A Content Analysis of Communication Purposes in an Online Support Group

Joan E. Aitken

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.Joan E. Aitken (Ed.D. University of Arkansas) is Professor, Communication Arts, Park University.

Abstract

The purpose of this article is to analyze parental use of an online support group about their children with disabilities. A content analysis was conducted of 1718 emails from an listserv support group for parents of children who have been diagnosed as eligible for special education services. Key topics included the following: How to deal with professionals (e.g., teachers, physicians), family, testing and diagnosis of disability, communicating with educators and the school context, Individualized Education Program (IEP) team meetings and reports, and family dynamics. The findings suggest that parents use the group for the following purposes: (a) expressive story-telling, (b) seeking and giving advice, (c) seeking or offering validation or encouragement, (d) seeking or providing information, (e) seeking or suggesting resources, and (f) sharing celebrations and telling success stories for hope.

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Access to private opinions about children is a difficult area to research. With the advent of online discussion groups, however, many parents are willing to disclose information about their ideas and feelings about their children. This online phenomenon provides research information in multiple ways. First, one can analyze the overall functions of the online discussion support group. Second, one can analyze what individual group members have to say about their communication with educators about their children with special needs.

The purpose of this article is to examine the nature of parental concerns about communication skill development of their school-age children who qualify for special education services. First, by examining the group's communication functions, the educator can better understand the needs of parents who have children diagnosed eligible for special education services. Second, teachers may gain insights into more effective instruction for children with developmental disabilities. For the purpose of this research, a content analysis was used to consider parental concerns in communicating with and about their children with educators. Two areas of expressed concern were those of family talk and family conflict related to their children with disabilities.

The nature of online support groups. With the advent of electronic listservs and the Internet, opportunities for support and information-sharing have increased through the use of online communities (Shedletsky & Aitken, 2004). These groups are available on a range of topics, which can bring together people from diverse locations. Online support groups have provided a new area of research interest. Royal (2005), for example, analyzed research about the Internet and women. There seemed to be equal access, but less comfortable participation by women and a less welcoming context for women. Ye (2006) found that international students in an online support group received more information and felt less stress. Kuster (2007) also found information value in online groups, including the fact that support groups can provide information through Internet links. There is some question about the reasons people select an online discussion group instead of a face-to-face group. These reasons may include frequency of interaction, availability, a sense of anonymity, convenience, and the lack of pressure to talk in a group. Mesch (2006), for example, suggested that people with low self-esteem were more likely to be frequent Internet users.

These groups provide opportunities for learning and empathy for people who share interests or concerns. There are numerous online groups specifically for people with interests in or concerns about children with disabilities. An updated version of the ERIC Clearinghouse on Disabilities and Gifted Education list includes 55 different online discussion groups on the topic of learning disabilities and special education (http://www.hoagiesgifted.org/eric/ld-sped.html). The value of online support groups can be as important to the members as a face-to-face support groups are to their members (Turner, Grube, & Meyers, 2001). Further, the sense of anonymity in the nature of online interaction may actually increase the quality and depth of member responses through personal disclosure, reciprocity, and personal acceptance (VanLear, Sheehan, Withers & Walker, 2005).

Creating narratives. Narratives were an essential component of the discussion in this support group. Story-telling is a crucial communication skill, which requires cognitive, knowledge, and language skills (Soto & Harmann, 2006). Communication scholars, educators, and psychologists have examined the purpose and effects of story-telling in many contexts. For example, story-telling helps people to make sense of their experiences through interpretative processing, particularly when using reflection about difficult experiences (Bochner, Ellis, & Tillmann-Healy, 1997; Koenig Kellas & Trees, 2006). Self-disclosure about difficult situations can have positive effects on an individual's well-being (Clark, 1993; Pennebaker, 2003). Thus, story-telling can be viewed as important for personal and therapeutic reasons in multiple contexts. Genereaux and McKeough (2007) contended that narratives are crucial in meaning-making and social-psychological understanding.

Black (2008) suggested that people in groups mediate differences based on their dialogic interactions, which can be particularly important in an online group.

Koenig Kellas and Trees (2006) observed that families used joint-narratives to make collaborative sense of experiences. Kyratzis (2005) suggested that story-telling is a primary way that families convey values and culture to their children. Family stories tend to be highly personal (Sherman, 1990) To some extent, the online discussion support group provides the same possibility of making sense of difficulties with children, schools, family members, and professionals through shared story-telling.

Mroz and Letts (2008) suggested that families with children who qualify for special education services face complex challenges, which include difficulties in diagnosis and variations on the kinds of services and supports received.

Method

This research analyzed public archives of an online support group for parents of children with exceptionalities. The online discussion group was selected for study because of the support group’s focus, the large number of active parent participants, and diverse concerns. A content analysis was conducted on 1718 emails from this online discussion group of parents of children diagnosed with disabilities. Their children included young children through adults.

Participants. The group is an open forum for parents to discuss their children who have exceptionalities. The discussion includes conversation about school services, working with teachers, seeking correct diagnoses, interventions that work, parenting methods, sources of information and support, and health and nutrition concerns. The discussion group is open to anyone who has a connection to a child with disabilities, such as a parent or teacher. Among those who post, there are parents, teachers, and professionals, females and males, adult through retirement age, and members who live in the United States and other English-speaking countries. Nearly all the people who post to the discussion are mothers—many single mothers--of children with disabilities who live in the United States. Given the societal trend of the mother having major responsibility for parenting, the predominance of women in the group appears appropriate. More than 70 people posted during the period studied. Nearly all parents reside in the United States. In some situations the child has undiagnosed exceptionalities.

Data analysis. The postings were categorized according to parental comments about communication. Concern for a topic was analyzed according to the nature of the content and the number of words posted about the subject. Postings with a large number of words suggested high concern, with the interpretation that the more parents discussed the topic, the most concern they felt toward the topic. Non-duplicated content revealed more than 300,000 words in the emails analyzed. The content was then categorized so that the number of words could be used to determine the percentage of discussion about each communication topics.

In cluster criticism (Burke, 1966), the analyst actually counts individual words used in communication. The analyst can examine the *frequency, intensity, and clustering* of certain words. By looking at the frequency of word use, the communicator gives a clue to what is most important. If you look at the manuscript of a speech for example, you can easily count words and determine the important concepts based on the sheer number of times certain words are uttered. While that analysis may be more difficult when listening in a normal conversation, the strategy can be adapted to help you figure out *What is going on in the communication event?* In one sense the counting of words gears us into the literal meaning. By discovering the most important words, we can focus so that the myriad of other words does not confuse the literal meaning and we can understand the content.

Here are questions one can ask while listening and interpreting a communication event.

1. Frequency. “What words are used most often?” When one identifies some high frequency words, they can give insight into what the person thinks is most important.

2. Intensity. “What words are used that suggest an intense emotional reaction?” This analysis may help us discover parental concerns. When a parent listens to a teacher’s feedback, for example, perhaps the teacher uses the word “stupid,” when referring to “stupid mistakes.” The word “stupid” is clearly an intense word. The parent may think

about the teacher thinks the child is stupid or wonder how any mistake because of a learning problem could be stupid. While this strong word may prompt a defensive reaction from the parent, if the parent can approach the interaction as an objective analyst—certainly difficult in an emotion-laden situation—the parent may gain meaning by asking about the intense word. For example, “I’m sorry you’re upset about my son’s work, and I’m trying to understand the problem. What did you say was ‘stupid?’” The teacher might respond: “I don’t know, these spelling errors are ridiculous.” Although a different word is used, “ridiculous” is intense and suggests that the teacher is upset about the student’s spelling errors. “What seems easy for some children can be extremely complex for children with developmental delays. Instead of traditional instructional methods for learning spelling, my son may do better when taught through multi-sensory approaches.”

3. Clustering. “What words cluster around frequent and intense words?” Perhaps, for example, a parent said about a teacher that she: “ignored important details,” “submitted an IEP with terrible errors,” “needs to stop being so lazy about accommodations.” The intense words of important, terrible, and lazy suggest that nearby words are also important: details, IEP, and accommodations. This kind of analysis may be difficult or even impossible at the time of the communication event, but an analysis of emails can add insights into determining parental concerns.

Findings

General topics of discussion included an array of subjects. Participants discussed personal and academic topics. When talking about academics, for example, parent most frequently talked about reading, writing, and mathematics. In looking for discussion of research-based interventions to improve communication skills, relatively little discussion took place. Word frequency implies the following topics were of interest to the parents in the discussion group: How to deal with professionals (e.g., teachers, physicians), family, testing and diagnosis of disability, communicating with educators and the school context, Individualized Education Program (IEP) team meetings and reports, and family dynamics. In addition, parents often discussed student motivation, specific instructional strategies, physical activities, finding positive leisure and recreation experiences, advocacy for children with special needs, and communication strategies for working with educators. . Parents often discussed communication related to professionals, schools, and advocacy.

Dealing with professionals. A word count showed the term was used 1464 times. Participants discussed advocacy and how to work with professionals to achieve the best for their children. This subject area was a major concern to participants and included ideas about advocacy and law. Parents talk about working with professionals, for example, and how to find professional who can provide diagnosis and treatment help. The professionals of most concern to parents—based on frequency of discussion--include teachers--964, physicians--168, and psychologists—187.

Testing. A word count showed the term was used 1403. Participants discussed testing, test meaning, and statistical interpretation, which were important to parents because of the influence on diagnosis, treatment, and intervention.

School interactions. These postings focused on the family and child communication with educators, including school administrators and teachers. A word count showed the term school was used 911 times. Although participants discussed home and other context, they seemed most concerned about interactions with the school and school professionals (e.g., teacher, principals, superintendents, school counselor). Considerable negative discussion suggested opinions that school is often in a low-trust or adversarial role and the child is often experiencing anxiety over the educational process. Some parents talk about going to home schooling or transferring schools in hopes of finding better solutions for their children. Some parents feel like educators are failing their children, and the parents are responsible for educating their children: “NONE of us should have to do the school's job for them. But sadly, we all have to. And some schools require more work than others.” Clearly, school interactions create high stress for many parents and their children.

Individualized Education Program (IEP). These postings focused on how to approach the IEP team meetings for the best results for the child. Postings strictly about test results and diagnosis were excluded from analysis. A word count showed the term IEP was used 425 times. The participants discussed how to obtain an IEP meeting, approach the IEP team, and communicate in the IEP team meeting, for example.

Anxiety. A word count showed the term was used 371 times. Participants discussed their child’s anxiety in home, school, and other contexts. This discussion was considered only when it included a discussion of communication skills or strategies. Group members also discussed the family stresses of families who have children with disabilities. Explanations for the high stress levels included having premature children, divorce, single parenting, an extended family that lacked tolerance regarding the child’s disability, the complication of one of the parents having a disability, and health and social problems associated with the child diagnosed with disability.

Family. Postings about the family talked about the effect of the child on family dynamics, denial by family members, the problems of having family members with the same exceptionalities as the child. Many of these families have significant stress caused by dealing with their children's exceptionalities. There were discussion of various parenting skills and strategies. Parents talked about the importance of shaping child behavior while being respectful. There appeared to be many concerns about communicating in a way that does not add pressure to the child.

Medication. A word count showed the term was used 302 times. Participants exchanged opinions and information about medications and their effects. Understandably, there were extensive discussions about medication, but the discussion is outside the scope of this study.

Diagnosis. A word count showed the term *diagnosis* was used 225 times. Participants discussed the definition of diagnosis of various disabilities. Many parents discussed an array of frustrations, misdiagnosis, conflicting diagnosis, and other struggles during the process of obtaining a diagnosis for their child. As one mother explained, "Well, at the beginning my husband was part of the chorus that told me that our daughter was 'fine.' Yes, I think that he was in denial. Yes, this difference of opinion put LOTS of stress in our marriage." One parent told a story about receiving an extensive diagnosis report from a psychologist. After spending thousands of dollars, the report was full of typing errors which showed that they had just received a report design for another child, with their child's name substituted. The name was not even substituted in all places. While it may be true that their child was similar to some other child psychologist had diagnosed, clearly there must have been key differences between the children, which warranted a different kind of report.

This discussion was outside the scope of this study unless it considered ways to communicate about the diagnosis.

Accommodation. A word count showed the term was used 228 times. Participants discussed accommodations, supports, interventions, and strategies for helping their children learn and adapt. The participants discussed rules and routines, for example, which help their children learn and adapt to social environments. An area of parental frustration seemed to be the lack of individualized accommodations that genuinely help the child.

Stress. A word count showed the term *stress* was used 180 times. Participants discussed stress factors in home, recreational, and school contexts. This included stress on the child and stress caused by the child. One mother explained that her faith enabled her to get through the challenges of have a child with special needs: “These last years were so miserable and faith helped lots.” Particularly important seemed to be pressure on the child from the school context, which most often stress prompted by the behavior of the child’s teacher. This element was considered regarding how the nature of communication affected child or family stress. Parental struggles are evident: “And we all make heart-breaking choices each and every day regarding the balance of work, family, home life, and relationships. Each choice has repercussions. Baxter, Cummins, and Yiolitis (2000) suggested, for example, that stress caused by the presence of a child with an intellectual disability can create a general stress affecting the family.

The frequency of words suggests the order of importance of discussion topics. Word frequency suggests the following topics were of interest to the parents in the discussion group: how to deal with professionals (e.g., teachers, physicians), testing and diagnosis of disability, communicating with educators and the school context, Individualized Education Program (IEP) team meetings and reports, and family dynamics. These meetings determine the nature of services the child will receive and report on yearly progress toward goals. In addition, parents often discussed student motivation, specific instructional strategies, physical activities, finding positive leisure and recreation experiences, advocacy for children with special needs, and communication strategies for working with educators.

The findings suggest that parents are concerned about communication with educators focused on the Individualized Education Plan (IEP) and classroom learning and accommodations. Of particular importance is effective communication in an IEP team meeting. A major portion of the discussion group dealt with effective communication between the parent and the professional, particularly the educator. In this case, 23% of the postings about communication were about how to communicate more effectively with educators about the Individualized Education Program (IEP). This discussion focused on the Individualized Education Plan meeting, ensuring appropriate accommodations for student learning, and the contents of the resulting report. An additional 15% of the postings about communication were about communicating with the classroom teacher. In some cases the parents talk about wonderful and caring teachers who have a major positive influence on their children. In other cases, the educators fail to meet the children’s needs or the parent’s expectations. Disheartening talk about having an excellent teacher followed by a child's regression under a problem teacher show the delicate needs of some children who qualify for special education services.

Discussion

The nature of the interactions suggests the online support group provides important roles and somewhat unique communication for many community members. An over-arching goal of the group seemed to be problem-solving. Problems and conflicts related to their children seem to be discussed more than solutions and successes. The frequency of problems and conflicts is understandable because the group provides a problem-solving forum for many members. On the positive side, parents often posted comments of this kind: "Our school was very accommodating. Their solution was. . . " or "His teacher was excellent. He made progress through. . ."

As one might expect with any online support group, the emails seemed to serve a multiple communication purposes. The online discussion seemed consistent with research on other support groups. Babinski, Jones, and DeWert (2001), for example, analyzed emails in an online support group for new teachers and found that the content reflected 5 categories, including fostering a sense of community (34.8%) or providing advice (21.3%), sharing knowledge (20.1%), relating a personal experience with the issue (16.0%), and encouraging reflection (7.9%). In this case, group members posted several types of emails:

1. Expressive story-telling.
2. Seeking and giving advice.

3. Seeking or offering validation or encouragement. Parents often give supporting comments to each other. “And you are doing a fabulous job.” “Hugs, and wishes for a good resolution to this extremely painful episode."
4. Seeking or providing information.
5. Seeking or suggesting resources, such as the Internet, a book, or qualified professional.
6. Sharing celebrations and telling success stories for hope.

Expressive story-telling. Story-telling is a way of conveying values, while allowing the story-teller to expressive thoughts and feelings. Story-telling is common in support groups because it allows the story-teller to make sense out of experiences.

Seeking and giving advice. One area of conflict appears to be denial over the child’s diagnosis. While the mother struggles with figuring out how to adapt to the child’s exceptionalities, the father, family members, and friends often deny that anything is wrong. Postings suggest that the mother is often blamed for being an alarmist or the cause of the problem with the child. Parents talked about motivation and pros and cons of using rewards. Other topics including seeing financial aid for their children’s education.

Seeking or offering validation or encouragement. In one subject line, for example, a mother wrote “Need validation here.” Being evicted from her apartment and immersed in family conflict, she reached out to group member to tell her she is a good parent.

Seeking or providing information. For many parents in the group, they were struggling with a new or lack of diagnosis for their children. In some cases, they knew something was different about their children, but they longed to know what was wrong so they could find a solution. For other parents, they recently received a diagnosis and sought information about the implications of the diagnosis. For other parents, they were believed their child has a diagnosis they thought was wrong. In each of these cases, parents sought information. These parents wanted to know if other parents thought the professionals were right. They had searched the Internet and wanted to know what sites contained correct information.

Another area of information sharing was about the meaning of tests because parents who were new to working with the IEP often didn't completely their children's test results, what it meant regarding their learning or ability to succeed in school.

Seeking or suggesting resources, such as the internet, a book, or qualified professional. Books, magazines, nonprofit organizations, and website information was shared. In cases where parents lived in the same city, state, or region, they offered the names of professionals, psychologists, and physicians whom they trusted. Many parents did not want to know information directly from other parents as much as they wanted to know how other families learned what they needed to know about a child's diagnosis. Although many of the emails were about schools and learning, other emails were about parenting, family relationships, getting along with neighbors, and other topics.

Sharing celebrations and telling success stories for hope. These parents are often seeking new information from other members, particularly regarding medication, treatment, and strategies that will help their children. One parent told her child’s psychologist about a treatment, to which he inquired if she knew anyone who had used the treatment. The mother said he did know people online who had used the treatment.

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