warmly and usually received several welcome greetings from other members quickly. The newcomers’ questions were taken seriously, and at the same time the more experienced members paid attention to always making clear what the right and what the wrong practice would be. For example, a new user asked where she should pick the plants as she did not want to eat those on which dogs had urinated. Another user answered that she should simply wash the plants before she ate them, but he caught critique for that proposition immediately from user “Irmisato” (the secondary central user after BR), since this was not correct Urkost practice:

“Since the Urköstler [Urkost-eater] eats not only the plant but also the pollen and the ‘dirt’ that sticks to it, plants which dogs have blessed should be abstained from. It’s different in the woods, where it is possible that a deer/hare/boar might have urinated. I find that is considerably less dangerous than the excrement from domestic animals, because wild animals feed on wild plants, not on chemical foodstuffs or cooked food out of tins.” (01.06.2011, 07:57 am).

Another new user who complained about eupepsia problems since having switched to raw food was praised for becoming an Urkost follower and the problems were attributed to not following the Urkost principles strictly enough, as user “apel” explained:

“You are on the right path, keep going […] but there is a lack of wild plants […] you eat too many cultivated plants” (05.09.2010, 10:10 pm).

What is important for the Urkost community is to display an uncompromising attitude towards Schlechtkost.1 A very negative portrayal of Schlechtkost is contrasted with beneficial Urkost and this contrast is the foundation for reinforcing and motivating followers. Often users reported conflicts with Schlechtkost eaters, and were then supported by the other members in the forum: they were encouraged not to listen to them, told personal stories to cheer them up, and supplied them with phrases that can be used in debates. But at the same time the users observed each other’s conformity to the Urkost rules, and judged each other accordingly. Members who seemed to practice Urkost inconsistently were criticized harshly. As a consequence some members decided to withdraw from the forum. An example is a dispute with user “Petra” who retired from the forum after complaining about not being allowed to voice opinions that were inconsistent with BR’s views, and about “insults below the belt”. BR reacted by attacking “Petra” and other members joined in, for example user “Amelia” wrote:

“All I can say about Petra: She really hasn’t understood anything. Moreover, she lets herself be influenced by propaganda against the Urkost forum and against you [BR], instead of thinking for herself.” (16.06.2010, 10:54 am).

User “cherrycurry” added laconically:

“Eating meat makes you duft, it seems” (16.06.2010, 11:52 am).

1 Like “Urkost”, the term “Schlechtkost” is not actually an existing word in German. It was frequently used by the Urkost supporters and may best be translated as “bad food”.

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BR also likes to impute “shabbiness of character” to dissenters (20.06.2010, 11:52 am). Reinforcement and motivation took place at an emotional level and were rooted in a separation from skeptics in the users’ own ranks. Discussions were quite personal, which aimed at inducing a feeling of security for the forum members. However, this personal tone of communication may also be very offensive. A façade of praising the curative effects of Urkost was maintained, but below the surface many members appeared to be fairly vulnerable. The Urkost followers seemed to be under constant pressure to justify themselves. There was no critical dialog, and discussions were dominated by notes of personal experiences. The goal did not seem to be to exchange compelling arguments, but to support like-minded people emotionally and to signal to each other that one was on the right path whatever the rest of the world says.

5.2. Role structure

How did the role structure in the Urkost forum influence knowledge exchange between its members and knowledge construction within the community? Participants differed with regard to the number of postings they had contributed and the time they had spent in the web forum. In the first instance, there was BR as administrator and a number of quite active members. But there were also numerous registered users who were less active or had only participated for a short time.

The more experienced members often provided advice for people who had general questions. We could also observe that people who asked questions themselves in the beginning became more self-confident and started to answer other people’s questions after some time. This ‘switching of roles’ is quite typical for alternative medical communities (cf. Helman, 2007, p. 83: “today’s patient becoming tomorrow’s healer”). Moreover, this observation reflects the LPP concept (see above), which describes how experts become more experienced and develop over time from newcomers to old-timers.

In case of doubt, however, it was often BR who answered questions, that is, when the Urkost principles were violated, and she often intervened when other users involved seemed to be unsure what the right Urkost practice would be. Moreover, BR often stimulated discussions by introducing new issues to the forum and she gave her opinion on virtually every subject. Many members were strongly committed to BR, absorbed her opinion, and merely articulated a confirming view. Very often BR had the final say, and her experience and knowledge concerning Urkost questions were unchallenged. One may conclude that she did not just take the role of an expert, but in fact the role of a guru. She rebuked other followers for expressing ‘incorrect’ opinions. For example, in a conversation on whether it was appropriate to eat maggots in fruit, user “Dawn” (who had been a member for only two weeks at this time) had stated:

“[...] I support natural and organic as well, but I’d prefer chemistry to eating maggots.” (21.07.2010, 08:03 am).

BR responded:

“[... ] I’d prefer chemistry to maggots? & Sorry, but you don’t understand much of it yet, do you? [...] Have a nice time in the Urkost forum, but you are under special surveillance now, honey & But just reading what the others write is nice, too, and instructional above all, right? (21.07.2010, 11:59 am).

Such rebukes seemed to result from a position of strength and showed that BR clearly took on a role in which she was the one who decided what was right or wrong. And the other accepted BR’s superiority: for example, user “orchidee” had written that in her opinion Urkost should not be practiced too strictly and that eating grain should be okay. BR answered by tearing the contribution apart and commenting on every single sentence. Referring to the grain issue she wrote:

“[...] Humans are biologically not designed for grain. For every class of creatures on this planet nature has provided appropriate food. Each deviation leads to all sorts of problems: tumors, psychoses, depressions, allergies, etc.” (26.03.2010, 11:49 am).

Subsequently, user “orchidee” confirmed:

“You were right, once again [...] so far you have been right in the end in all discussions.” (26.03.2010, 01:41 pm).

Finally, BR replied:

“I am happy and I enjoy watching you learning” (27.03.2010, 12:41 pm).

BR played the part of a guru, and it is apparent that two goals were associated with this role, as presented in the previous section: to persuade and keep followers and potential newcomers and to emphasize separation from people with different faith. This aspect of separation will be analyzed in more detail in the following section.

5.3. Communication structure

The followers consider Urkost as the only right path. Accordingly, people of some “different faith” are despised, or pitied at best. This finds expression in this group’s communication patterns, which serve the purpose of managing the community’s social identity. This endeavor was noticeable in two respects in this forum: in the community’s separation from dissidents and in the expression of its own superiority.

5.3.1. Separation from dissidents

With regard to conventional medicine, the standpoints expressed were very critical. The followers doubted on principle that conventional medicine was able to cure any disease at all. For example, user “Robert” wrote:

“Whoever cures is right! And somebody has to prove to me that physicians have ever cured anything with their conventional medicine!” (10.06.2010, 05:11 pm).

This attitude also applied to particular procedures of conventional medicine, such as vaccination, as can be seen from a contribution by user “Jana” in a discussion on the necessity of inoculation and the corresponding number of infectious diseases:

“We only have one infection per year. After two years, still breast fed and completely unvaccinated. My personal assumption is that the main cause for this alarming state of children’s health is vaccination.” (31.07.2010, 03:49 pm).

An aspect on which the forum was not very explicit was the attitude of Urkost to other alternative medical approaches and procedures. One example in which another alternative medical procedure was advised was the case of a mother (user “Kleeblatt2007”) who wrote that her little son had started to become cross-eyed. On the one hand, she was surprised about that:

“We are sad, because we had thought that this would not occur with Urkost” (13.07.2009, 08:31 pm).

But she confessed that she had eaten meat from time to time during pregnancy, and admitted that this might be a likely reason for her son’s strabismus. She asked for suggestions, and various alternative medical procedures were recommended to her that
were not based on Urkost. But this did not seem to be a problem in this context. Users “alice”, “Mangofan”, and “uma” recommended various methods:

“I finally came across Glenn Doman […] I would never recommend glasses. Because these do not stimulate the brain, quite the opposite.” (14.07.2009, 12:15 am).

“Strabismus is not a disease but a dysfunction that can be resolved in many cases, following Dr. Bates in his book […]” (17.07.2009, 10:35 am).


Efforts at separation can be found in these discussions, too, but once more, primarily from conventional medicine, as could be seen from several comments, for example in a contribution by user “Mangofan”:

“Ametropia is always caused by stress, because the external muscles of the eye disarrange the eyeball, especially when a toddler is examined by an eye doctor.” (17.07.2009, 10:35 am).

Astonishingly, a professional medical background of authorities was regarded as positive if the approaches of these medical authorities were compatible with the respective user’s view of the world and did not contradict Urkost. Two examples were contributions by “alice” and “Mangofan”:

“Glenn Doman […] is a physiotherapist and has worked for more than 60 years with brain-injured children.” (14.07.2009, 12:15 am).

“Fortunately, Dr. W.H. Bates has been doing research for nearly 40 years and found that eyesight improved with anatomically correct use of the eyes with the brain. He was a physician, ophthalmologist, and eye surgeon.” (21.07.2009, 06:28 am).

Even BR applied this strategy, as in the following posting:

“Humans are not really granivores; says Karl Pirlet, Professor of Internal Medicine. only for the last 15,000 years have humans eaten grain, too short for a real genetic adaptation.” (26.03.2010, 11:49 am).

This is a sign for what we may call a ‘fundamentalist eclecticism’ in the Urkost community: anecdotic knowledge was haphazardly compounded with medical and scientific findings. Often, scientific medicine was essentially criticized, but in the same breath a reference to some scientific study was given as evidence for the veracity of one’s own world-view.

5.3.2. Expression of superiority

Statements that articulate the superiority of Urkost followers can particularly be found when conflicts with Schlechtkost eaters were discussed. This superiority was often expressed in terms of a principle of selection. For example, user “Irmisato” wrote:

“Don’t listen to those people who want to put you off Urkost. Just say: ‘We’ll talk again in 50 years. And think: ‘… in case you are still alive then.’” (10.06.2010, 01:35 pm).

This principle of selection (in terms of some kind of a social-Darwinistic ideology) was even more apparent in a comment by user “Robert”:

“Let them die stupidly from diseases, nature is tough sometimes, but always wise…” (10.06.2010, 05:11 pm).

What finds expression here is an idea that is also known from other pre-modern views of the world: that one was struck by illness as a consequence of some kind of guilt or sin. This was a common attitude in the ancient world and in the Middle Ages (Riese, 1953). The members of this forum appeared to take for granted that the Urkost lifestyle was superior, and that this could be seen from their own health. They believe that this superiority will be evident in the long run and find expression in the longer life of Urkost followers. An explanation for the supposed disbelief of dissidents was provided by user “Nera”:

“The majority still believes in the lies of science and does not make an effort to question them. Authorities mean more to them than critical thinking and insight.” (13.06.2010, 08:13 am).

This statement expressed the superiority of Urkost followers not only regarding nutrition and health, but also with respect to greater intellectual abilities. In order to be protected from criticism, it was sometimes discussed to switch to a closed web forum. This proposal was rejected, however, for example by user “Ritchen”:

“By no means should the entire Urkost forum become private. As you [BR] had said before, this is VERY IMPORTANT because of public relations in particular. We want to tell people that this road exists. And many have already found it—through Brigitte, her forum, her blog, her seminars.” (20.06.2010, 12:17 pm).

But it appeared that a supplementary closed forum does also exist, in which more extreme opinions can be exchanged. In one contribution BR mentioned a “private Urkost forum”: here she picked up the principle of selection again:

“By all means, one can be more explicit there than here, and I will permit access only restrictively to hand-picked people.” (01.07.2010, 04:58 pm).

In the contention with conventional medicine we often found a very sarcastic communication style as can be seen from a debate on vaccination and the following contributions by the users “Nera” and “apfel”:

“Vaccinations are really very, necessary/important … for the moneybag of the greedy pharmaceutical industry. It is sad that innocent children are exposed to dangerous vaccinations.” (31.07.2010, 01:41 pm).

“No, you can lay the blame for secondary complications of vaccination on some phantom germs. Saves jobs, doesn’t it? ‘cough’” (31.07.2010, 03:56 pm).

It seems as if this tone was supposed to express what the users perceived as their own superiority, or maybe also some resignation in view of the inconvincibility of the rest of the world. Skeptical debates on the virtue and the dangers of vaccination are not limited to groupings like the Urkost movement (Zuzak, Zuzak-Siegrist, Rist, Staubli, & Simoes-Wüst, 2008), although the particular way in which this community dealt with this topic was really notable. What was even more remarkable is their attitude to HIV/AIDS, where the discrepancy between conventional medicine and Urkost views became particularly evident. The Urkost followers did not only criticize the methods of HIV/AIDS treatment, but they even doubted the existence of AIDS, as a viral disease, on the whole. This aspect was emphasized very strongly by the Urkost founder Konz (1999) and it was discussed accordingly in the web forum. For example user “Nera” remarked:

“… AIDS is not a disease caused by a ‘virus’, and it is curable at any time.” (19.07.2010, 12:31 pm).

This account was largely supported by other users. The existence of AIDS was portrayed as a fabrication that was upheld for a long time.”

“The AIDS critics are reputable and there is no reason to hide them. […]” (30.09.2009, 11:08 am).
Up to this point, we have analyzed a quite abstract position toward conventional medicine and its representatives. What is also interesting, however, is how Urkost followers will behave in practice when they meet conventional physicians and how they will deal with diagnoses by conventional medicine in their everyday life. From a few forum contributions we could see that some Urkost members indeed turn to doctors of medicine—especially with severe diseases or when children are affected. But they often rejected the recommended treatments and tried to cure themselves with Urkost instead: for example user “Jana” reported that she had suffered from a tumor in the parotid gland:

“I... Surgery denied. Switched to raw food the next day, after 6 weeks tumor not palpable anymore. In April 2010 finally another MRI, and last week finally its results. Tumor completely disappeared.” (01.06.2010, 09:07 pm).

What is remarkable at this point is that procedures of academic medicine (MRI) and its results were not put into question. Moreover, it seems the results were awaited eagerly. But the physician’s recommendations were ignored completely.

Interestingly, the other users did not only regard this as a battle against the tumor, but also praised it as a triumph over academic medicine. User “Bartok” wrote in this thread:

“Hello Jana, that is great --- You can be veeevry proud of you that you showed the ropes to the tumor and to the doctors. What did the doctors say about it? Would be nice if you told us how they responded to the refusal of surgery and the disappearance of the tumor.” (02.06.2010, 07:57 am).

User “Jana” replied that her physician would reject any relationship between Urkost and the recovery, and expressed her frustration:

“I would have been glad if I could have made the doctor think. But this was not the case.” (02.06.2010, 10:28 am).

This dissatisfaction reflected an equivocal relationship to medical doctors. On the one hand, they are treated as enemies, as they represent conventional medicine. On the other hand, the forum users do consult physicians, and accept their diagnoses and their evidence for diseases and healing. When it comes to treatment, however, their recommendations are considered irrelevant. It seems as if medical doctors were important authorities and changing their mind would be a great victory. Medical doctors and their diagnoses were not at all ignored; they rather represented a point of friction that was discussed a lot. What finds expression in this aspect as well as in the AIDS debate is that it seems to be very exasperating for the Urkost followers that their own superior knowledge does not receive broadly based acknowledgment and is much too rarely applied in practice.

6. Discussion

We provided an analysis of a web forum in order to examine how a (quite extreme) health-related community applied the Internet as a platform for knowledge exchange, knowledge construction, and the dissemination of their practice. This Urkost community was concerned, primarily and at first sight, with aspects of nutrition and health, but what happened in this forum exceeded the pure construction of health knowledge and also propagated the formation of an ideological view of the world in general. Even though holistic approaches are typical of alternative medical communities, the way in which a construction of reality took place in the Urkost forum was certainly outstanding. Urkost was more than just a nutrition concept to its followers. For the members of the forum Urkost was rather a holistic ideology and an attitude towards life. This observation may be considered in the context of the development of cultic milieus in modern societies in general (Campbell, 1972; Jørgensen, 1982a, 1982b; Knoblauch, 2008) and medically oriented cultic milieus in particular (Salmon, 1984): in the course of such a holistic orientation illness is not regarded as an expression of physical dysfunctions, but rather as a sign of a psychic, mental, or spiritual disharmony in somebody’s life. Viewed in this light, alternative medical approaches may sometimes play a role as some kind of surrogate religion (cf. Knoblauch, 1989). The same was true of the members of the Urkost forum: their contributions showed that they did not only refer to healing diseases, but addressed a great variety of topics of everyday life.

The influence of Urkost on those people’s lives did indeed bear some parareligious markings.

Even though the exchange processes that we analyzed did not truly represent knowledge development in scientific terms, what occurred, from the Urkost point of view, was undeniably a form of knowledge advancement—that is, a process in which users learned from each other, formed a collective identity, and developed a common repertoire of knowledge and practice-related resources. Our analysis made clear that the Urkost community apparently practiced certain types of activities that are typical of CoPs (cf. Kirschner & Lai, 2007). So it may be concluded that the community that was examined here was, in large part, a prime example of a CoP: the identity of this group was defined by a shared interest, its members were engaged in joint discussions, and they had developed a shared repertoire of stories and cases for their practice (cf. Kirschner, Wubbels, & Brekelmans, 2008). But we could also identify a variety of structural characteristics that have not been examined sufficiently in literature on CoPs so far. Our analysis of this community’s goal structure, role structure, and communication structure provided insights into how this outsider CoP developed knowledge and shared practice.

The main goals in this community seemed to be to put newcomers on the right track and to rebuke members who expressed deviant opinions. It was found that the Urkost forum welcomed new members in a quite cordial and open way. Most of the communication took place in an emotional and very personal manner. Critical questions or comments, however, were not accepted, and answered brusquely and reprehensively. Skeptical debates were often cut off, in particular by the administrator—a course of action that is quite in contrast to the prevalent conception of CoPs. So in large part there was a communication style that is reminiscent of a sect, but still this community needs to be considered as a CoP, as it fulfills virtually all CoP qualifications.

Concerning the role structure in the forum, it was found that there was one administrator who clearly took the position of a leader or guru. Such an outstanding position makes sense in a community like that—and this is in line with theory—because this person played a significant role when it came to guaranteeing compliance with group norms and standards, and ensuring the formation of identity: she initiated new discussion threads, frequently commented on other contributions very extensively, and was always on the spot when it came to defending the Urkost lifestyle and view of the world in a quite dominant way. This finding is in line with an aspect that is typical for alternative medicine: often it is not professional physicians who are responsible for diagnoses and treatments. Instead, so-called ‘healers’ appear in this context who act without belonging to an established medical institution (cf. Kimmerle, Gerbing, Cress, & Thiell, in press; Helman, 2007; Kleiiman, 1980). It seemed that the administrator of this web forum understood her role as a defender of Konz’s doctrine of salvation and as an ‘exegete’ of his book that was sometimes referred to as the Green Bible in this forum. Focusing strongly on the exege-
7.1. Potential criteria of outsider CoPs

In this section, we present a summary of several criteria that characterize the Urkost community according to our analysis. First, we state the modalities that are highly specific to this particular community and cannot be generalized with other outsider CoPs. Then, we present criteria of which we assume may also be characteristic for other outsider CoPs and therefore, may be relevant aspects in future empirical studies.

There are several attributes that characterize the Urkost community, which we consider to be particular to this CoP:

- Hostile communication styles.
- Exegesis of a doctrine as a basis for the ‘correct’ practice.
- A ‘guru’ who rebukes dissenting followers.
- ‘Retaliation’ against drop-outs/revelment of dissenters.
- Newcomers experience harsh criticism for ‘incorrect’ practices.
- There is also a variety of criteria, which we hypothesize may also be characteristic of other outsider CoPs:
  - The goal of convincing potentially interested newcomers of the community’s superiority/principle of selection.
  - Expression of one’s own superiority (in terms of ‘all others are stupid/naïve’).
  - Reinforcement and persuasion of followers to stick to the community’s practices.
  - Suboptimal outcome is attributed to a ‘wrong/inconsequent practice.
  - Negative portrayal of competing communities.
  - Support/encouragement in situations of conflict with outsiders.
  - Reinforcement and motivation at an emotional level.
  - Separation from skeptics and people of different faith.
  - ‘Fundamentalist eclecticism’: picking supportive arguments from other communities, ignoring/minimizing contradicting arguments.
  - Exchange of anecdotal knowledge.
  - Sense of mission.
  - Defending one’s own lifestyle and view of the world.
  - Ambiguous attitude towards people of different faith: combat vs. desire to change their minds.

Future empirical studies of outsider CoPs should examine to which extent these features are true of other communities, and thus, in what way they may be considered as general criteria of marginalized CoPs.

7.2. Implications

Our study analyzed how knowledge was developed in this community, why its supporters accepted this health knowledge as true regardless of many logical discrepancies and a lack of evidence, and how this belief was accomplished cooperatively. What we could observe here was a “social construction of reality” (cf. Berger & Luckmann, 1966), where people who interact with each other will experience their own perception of reality and their pertinent emotions also in others. Individuals will have the impression that what they believe and experience must be right, as others seem to feel the same way and communicate constructions that may be similar to their own (cf. for a discussion of shared perceptions in groups cf. van den Bosche, Gijsselers, Segers, Woltjer, & Kirschner, 2011). Such a collective affect-logic (cf. Giomi, 1991) does not necessarily go along with processes of reflection. The perception that other relevant people to whom one feels emotionally connected have a similar opinion about a particular subject seems to be sufficient for giving the impression to an individual that an assumption was correct (cf. Thiel, 2003). Such reflections need to be integrated into further theoretical considerations, incorporated into future empirical studies, and in this way be harmonized with the CoP concept.

This study did not only analyze which properties the Urkost community has and to what extent these properties conform to the CoP concept, but our analysis also went beyond mere application of the CoP theory to this particular community. We aimed explicitly at contributing to a further theoretical and empirical development of the CoP concept by focusing on an outsider CoP. We have to ask the question to what extent those peculiar structural characteristics (goals, roles, and communication) that this particular Urkost community portrays are in line with the preva-
lent CoP concept. We must also ask whether the application of the CoP concept in this context of an outsider CoP has theoretical implications. We believe that the application of the CoP theory was appropriate here, but our analysis showed that the theory does not go far enough and does not sufficiently cover all areas of collaborative learning. We propose that the CoP theory could benefit from the expanded systemic view we have described in our study of an outsider community. This would separate the processes of collaborative meaning making and knowledge construction from the content and clearly show which functions are instrumental for the processes of community building and community maintaining.

8. Uncited references


References


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