‘That’s weird, my ob-gyn said the exact opposite!’: Discourse and knowledge in an online discussion forum thread for expecting parents

by

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1. Introduction

This paper is concerned with knowledge as an object of sociolinguistic inquiry. Drawing on some key work in mediated discourse analysis, MDA (Jones, 2013; Scollon and Scollon, 2004), we hold that knowledge is, as it were, a crucial aspect of the processes whereby people take actions with discourses. We frame this pursuit by dwelling on the interwoven relationship between power and knowledge, aiming at accentuating the ways in which social structures of power stratifies knowledge in orders of visibility, i.e. renders some types of knowledge, as well as the practices that produce them, more credible, more legitimate – and hence more visible – than others. In this light, it may however be argued that practices and artifacts arising on the internet to some extent reconfigure such old-established orders of visibility, as they change peoples’ access to knowledge, technologically as well as socially.

From this vantage point, what we will do in this paper is pry into issues of knowledge (and thus power) by directing attention to the Swedish online discussion forum Familjeliv.se, where matters and experiences of family life are discussed, thereby producing accounts on that topic of which some may be considered as means to take actions. More precisely, we present an in-depth study of a particular forum thread that assembles a number of prospective parents expecting a child in the same month, and to whom the thread can function as a knowledge resource. At the core of our research trajectory, then, are the ways in which historical entanglements of power are manifested in contemporary practices where people increasingly appropriate control over medical knowledge (Briggs, 2005).

The objective here is twofold. Firstly, we will clarify some of the discursive practices that unfold in the forum thread, and interpret them in relation to actions concerning pregnancy and parenting, so as to account for how these discursive practices render something that can function as knowledge. To do this, we will envision the forum thread as a space comprising a myriad of practices, understood as chunks of “recognizable, repeatable action” (Scollon and Scollon, 2004, p. 13), here materialized in examples such as asking a question or providing information. Secondly, we will analyze these data in terms of cycles whereby actions, through processes of entextualization, are transformed into pieces of discourse, which in turn are recentered in the forum thread, and thus made available as knowledge for taking new actions.
(cf. Jones, 2013). Essentially, the concepts of entextualization and recentering (Bauman and Briggs, 1990) are here seen as vital to grasping knowledge in a practice approach, as they allow for insights into the ways in which knowledge emanates from practice – in fact is the outcome of practice – as well as the ways in which knowledge is first and foremost realized as it is applied in concrete actions.

We begin by framing the issue: power and knowledge in the wired age. Next, we introduce and theorize knowledge and entextualization as research topics and tools, and Familjeliv.se as a discursive locus for their employment. After this, we present data obtained from the forum thread, analyzed through the lens of entextualization. In our discussion, following this, we will consider our findings in light of common beliefs about online forums, and the communicative practices they encompass.

2. The frame: power and knowledge

The assertion that knowledge is power is often attributed to the 16th century philosopher Francis Bacon. In the work of Foucault, this sententious phrase is pushed to the extent that the two words are framed as inextricably interrelated. Hence, he famously substituted the ‘is’ with a slanting line, knowledge/power, claiming that “[i]t is not possible for power to be exercised without knowledge, it is impossible for knowledge not to engender power” (1980, p. 52). Foucault held discourse to be the chief concept for disclosing the ways in which knowledge on a particular topic is represented through language and practice at a particular point in time and place (Hall, 1997, p. 44).

It follows from this position that all types of knowledge are neither equally valorized, nor equally visible. To consider the orders of visibility regarding knowledge, then, is to recognize that discourse orders some types of knowledge as more visible than others. Such reasoning clearly heirs to the legacy of Foucault’s (1972) orders of discourse. Building on these thoughts, we pursue to dwell upon the way in which this applies to knowledge as a stratified construct – interest-laden and historically saturated with power.

In Sweden and other welfare states alike, knowledge that emanates from official authorities embedded in the power field of the state tends to acquire a value as more credible than knowledge that stems from other practices. A case in point is provided by the institutionalization of medical knowledge in Sweden, which Johannisson (1997) dates to the late 18th century – in other words the point in time where Foucault (1973) placed ‘the birth of the clinic’. The development of professionalized, rational medical epistemologies effectively turned doctors into the legitimate producers of health knowledge, while it exhibited
misrecognition of knowledge emanating from alternative medicine and folk-medicine (Johannisson, 1997). Ever since, medical authorities have provided the Swedish state and its health institutions with what has generally been regarded as valid and reliable health information.

It may be argued, however, that the advent of the internet re-orders some of these entanglements of power and knowledge, as it allows ordinary people – the former audience (Gillmor, 2004) – to become active co-constructors of public discourse. Thus, we can no longer adhere to a view where the state simply endows its sanitary citizens (Briggs, 2005) with information on a range of subjects, thereby empowering them to make informed choices. For what has become of the internet is not only an information superhighway, as it was often pictured in its early days (Besser, 1995), that is to say a channel for information to move between (offline) spaces, but also a range of spaces in themselves where knowledge is produced, negotiated, discussed and applied to concrete circumstances (Hanell, 2012). This technical development has, arguably, resulted in a disarrangement of what might be perceived as the state’s monopoly of knowledge (Bourdieu, 2014), as public and local authorities are nowadays entailed to co-exist with other, less legit producers of knowledge. An example of such tension is provided by the Swedish website Familjeliv and its popular discussion forum for topics regarding family life.

3. Knowledge: a matter of discourse and action

In mediated discourse analysis, the two most basic concepts for theoretical inquiry are action and discourse – what people do and the language that they use in doing it (Norris and Jones, 2005; Scollon and Scollon, 2004). Discourse is thus seen as a mediational means, “not the action in itself” (Scollon, 2008, p. 233). Some actions are, however, inextricably connected to the discourse by which they are taken – an example is the act of asking a question – and we will here speak of such actions as discursive actions.

At heart, we understand the forum thread in this intersection of discourse and action: people engage in discourse as a way of enabling future actions – as well as reporting about, reflecting upon and reframing previous ones. It is in these kinds of relations between discourse and action that knowledge is produced. Therefore, we employ the notion of knowledge to be able to foreground aspects of the way in which previous actions, through discourse, are used for taking new actions. What we mean by knowledge here, then, is reflections of former practices recentered as a resource for taking a current or future action. For example, when a participant in the thread states that it is good to have a particular
ointment by the nursing table, this is fundamentally a reflection of her own history of acting in relation to a baby. This statement is treated as knowledge by another participant who asks for advice for supplying her nursing table, anticipating in turn future actions of caring for her baby (cf. Scollon and Scollon, 2004, pp. 18–34). We thereby concur with van Leeuwen (2008, p. vii) in the supposition that “all discourses recontextualize social practices, and that all knowledge is, therefore, ultimately grounded in practice, however slender that link may seem at times.” Additionally, we hold that entextualization is a concept attuned to specifying how this relationship operates. From this viewpoint, knowledge is a matter of utilizing discourse as a resource for action, and, as will be emphasized, this involves processes of recentering discourse and thus allowing it to move across times and spaces.

3.1 Entextualizing and recentering

The last few decades of sociolinguistic research have seen a rich array of theoretical endeavors to understand various transformational processes and phenomena whereby discourse changes its form, as it is shuffled across time and space (Wortham and Reyes, 2015). As Scollon (2008) notes, many of the concepts arising from such work – e.g. resemiotization (Iedema, 2003), reification (Wenger, 1998) and entextualization (Bauman and Briggs, 1990) – exhibit substantial overlap in scope. What is more, the precise meaning of each concept tends to vary in respect to what aspect of semiosis it is employed to describe.

The concept employed in this study is entextualization, which was originally defined as “the process of rendering discourse extractable, of making a stretch of linguistic production into a unit – a text – that can be lifted out of its interactional setting” (Bauman and Briggs, 1990, p. 73). However, later studies have been less prone to emphasize linguistic form, and rather consider reified, materialized texts to be only one possible outcome of such processes. For example, adopting a more semiotic approach, Jones (2009) draws on entextualization to account for processes whereby actions become ‘frozen’ (Norris, 2004), so as to also include photography. Similarly, Massoud and Kuipers (2008) talk of entextualization as a type of objectification, and use it in its broadest meaning as discourse positioned as “a verbal thing to which we can refer” (2008, p. 217). Subsequently, they use examples of entextualizations as loosely materialized as a repetition of what another person has said in a conversation.

Applied to processes of knowledge making, we will here use entextualization in order to point to the complex array of embedded processes whereby actions are referred to in discourse and thus rendered into fixed and therefore transferable units, ranging from full texts to particular propositions of which we are here predominantly interested in the latter.
Concretely, we argue that the production of any proposition, such as ‘I put on 30 kg with my first baby’ or ‘Postafen does not help me with my nausea’, involves a transformational process of making a range of prior actions and events into an experience. This transformational process is what we call entextualization. The unit produced by this process can then be transferred to a new situation, and recentered in discourse, making it possible to draw on this proposition as knowledge; an example found in the data is that a participant presents the proposition about weight gain as a way of helping another participant anticipate future events. The production of a piece of knowledge is thus a discursive process: actions in a given historical time and place are transferable to a current time and place through discourse that renders those actions prone to be decentered, entextualized and recentered. These dynamics thus build upon Jones’ (2013, p. 30) cyclic model of the relationship between discourse and action (Figure 1). Here, action is linked to discourse through processes of entextualization, while discourse, in turn, is linked to action through processes of recentering.1

![Figure 1. The cycle of action and discourse. After Jones (2013:31).](image)

Notably, this is a cycle and not a circle: as Bauman and Briggs (1990, p. 67) aptly remark, processes of entextualization do not “simply imply a circular movement from text to context to text.” Rather, the way that discourse travels and is transformed between social spaces is a process carried out by actual social actors taking concrete actions with discourse. Thus, the action that is entextualized into discourse already includes some form of recentered discourses. This way, a particular piece of discourse may be gradually ‘solidified’ as it is shuffled through numerous processes of entextualizations (Scollon and Scollon, 2004, p. 28).

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1 Jones uses the term text where we use discourse, and recontextualization for recentering. Bauman and...
Bauman and Briggs (1990, p. 60) point out that any given performance “is tied to a number of speech events that precede and succeed it” and give examples such as negotiations, gossip, reports and critique. With our MDA inspired terminology we subsequently consider every action to be tied to a number of preceding and succeeding discourses. Ultimately, then, we draw on entextualization in order to point to issues and phenomena of power linked to the production of knowledge. From this outlook, representations of knowledge found in the interactional data have a trajectory of their own. A given piece of knowledge, to draw on Bauman and Briggs (1990), “carries elements of its history of use within it.” Consequently, as these are recentered in the forum thread, they bring with them aspects of power and authority, which get caught up and entangled with pieces of knowledge of vastly different trajectories.

4. Locus, data and approach

Familjeliv (literally ‘family life’) is one of the most frequented websites in Sweden, with around 700,000 unique visitors every week. It is explicitly profiled as a meeting place for women, where users can share tips and support each other around issues regarding family, parenting and pregnancy. The orientation towards female users is evident in editorial and commercial pictures on the site, which predominantly portray women and children, as well as in written discourse where direct address is often restricted to readers who can breastfeed, are pregnant, have a menstrual cycle, etc. Only one subcategory of the discussion forum, labeled Pappagrupp (‘Dad’s group’), explicitly addresses male users. Apart from the discussion forum, the website also includes a variety of editorial material, such as articles on different aspects of parenting, a horoscope and travel guides. Another category is semi-commercial material, such as a pregnancy calendar sponsored by a diaper company, and informational texts on medical issues by writers from a commercial website for medical advice. Furthermore, there is user-generated content such as user profiles, personal photo albums, blogs, etc. A person is required to be a registered user to write and reply to posts in the discussion forum, but reading is open to anyone.

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2 See (“ORVESTO Internet,” 2014). The current population of Sweden is about 9.5 million people.
The analyzed thread assembles 231 participants, who write 11,420 posts over a time span of one year. The title of the thread addresses users who are expecting a child one specific month. Although the title does not impose such a restriction, all active participants are pregnant women, some with their first child, and some with previous experience of childbearing and parenting. The thread is started 8 months before the expected month of birth, meaning that the participants (granted the expected month of delivery was correct) were in pregnancy week 3 to 7.

Author 1 followed the thread in real-time for nine months from the starting of the thread to the last reports of birth at the end of the due month. The mere 46 messages posted during three months after the babies were born were analyzed retrospectively. In summary, data generated from this online fieldwork include field notes, screenshots, and extracted sequences of interaction. The thread immediately reached high activity, with more than 150 posts the first day, and an average of 43 posts a day up until the end of the due month, after which activity rapidly decreased. Presumably, there were also non-posting ‘lurking’ participants in the thread; one year after the last post, the thread had been viewed around 400,000 times. At the time of writing, the thread is still available online for both reading and posting, but no new posts have been made since three months after the due month.

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4 Defined as people who post at least once in the thread.
4.1 Notes on ethics

The online context poses a range of ethical challenges for sociolinguistic analysis (Varis, 2014). Firstly, the kind of online discussion forum thread analyzed in this particular case typically includes a large number of participants, making it practically impossible to achieve consent from all. Secondly, as pointed out in the ethical guidelines from the Association of Internet Researchers (Markham and Buchanan, 2012, pp. 6–7), people may uphold clear expectations of privacy even when they appear in public spaces. Supposedly aware that Familjeliv is a highly public setting, the members of this forum have taken some precautions to protect their integrity: most participants never state their name, and to a varying extent they conceal their identity when they share pictures and talk about where they live.

Nevertheless, we have taken further measures to protect their identities, given that the privacy precautions the participants have taken are to be understood in relation to the intended context of the discussion forum. In other words, it is a matter of what Nissenbaum (2010) has termed contextual integrity. To recenter their discursive products in this new context with a new frame and new regimes of control destabilizes the original privacy considerations of the participating individuals – regardless of the fact that this piece of research is in many ways less public than Familjeliv.

Concretely, the following measures have been taken to protect participants’ anonymity. None of the participants have been approached by us, so as to avoid a scenario where some of the participants know of our analytical agenda on this particular thread, while some are not able to consent to it. Because of this disguised analytical work, we have not posted any messages in the thread. The exact title of the thread is not revealed, and the participants’ aliases are substituted with random names. In order to avoid the traceability of the thread by copy-pasting extracts to a search engine, the original Swedish phrasings are not provided. Furthermore, the timestamps appended to the extracts do not respond to actual dates, but to pregnancy months 1 to 9.

5. Disentangling practices

In what follows, we will pursue to disentangle some of the discursive practices distinguishable in the forum thread. These practices have crystalized from the analysis of how

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5 The study design, including the measures reported here, has been approved by The Regional Ethical Review Board in Stockholm (http://www.epn.se/en).
the forum thread can function as a knowledge resource. Thus, we do not suggest that the labels under which we collectivize ranges of actions are necessarily salient for the participants. The practices brought under scrutiny here comprise the communicative ends of exchanging information, providing reports and contesting knowledge. In turn, these practices are exemplified through the following four matters: i) supplying the nursing table, ii) coping with nausea, iii) getting control over one’s weight gain, and iv) treating a thrush infection. Altogether, data extracted from the thread will here be analyzed with the concept of entextualization as the chief thinking-tool. Additionally, we aim at bringing to light the ways in which the entextualizations themselves invoke issues of power in the processes of knowledge production.

5.1 Exchanging information

Many of the discursive actions and practices performed in the thread relate rather directly to knowledge about pregnancy or infants. The most straightforward of examples are sequences of interaction that start off with someone requesting accounts of other participants’ experiences or plans on a certain matter. An example of interaction with such a communicative end can be seen in Extract 1.

Extract 1: Supplying the nursing table

<table>
<thead>
<tr>
<th>Post no, participant, timestamp</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>#10794, Emma, 8/13 14:01</td>
<td>We also still have the nursing table left to prepare! What kind of supplies will you guys get for it? A soft changing pad (or whatever those mattress thingies are called?) Diapers, wet wipes ... ? Anything else?</td>
</tr>
<tr>
<td>#10795, Marie, 8/13 14:10</td>
<td>Some kind of ointment from a pharmacy is good, like Idomin, and Dialon powder might be good to have. I never buy wet wipes, I have ordinary dry washcloths... Wet wipes only in the diaper bag.</td>
</tr>
<tr>
<td>#10797, Isabelle, 8/13 14:34</td>
<td>Wipes, ointment from a pharmacy, diapers (cloth + disposable). Then there will be a box for other supplies, like a hairbrush, a pair of nail scissors, a toothbrush until that’s needed, cotton, etc. Nursing pads for me will also be by the nursing table!</td>
</tr>
</tbody>
</table>

In this sequence, the thread becomes a resource for picking up non-officialized discourse, that is, for acquiring come-in-handy parenting knowledge that is primarily the product of lived experience and that is seldom entextualized within the practices of public health services. Prior to this sequence, the participant Marie has recurrently mentioned that she has children, and she therefore has the capacity of recentering lived experience in the discourse of the
forum thread. As can be seen, Marie also brings pharmaceutical discourse into the interaction, inserting actual product names of some of the medical products she recommends. Notably, what is essentially a range of former actions are here entextualized as propositions such as “Dialon powder might be good to have.” This transformation also includes the process of understanding a range of prior actions as an experience: a form of objectification similar to entextualization, but with actions instead of discourse rendered extractable, and a range of actions rather than “a stretch of linguistic production” made into a unit that can travel through time and space (cf. Bauman and Briggs, 1990, p. 73). Thus this unit can thereafter be entextualized or given a textual form, which can be recentered in the thread in the shape of ‘information’: these things are good to have by a nursing table. In this respect, information is typically intentionally composed entextualizations to be used for constructing knowledge.

This kind of information exchange is used extensively throughout the thread, often providing access to experiences and insights that are seldom entextualized in official discourse. However, importantly, these discursive exchanges are never isolated from the other practices that the participants engage in. For instance, in Extract 2, the participant Emily asks for tips to help her cope with nausea, and is met by an answer from Hannah, who has been in contact with the professional health care system regarding similar problems.

**Extract 2: Coping with nausea**

<table>
<thead>
<tr>
<th>Post no, participant, timestamp</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1733, Emily, 1/24, 17:17</td>
<td>Does anyone have any tips about nausea? Have tried Postafen which does not help. I feel nausea in my throat constantly ..</td>
</tr>
<tr>
<td>#1735, Hannah, 1/24, 17:26</td>
<td>I wasn’t helped by Postafen either, so I spoke to my maternity clinic yesterday and got a prescription, will try them soon and see if they help.... It’s terrible to be this nauseous!!! [quote #1733]</td>
</tr>
</tbody>
</table>

It is clear from Extract 2 that the idea of strictly isolated knowledge realms is a gross simplification. Rather, the extract points to the fact that knowledge circulating in the forum thread carries with it the lived experience of participants’ encounters with health care as well as other, less officialized practices. Accordingly, Hannah brings to the interaction both an entextualization of lived experience, “I wasn’t helped by Postafen either,” and an account of her meeting with a professional health practice, the maternity clinic. Recentering these entextualizations – pieces of experience – in the forum thread, she offers them as a knowledge resource for Emily.
5.2 Providing reports

In addition to this kind of information exchange, the thread is also largely constituted by unrequested reports. Posts of this kind often seem to have no clear pre-constructed purpose apart from keeping the conversation going. Examples range from accounts of what the participant has planned for the weekend, to briefings about current pregnancy related matters, such as measures and figures recently obtained from a meeting at the maternity clinic. As pointed out by Malinowski (1994 [1923]), interaction of this kind typically fulfills a social function, which he termed *phatic communion*: “A type of speech in which ties of union are created by a mere exchange of words” (p. 10). With the emergence of online social life, the notion of phatic communion has experienced a significant revival in social research (Miller, forthcoming; cf. Rampton, 2014; Varis and Blommaert, 2014), not least as a means for understanding online situations where “the maintenance of a network itself has become the primary focus” (Miller, 2008). These posts are often neither contextualized metadiscursively nor placed sequentially after posts where the same issue has been touched upon, rendering them somewhat contextually detached. They are often left uncommented, but every now and then they constitute what in MDA is referred to as *sites of engagement*, that is intersections in time and space that “make certain kinds of social actions possible” (Jones, 2013, p. 57). The kinds of social actions made possible, from our analytical position, are additional entextualizations on a similar matter. An example of this is shown in Extract 3, which starts off with a report of one participant’s weight gain and is followed up by other participants who talk about weight gain from the perspective of their own experience.

Extract 3: Getting in control over one’s weight gain

<table>
<thead>
<tr>
<th>Post no, participant, timestamp</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6325, Hannah, 4/8 20:39</td>
<td>Ooooooopsss.... Plus 12 kg in w20...... Well well.... I put on 30 and 35 kg during my other pregnancies..... But I guess I’ll have to start thinking about what I eat now...</td>
</tr>
<tr>
<td>#6336, Josephine, 4/8 22:27</td>
<td>[quote #6325] It’s hard when you realize that you’ve kind of lost control over the weight. I’m afraid that the last part of my pregnancy and the delivery will be tough if I put on too much? It makes the babies bigger = harder to squeeze out, right?? Last time I got a c-section because of breech presentation, and I put on 13 kg in total (the baby girl weighed 4530), but this time I’ve already put on 10 kg. Let’s hope the baby’s weight isn’t proportional to my weight gain 😊</td>
</tr>
</tbody>
</table>
With my first I put on 30 kg and out comes a little 2850 gram nugget....and that’s after a full length pregnancy.....

[quote #6339]

I’m in week 17 and have put on 11 kg. I eat healthy food and I get some exercise. Have SPD which keeps me from walking and moving properly, but I use a stationary bike and do the weight training I can manage.

If I’m to “stop” my weight gain I have to go on a strict diet. And I’m not going to do that. Last time I lost all extra weight in 10 weeks without doing anything (didn’t breastfeed either)

I’m pretty fit and slim “usually”

It’s valuable to hear about what you guys have been through, since it’s so much I’m pondering over. Soothing to be able to hear about other people’s experiences and interpretations, it puts one’s own thoughts in perspective. Good to realize it can be in many different ways.

Right, dieting is certainly not something one is advised to do...

I for one am going to try and get some support from a dietician. Of course I know when I’m eating junk and when not, but I need support from someone who can boost me and maybe give me some structure so I can cut down on the junk food...

In the thread, this aspect of linguistic use where participants take measures to keep the conversation going is often shown to be meaningful in establishing sites of engagement where participants can ask questions or otherwise use the thread as a knowledge resource. As can be seen, Hannah’s initial report in Extract 3 is not metadiscursively contextualized in any way, but it still triggers two other participants to perform similar entextualizations of their histories of weight gain during pregnancy. In the last post of the extract, Josephine explicitly states that she finds it valuable to hear about other people’s stories, since “it puts one’s own thoughts in perspective.” Their personal experiences from different kinds of symptoms, weight gain, etc., can subsequently serve the end of constructing a frame of normality to which other participants can relate (Drentea and Moren-Cross, 2005, p. 931). In other words, beyond creating ties of union, posts of this kind fill the function of introducing topics of conversation that are central in the thread’s capacity to function as a knowledge resource.

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6 Abbreviation of *symphysis pubis dysfunction*, a condition commonly associated with pregnancy, which causes pain in the pelvic region.
A similar example is given in Extract 4, where the participant Ingrid engages in a conversation about treating thrush infections. Joining a series of entextualizations regarding personal histories of treatments of this condition, she produces an extensive report of how different treatments have worked out for her.

Extract 4: Treating a thrush infection (part 1)

<table>
<thead>
<tr>
<th>Post no, participant, timestamp</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1836, Ingrid, 1/25, 21:18</td>
<td>I’ve also had thrush now during my pregnancy, have basically had it the entire pregnancy :/ I normally get it very easily because it’s more or less chronic, and the only way for me to get rid of it is to take Fluconazol\textsuperscript{7} pills. But now I can’t take them.. So I have had to fight to get rid of it on my own because OTC stuff does not work for me, they make everything worse. Have drunk lots of lemon water and had to introduce a sugar ban for myself, so I haven’t had any sweets for 3 weeks .. And now I'm fungus free! Had a cookie last week, and then it came back with a bang, so it seems I have to resist everything tasty and unhealthy through the rest of my pregnancy :( Lemon water seems to be the thing to help me to get rid of this crap. The only thing I wanna do is eat Ben&amp;Jerry's!!</td>
</tr>
</tbody>
</table>

Extract 4 exemplifies the discursive practice of providing reports in a manner which is not one-sidedly phatic. More precisely, it is fact oriented while still fulfilling a social function. Ingrid reports that her pregnancy now prevents her from taking her ordinary medicine against her “more or less chronic” thrush. In so doing, she indexes a chunk of entextualized knowledge, as official health recommendations state that pregnant women should not consume the medicine Fluconazol. On the basis of this, Ingrid reports on personal experiences of attempting to bypass this issue by using alternative treatments that did not conflict with authoritative recommendations of medical knowledge. By recentering the successful experience of consuming lemon water and reducing sugar intake, she simultaneously flirts with the well-known image of sugar craving pregnant women, thus creating social bonds, that is “ties of union” (Malinowski, 1994).

5.3 Contesting knowledge

It has been made clear from previous extracts that the knowledge drawn on and established in the thread originates from both private life and authoritative contexts such as

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\textsuperscript{7} Fluconazol is a prescription-only anti-thrush medicine.
medical encounters or printed information leaflets. This is not to suggest that authoritative and non-authoritative knowledge always coexist in peace. On the contrary, a salient discursive practice is constituted by the contestation of knowledge, as participants use the forum thread to juxtapose authoritative knowledge with personal experience, folk-medicine and so forth. Moreover, they also correlate knowledge obtained from different professional health practices.

Extract 4 showed how Ingrid joins a conversation on treating thrush infections. Next, Extract 5 shows the posts that directly follow Ingrid’s report, starting with Monica providing an account of the treatment she has been recommended. In turn, this report triggers a juxtaposition of experiences that appear to disagree, as Ingrid and Monica have been given contradictory advice from their respective clinics. This clash can be seen in Extract 5.

Extract 5: Treating a thrush infection (part 2)

<table>
<thead>
<tr>
<th>Post no., participant, timestamp</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>#1837, Monica, 1/25, 21:21 (truncated)</td>
<td>I’ve also got a thrush infection as a delightful bonus for my eating of Kåvepenin! Gah! Talked with an MW⁸ about it and she recommended Canesten (ointment not pessaries). Not very comfortable about both taking antibiotics for tonsillitis and using all sorts of creams “down there” this early. Will take antibiotics for two more days, then I hope my thrush infection goes away!</td>
</tr>
<tr>
<td>#1839, Ingrid, 1/25, 21:34</td>
<td>Monica: That’s weird, my ob-gyn said the exact opposite! He said Canesten pessaries, but not ointment. And in the information leaflet to Canesten it says they don’t recommend the ointment during pregnancy, but only the pessaries. It’s so confusing when different “experts” give different information!</td>
</tr>
<tr>
<td>#1840, Monica, 1/25, 21:39</td>
<td>[quote #1839] Strange! I agree, it’s such a mess! Maybe I should go with traditional yoghurt? Though I’ve never tried that and it seems super scary, but now I don’t wanna go on with the ointment in spite of what the MW said. Argh, this makes me slightly crazy...</td>
</tr>
<tr>
<td>#1841, Ingrid, 1/25, 21:50</td>
<td>Isn’t it weird?? You should think they all had the same information :/ Check around online for household remedies, everything works differently on different people! I for one am not helped by yoghurt, but the solution for me have been zero sweets and that I binge lemon water as soon as I can sense a thrush infection, it’s the only thing that works for me. On the other hand, you take penicillin, so maybe yoghurt is exactly what you need if your lactic acid bacteria are all wiped out. But try EATING yoghurt or sour milk for ⁸ Kåvepenin is a prescription-only antibiotic. ⁹ MW is commonly used in the thread as an acronym for midwife (Swedish barnmorska – BM). ¹⁰ Canesten is an over-the-counter anti-thrush medicine.</td>
</tr>
</tbody>
</table>
As can be seen, Monica mentions parenthetically that her midwife has recommended Canesten ointment. Responding to this, Ingrid reports that her ob-gyn has recommended the exact opposite: pessaries, not ointment. Entextualizations originating from Monica’s midwife are thus juxtaposed with entextualizations originating from Ingrid’s ob-gyn (post #1839), and the forum thread, as an already established context for interaction between Monica and Ingrid, becomes the site where this contestation is enacted. As can be seen, Ingrid recenters a proposition resourced from the information leaflet, which appears to support her ob-gyn’s recommendation of avoiding ointment during pregnancy. Both Ingrid and Monica express that it is “strange,” “confusing” or “such a mess” that there is no consensus among the group of people that they label as ‘experts’. Apparently, they consider Monica’s midwife, Ingrid’s ob-gyn and the writer of the information leaflet to be representatives of the same medical authority, which should then produce entextualizations in harmony with each other. The outcome of this conflict is that Monica chooses to discount her midwife’s recommendation and instead accommodate Ingrid’s entextualized experiences of consuming lemon water and yoghurt. Above all, this extract shows an important way in which the forum functions as a knowledge resource, namely that it allows the participants to recenter authoritative knowledge in the thread, and consequently appropriate control over issues concerning their own bodies (cf. Briggs, 2005).

6. Discussion: knowledge, time and rhythm

As this paper has shown, Familjeliv can be seen as a discursive vortex where knowledge of various trajectories converge, that is, as a site of entangled discourses. For instance, while many of the topics that arise in the forum relate to health, there is a widespread opinion that online sites with user-generated content are inappropriate as sources for health information (Kunst et al., 2002; see Powell et al., 2005 for a critical overview; Weiss and Moore, 2003). Accordingly, health professionals recurrently advise pregnant women to be careful concerning which information to trust, and discussion forums are especially considered to be characterized by a circulation of information on topics too important to be handled in contexts beyond the surveillance of experts. In fact, parents are sometimes discouraged from using online sources all together. A case in point is found in an interview in the popular parenting
magazine Föräldrar & Barn [‘Parents & Kids’], where a midwife urges pregnant women to “Google with care” (as the headline puts it), or rather not google at all, and warns them against trusting information acquired from informal online contexts rather than from medical health care:

“The advice she gives to pregnant patients is that they should stop googling all together. – I think they should use their midwife as a sounding board instead. We google too, and there are lots of good information online, but we can evaluate the sources in another way. (...) Many people do not dare to have faith in medical staff today. It is so easy to pick up information by reading on the web, you can even get it through your phone, and there is a risk that you trust that information more.” (Perman, 2014, our transl.)

We argue that this fear is based on problematic assumptions that altogether exaggerate the potential risks of engaging in online discursive practices with other laypeople. Firstly, at the level of epistemology, the risk discourse reproduces the idea that some forms of practical knowledge pervert the otherwise pure nature of knowledge (Bourdieu, 2000). By and large, this reflects what Briggs (2005, pp. 274–275) refers to as the linearity of dominant ideologies of communication: “the idea that knowledge is produced in scientific or other expert sectors, disseminated through other spheres, and then assimilated by publics.” Secondly, the fear assumes that people who engage in discussion forums lack the ability to reflect critically upon their own practices and the propositions they make in discussion forums and similar discursive contexts. Thirdly, it supposes that their engagement in the discussion forum excludes engagement in other discursive practices, and that it thus competes with professional knowledge about pregnancy. As our analysis shows, the discourse that circulates in the forum exhibits a high degree of hybridity, as pieces of knowledge obtained from professional health care practices are discussed, meta-commented upon and re-evaluated as they are recentered in the thread. In contrast to the mentioned presuppositions, the participants producing this hybrid discourse: (1) demonstrate an awareness of the origin of their statements, (2) reflect upon and discuss sensible conclusions from their statements, and (3), in fact, enhance experiences of encounters with health professionals as they recenter meaningful parts in the conversation of the thread.

Thus, the data brought to light here illustrate how discursive representations of knowledge move across different orders of visibility (cf. Blommaert 2010:41), as actions including different actors, activities, places and relations are entextualized and recentered in the locus of the thread as pieces of information for others to use. For example, some propositions are appended with a source (a midwife, a medical information leaflet, etc.) or are indicated as stemming from authoritative knowledge of some origin (“Right, dieting is certainly not
something one is advised to do,” Extract 3, emphasis added). Meanwhile, other propositions seem to originate in an accumulated bank of general knowledge with blurred origins, such as the idea of treating thrush infections with yoghurt. Fundamentally, this genesis amnesia (Bourdieu, 1977) can be regarded as an effect of a long history of entextualizing and recentering this idea; it is an idea that has been spun in the cycle of discourse (Figure 1) countless times (a phenomenon painstakingly elaborated by Scollon and Scollon, 2004, pp. 18–34).

An overarching aim of this paper was to shed light on the ways in which the forum can function as a knowledge resource. Regarding this point, it seems important to avoid the academic pitfall of believing that knowledge is the only desired outcome of engaging in such a practice. Evidentially, the forum thread is used by a group of people who are synchronically going through a time of vast bodily, hormonal and social change. Similarly, in Jones’ studies of HIV positives, he found that rather than talking about their situation with healthcare workers, they preferred to open up to other people living with HIV who “could ‘really understand’ what they were talking about” (Jones, 2013, p. 22). This appears to suggest that the thread’s potential to function as a knowledge resource is constituted not only by the scope of those practices that directly pertain to knowledge but also by the other practices that the participants engage in within the context of the thread. This is so because acts of requesting, providing and contesting information are obviously dependent upon the situation in which they are taken. In this vein, the act of asking a question does not discursively start with the actual question but with the site of engagement that makes the discursive action of asking a question possible. A site of engagement, according to Scollon and Scollon (2004, p. 12) is constituted by ongoing practices coming together to make an action possible. This perspective on action, then, illustrates why the participants asking questions about, for example, thrush infections or weight gain cannot take the same actions in a completely different but supposedly more appropriate context, such as a maternity clinic. They can, and do, discuss these topics there as well, but because that is a different site of engagement, the discursive actions will unfold in a different manner. Concretely, the brief meeting at the maternity clinic might not include, to borrow the words of the Scollons (2004, p. 12), the “unique historical moment and material space when [certain] separate practices (...) come together to form” the discursive actions (propositions, recommendations, tips, etc.) that the individual can employ in order to address her specific problem. Notably, in Extract 4 and 5, both Ingrid and Monica join an already ongoing discussion of thrush infections (their consciousness of which is evident in their use of also: “I’ve also had thrush now during my pregnancy”). This site of
engagement, where thrush infections are already established as a topic for the conversation, would scarcely occur during meetings with a patient and a health professional.

It should be remembered that the pursuit of knowledge usually has a purpose beyond its immediate context, such as to cope with concrete situations in social life. Extract 1 is an example of this, where Emma asks what supplies other participants are planning to get for their nursing table, thus, as it were, yielding a corpus of others’ plans and experiences that she can relate to as she plans her own purchases. Examining when these reports become knowledge, it is evident that knowledge is a fundamentally emergent phenomenon, and rather than having an independent existence of its own, it is what former practices, recentered in discourse, are used as (cf. Salö and Hanell, 2014, p. 25). To the extent that the forum thread can function as a knowledge resource, it is thus “not just a repository of information” (Heaton, 2011, p. 216), but rather something that can be utilized, to speak with MDA, as a means to take an action. The active nature of the forum thread moreover appeals to the participants to follow the discursive rhythm (Scollon, 2005) of the postings. An indication of this is that participants do not necessarily utilize the affordance to backtrack the communication, since requests for repetitions (for example the name of a particular medicine) are quite common. In regard to the complete thread with its eleven thousand posts, it would be possible but certainly not uncomplicated for an expecting parent today to share the experience with people in the same situation. In this respect, the thread is first and foremost a knowledge resource when it is used in real-time for a participant (writing or only reading) who follows the same biological and social rhythm of carrying and preparing for a child.

The results suggest that a great proportion of the discursive practices that unfold in the thread does in fact emanate from authoritative discourse of health professionals, as participants report and discuss experiences and pieces of information decentered from maternity clinics and other official sources. Subsequently, the knowledge that circulates through the forum thread is not the product of personal experience only. Rather, alternative medicine and personal experiences are mixed up with knowledge emanating from professional healthcare. As far as we can see, participants in the thread appear to agree to such categories of knowledge, as these categories provide means for the participants to navigate between propositions and reflect upon how they should act with respect to them. The forum is thus used as a sounding board where knowledge is negotiated and applied to concrete circumstances. In these processes, prior experience, including knowledge acquired throughout the life trajectory of the individuals, is entextualized as posts in the forum, and in so doing,
authoritative discourse from professionals emanates in the forum thread through the entry point of the participants’ individual history.

7. Conclusion

In this paper, we have argued that knowledge is a phenomenon to be understood in the intersection of discourse and action. On the one hand, it encompasses the process whereby a range of past actions are entextualized into a discursive entity that can be moved between spaces and times. On the other hand, it encompasses the process whereby such a discursive entity is recentered as knowledge, or considered something to draw on in a situation where a new action is taken.

One of the most salient features that arise from the data set concerns the way in which forum participants produce accounts that are not asked for, and that they only to some extent contextualize metadiscursively. These are discursive practices that are of a low order of visibility in professional healthcare settings. Such arguably rather trivial self-reports can constitute knowledge resources as they are centered in an interaction where accounts of such experience are rendered meaningful by others. Furthermore, data show that posts of this kind typically trigger further conversations on the topic, because what they do is open up sites of engagement for other participants to entextualize and recenter related experiences.

In light of these findings, we hold that health care discourses about online knowledge resources often reveal a fairly limited sense of how forums work and what occurs there. In our venture of making these obscured practices visible, we have noted that they are not predominantly spaces for the circulation of unwarranted knowledge. Rather, they are spaces where various types of knowledge converge – including that of authoritative medical knowledge as discourses from healthcare workers, information leaflets, etc., are recentered in the thread. Above all, such examples demonstrate that entextualization is a fundamental process for transforming actions into knowledge. On the basis of this we propose that the notion of entextualization is a suitable tool for unraveling the ways in which this phenomenon works and how it is linked to power. Ultimately, what people do in the forum is “secure the right to decontextualize discourse and recontextualize it in different settings” (Briggs, 2005, p. 273). This way, the forum offers a way of making mundane, trivial actions visible, entextualized and suitable to be employed as knowledge.

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