BUILDING AN ONLINE COMMUNITY: INGROUP FACE AND RELATIONAL WORK IN ONLINE DISCUSSIONS[1]

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Abstract

Based on a corpus of internet discussions on medical topics, this study examines the social dimension of the genre, focusing particularly on the strategies through which a distinct ingroup community is created and maintained. Drawing on concepts of face and relational work, the analysis shows how participants typically position themselves as holders of shared ingroup values, altercast their opponents as members of an outgroup, and enact recurring patterns of interaction indicating the existence of a distinct and coherent community of practice. The study then examines the main relational work strategies through which ingroup members establish, maintain and strengthen social bonds within the online community.

Key words

altercasting, computer-mediated communication, discourse community, face, facework, ingroup, online discussions, rapport management, relational work, verbal antagonism

1 Introduction

As a new and still developing genre of computer-mediated communication, internet discussion forums have attracted considerable attention from linguists in recent years, with approaches ranging from conversation analysis to interpersonal pragmatics. Most studies of online discussions have tended to focus either on the individual dimension of the interaction (analyzing dyadic exchanges between individual participants) or on its polylogic dimension (exploring how multi-party conversations emerge and develop). However, researchers have recently begun to examine the social dimension of online discussions – the ways in which polylogic interaction leads to the formation of discourse communities, and the ways in which these communities are shaped and maintained (Garcés-Conejos Blitvich 2010, Lorenzo-Dus and Garcés-Conejos Blitvich 2011, Perelmutter 2013, Upadhyay 2010). It is this social dimension of the genre that I explore in the present paper.

This paper reports the results of a qualitative corpus-based study of internet discussions on topics related to one specific field (medical science and health). The paper is divided into three main sections (numbered 2–4). In Section 2, I present the corpus and briefly situate it within its communicative context, placing particular emphasis on the social dimension of the interaction (the existence

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of distinct discourse communities that can be characterized as ingroup and outgroup). Sections 3 and 4 of the paper respectively address the two main aims of the study, presenting the results of a qualitative analysis of the corpus data. Firstly, I identify and describe the most significant strategies by which the ingroup is constructed in the discourse; my theoretical approach here is based on the concept of face, drawing particularly on Spencer-Oatey's rapport management framework (e.g. 2000, 2002, 2007) and other recent work developing the notion of "group face" (Bousfield 2013, Garcés-Conejos Blitvich 2010, Haugh 2013, Lorenzo-Dus and Garcés-Conejos Blitvich 2011, Perelmutter 2013). Secondly, I identify and describe the main strategies and mechanisms through which social relations within the ingroup are established, strengthened and maintained during the interaction; my analytical approach here is informed primarily by the concept of relational work (Locher & Watts 2005, 2008).

2 Online discourse communities, discussions as a form of social practice

The corpus analyzed for this study consists of 20 online discussions hosted on the website of the British newspaper *The Guardian* between January and May 2013. The discussions are attached to 20 articles taken from the "Science" section of the website (www.theguardian.com/science), and they deal with a range of issues related to new developments in medical science and health; topics include placebo effects, resistance to antibiotics, health benefits of antioxidants, stem cells, a recent vaccination scandal in the UK, back pain, avian influenza (bird flu), the coronavirus pandemic, allergies to junk food, etc. The corpus contains a total of 4,450 comments, with approximately 400,000 words. For the purposes of this study it was subjected to a manual qualitative analysis.

One of the most salient aspects of online discussions is the polylogic nature of the genre (cf. Kerbrat-Orecchioni 2004 for a discussion of the term 'polylogue'). Due to the properties of the medium and the structure of online discussion sites, participants are able to engage in multi-party dialogue to an extent that is not physically possible in face-to-face communication; an online discussion can potentially involve hundreds of contributors. This, in turn, stimulates the formation of discourse communities. Besides offering a space for users to construct and project their own individual identities, online discussion boards also enable participants to behave socially, aligning themselves with the values of a given community and engaging in acts of social bonding with fellow community members.

Due to the prevalence of verbal antagonism and conflict in this genre (Angouri and Tseliga 2010, Bolander 2013, Garcés-Conejos Blitvich 2009, Hardaker 2010, 2013, Hopkinson 2012, 2013, Kleinke 2010, Lewis 2005, Neurauter-Kessels

2011, Perelmutter 2013, Reid 1999, Shum and Lee 2013, Upadhyay 2010), it is unsurprising that discussions on controversial topics frequently become highly polarized, creating a dichotomy between two distinct and mutually opposed communities. Discussion boards tend to have a 'core' community whose members share similar opinions and values; this community functions as the ingroup (cf. e.g. Hopkinson 2012, 2013). In the discussions examined here, which address medical topics, the core community consists of participants who present themselves as experts in medicine or related sciences. The central attribute of this ingroup is therefore its expertise; for many participants, the possession of medical or scientific expertise, and the sense of belonging to an ingroup of like-minded experts, are clearly important components of their identity. Participants who do not share this core community's values, and who instead view themselves as dissenting voices, represent an outgroup. The outgroup in the discussions examined here is less cohesive and more diffuse than the ingroup, yet it can be broadly characterized as a loose community of 'anti-experts', united by their shared contempt for the perceived arrogance and elitism of medical experts; these outgroup members are frequently adherents of various forms of 'alternative' medicine, such as homeopathy.

There is a strong tendency for the above-mentioned polarization of the discourse to occur at an early stage in the discussion. Although some participants initially attempt to engage in relatively nuanced and constructive debate with their opponents, these more moderate voices soon tend to be drowned out by those of the more radical contributors; the tenor of the discussion becomes increasingly strident, and in most cases the 'moderates' eventually abandon the floor entirely. With the middle ground vacated, the discussion becomes a battle between two implacably opposed camps. If we view the discussion participants as a community of practice (CoP) – that is, as an aggregate of people who share and co-enact "[w]ays of doing things, ways of talking, beliefs, values, power relations" (Eckert and McConnell-Ginet 1992: 464) – then it is clear that this combative, uncompromising mode of behaviour in fact represents the CoP's interactional norm. Indeed, on some discussion boards, verbal aggression against opponents appears to be held in high esteem as a positive cultural value within the CoP (cf. e.g. Hopkinson 2012). Participants who project a combative, aggressive persona may gain prestige status within the community; such behaviour is sometimes rewarded by explicit expressions of approval and support from fellow ingroup members, and thus becomes socially ratified by the community.

3 Constructing the ingroup

In this section I explore the main means by which the ingroup is created as a distinct entity within the discourse, showing how participants attempt to align themselves with ingroup values and position themselves as ingroup members.

My approach to ingroup construction is anchored in the Goffmanian concept of face, defined as "the positive social value a person effectively claims for himself […] during a particular contact. Face is an image of self delineated in terms of approved social attributes […]" (Goffman 1955/1967: 5). The main focus in this study is on expertise as a key aspect of face: the possession of medical or scientific knowledge is the central "approved social attribute" of the core community of discussion participants (the ingroup). Crucially, the 'expertise-face' claimed by ingroup members involves more than just the possession of expert knowledge. It also includes a range of related attributes which can be considered core values of the ingroup community – including the possession of natural intelligence, healthy scepticism, and a rational, empirical worldview. Ingroup members frequently characterize the outgroup (i.e. the non-experts or anti-experts) not only as being ignorant, but also as being of low intelligence, credulous, naïve, gullible, over-emotional, and prone to non-rational (mystical) modes of thought.

In interpreting the facework performed by participants, I draw mainly on Spencer-Oatey's rapport management theory (e.g. 2000, 2002, 2007), which views face as consisting of three components: quality face, social identity face, and relational face. Of particular relevance here are the first two components. Quality face concerns the individual's positive self-image (self-esteem) arising from his/her claim to be a possessor of positive personal qualities (competence, intelligence, morality, attractive appearance, etc.) on whose basis he/she is favourably evaluated by others (Spencer-Oatey 2002: 540).

Social identity face (a category which draws on Tajfel and Turner's social identity theory – e.g. Tajfel and Turner 1979) relates to an individual's membership of a social, ethnic, national, professional or other group; the membership of such a group represents one source of the individual's positive self-image. This dimension of face has often remained somewhat neglected in pragmatic studies, which have tended to view face as an essentially individual phenomenon. However, some researchers have recently begun to address the social dimension of the concept, including the role it plays in intergroup settings (Bousfield 2013, Garcés-Conejos Blitvich 2010, Haugh 2013, Lorenzo-Dus and Garcés-Conejos Blitvich 2011, Perelmutter 2013). Bousfield argues for "the recognition of a sense of wider-than-the-individual understandings of face; of what we might understand as "metonymic face" or, more specifically of varieties of group

face [...] ("group" face remains an underexplored concept in communicative theorizing)" (Bousfield 2013: 38). Participants in the analyzed discussions associate their positive self-image with group membership on two levels: first, on the level of a community existing outside the world of the discourse (i.e. the scientific community or the medical profession), and second, on the level of the discourse community to which they belong (i.e. the ingroup in the discussions). This, in turn, means that individual participants in the discussions frequently display a personal concern not only for their own individual face, but also for the face of their group (or of fellow group members); they will defend their group if it is attacked. This dimension of facework – which could be likened to playing for a team – was acknowledged by Goffman, referring to cases "when a person makes a good showing for his profession or religion by making a good showing for himself" (1955/1967: 5).

When discussing the strategies used by ingroup members to project their own expertise-face and thus co-construct the ingroup, I draw on Bhatia's (2004) genre-analytical concept of rhetorical moves, i.e. the various steps taken by speakers in an attempt to achieve certain goals in the discourse. The metaphor of "moves" originates in the domain of game-playing, with players (e.g. chess-players) taking turns to make moves against each other; this metaphor appears particularly apt given the highly competitive and adversarial nature of many online discussions.

Participants enact various moves in order to align themselves with ingroup values and project their own face as ingroup members. These moves essentially fall into two broad categories, which I term 'self-focused' and 'other-focused'. In self-focused moves, speakers claim positive attributes for themselves, asserting their own expertise-face directly. In other-focused moves, speakers attack their opponents' face by characterizing them as the bearers of negative attributes (ignorance, irrationality, and so on); this negative evaluation of other clearly implies positive evaluation of self. These moves broadly correspond with Waugh's notion of "identity acts" (2010). (Although face and identity are closely related concepts, both involving an individual's self-image or self-concept, a distinction is generally drawn between them, with identity viewed as a socio-psychological concept and face as a discourse-pragmatic concept. Face can be viewed as an individual's projection of his/her (claimed) identity into discourse; it is a discoursal instantiation of identity. For more on this distinction cf. e.g. Spencer-Oatey 2007, Bousfield 2013, Garcés-Conejos Blitvich 2013, Joseph 2013. The distinction is blurred in the work of some authors, e.g. in Waugh's (2010) concept of "identity acts" – i.e. acts through which participants project their identity-claims into discourse.)

Self-focused moves

Speakers may position themselves as experts by simply declaring their expert credentials openly. Waugh (2010) terms such moves "marked identity acts"; they address the issue of identity explicitly. This is usually done as an opening move, in order to foreground the participant's expert status as soon as possible and immediately position him/her as an authoritative contributor to the discourse:

(1)	*There is a lot of confusion of issues here.* ***As a consultant surgeon who does around 100 spinal ops a year*** *I would like to contribute*

Such cases highlight one important consequence of online anonymity which is of particular relevance to facework: anonymity forces speakers to assert their expertise-face more explicitly than would generally be necessary in non-anonymous interaction (when the speaker's expert status is likely to be known to his/her interlocutors). The lack of direct face-to-face contact among speakers thus (paradoxically) results in facework being foregrounded.

Speakers may also signal their expert status less explicitly, using what Waugh terms "unmarked identity acts", in which "a participant's identity is ascertained by the listener through inferencing" (Waugh 2010: 82). This is often done through the ostentatious display of expert knowledge, typically involving citations or terminology. Moves involving citations may include direct quotes, paraphrases, bibliographic references or links to online sources. When using citations in this way, speakers are borrowing a practice from a different type of discourse – that of scientific research papers – and incorporating it into a genre where it is not, generally, a common practice. Citation moves perform multiple functions in the discourse: they serve not only to support speakers' arguments, but also to demonstrate their alignment with the core ingroup values (by asserting the primacy of empirical evidence) and to display speakers' expert credentials (by highlighting their familiarity with research in the field). The latter observation echoes interview-based research by Harwood (2009) into the functions of citations in academic writing, which found that many respondents use citations with the conscious goal of showing off their own high level of professional competence and expertise. Additionally, citation moves may be used as 'weapons' in antagonistic exchanges with opponents; a citation from a peer-reviewed journal (or a demand that the opponent provide a reference from such a reputable source) essentially represents a challenge to the opponent – throwing down the gauntlet in the expectation that the opponent will not be able to produce a convincing response. Citation moves are one example of a recurrently enacted pattern of argumentation and disputation that represents

part of the "shared repertoire" (Wenger 1998) of this particular community of practice; such moves are hardly ever used by outgroup members. Indeed, once a reader has gained some experience of the forum, such patterns become instantly recognizable, immediately marking the speaker out as an ingroup member.

The ostentatious display of expert knowledge may also be manifested in the use of terminology. Like citations, terminology is multifunctional; besides its ideational function (i.e. naming things and concepts with maximum accuracy), it may also perform an interpersonal function (showing off the speaker's expert status). In some cases, speakers behave in a cooperative manner when using terminology:

(2)	*The answer to antibiotic resistance is surely to develop and encourage a system of 'cyclic resistance'. That is to say, if you have 10 levels of antibiotics with which to treat a condition, you manufacture level 10 such that differential reproduction favours survivors of that drug who are the least resistant to levels 1 and 2 ..... and so on.*

Here the speaker uses the term "cyclic resistance", but is clearly aware that the addressee (and many other readers of the discussion) will probably be unfamiliar with it, and so he/she offers an explanation – a "code gloss" (Hyland 1998: 442 ff.). By doing so, the speaker positions him/herself in the role of a teacher, underlining his/her own authority though not excluding those who lack expertise. However, in other cases speakers behave in a less cooperative way. In the following example, the speaker uses three field-specific abbreviations which are unlikely to be understood by non-experts (CFS = chronic fatigue syndrome, CBT = cognitive behavioural therapy, NICE = National Institute for Health and Care Excellence). All three are mentioned in the discourse for the first time (they do not draw on any preceding verbal context), and no code glosses are provided:

(3)	*when CFS patients were given NICE approved CBT only 14% subsequently reported they 'felt better'. The typical CFS 'feel better' response to placebos is 20%. So placebos are evidently more effective than CBT in treating CFS!*

If aimed at participants who possess a similar level of expertise in the field, such use of abbreviations will perform the function of maximizing communicative efficiency through brevity and precision. However, non-expert readers are unlikely to understand the terminology; instead they may be 'dazzled' by it, impressed by the speaker's evident expertise. This effect of terminology is closely related to Jakobson's poetic function; even if the reader does not actually understand the words, he/she may still be impressed by their sound.

Other-focused moves

Speakers frequently attempt to assert their own face indirectly, by focusing on the face of other participants in the discourse – particularly outgroup members. This strategy relies on implicature: the negative evaluation of other implies positive evaluation of self. It represents a simple yet effective mechanism of implicit self-presentation (asserting one's own expertise-face) performed by explicit recourse to a diametrically opposed other. Outgroup members are thus frequently derided by ingroup members as ill-informed (contrasted with the knowledgeable ingroup), credulous and superstitious (contrasted with the ingroup's evidence-based ideology), and over-emotional (contrasted with the ingroup's rational approach).

Other-focused moves frequently take the form of face attacks directed against outgroup members as part of antagonistic exchanges. The following example is an ingroup member's response to an outgroup member who has claimed that vaccination is in fact more harmful than remaining unvaccinated:

(4)	*I'd suggest that you speak to some doctors to get the real facts, or research the volumes of medical evidence supporting vaccines, but I suppose that would be a total waste of time. There is no possible evidence imaginable that will convince you that you are wrong.*

Here the speaker emphasizes the primacy of expertise, facts, evidence and an empirical worldview – all concepts which lie at the heart of the ingroup's value system. The attack on the opponent's quality face clearly positions the opponent as an outgroup member, attributing to him/her not only an ignorance of the field being discussed, but also a fundamentally non-empirical mentality (a lack of openness to evidence and rational argument).

In addition to attacking opponents' quality face, ingroup members also frequently target their social identity face. Such attacks reflect the highly polarized nature of the discourse, with a distinct ingroup and outgroup each associated with a set of stereotypical values. Attacks on social identity face function by explicitly categorizing an opponent as a member of the other group, and then attacking that group. In social psychology this is referred to as altercasting, defined as "acting in such a way as to communicate to other how he or she is categorized by actor" (McCall 2003: 330). Altercasting involves the existence of a pre-existing 'category' in the sense of Sacks' theory of membership categorization (e.g. Sacks 1972a, 1972b). Such categories are "inference-rich" – they are "the store house and the filing system for the common-sense knowledge that ordinary people […] have about what people are like, how they behave, etc." (Schegloff

2007: 469). As Ruhi (2010) points out, knowledge of such categories plays an important role in the construction of face. In the discourse analyzed here, the category of the outgroup performs a useful facework function as it provides a ready-made template for conceptualizing the face of the outgroup (and thus, by implicit contrast, also the face of the ingroup). This process is advantageous for ingroup face-construction because the attribution of stereotypical values to outgroup members reinforces the starkly binary structure of the cognitive schema in which the discourse is embedded, enabling the outgroup (and, implicitly, also the ingroup) to appear with sharp, clearly defined contours. In the following example, the opponent's social identity face as an anti-expert outgroup member is attacked by ridiculing the outgroup for its rejection of scientific progress and supposed preference for archaic beliefs (epitomized by the conviction that the earth is flat):

(5)	*You should read the article a bit more closely, rather than firing off the usual **flat-earther** response to any form of scientific advance.*

The pre-constructed nature of the categories used in altercasting is emphasized by the speaker's characterization of the opponent's views as *the usual … response*; this serves to de-individualize the opponent's views and cast him/her as merely a representative of a stereotypical set of values – a token of a general type.

Outgroup construction may also take the form of parodic utterances. Ingroup members sometimes engage in role-playing, enacting exaggerated caricatures of outgroup values for purposes of ridicule. The exaggeration inherent in parody (cf. e.g. Wilson 2013, Kreuz and Roberts 1995) has the effect of bringing the outgroup into clearer relief, delineating it with sharper contours. Parodic utterances thus represent an effective move which reinforces and validates ingroup members' 'common-sense knowledge' of the membership category embodied by the outgroup. In the following example, the first speaker (labelled as S1) expresses an opinion frequently voiced by outgroup members – that pharmaceutical products are unnecessary or even harmful, and that alternative therapies (including lifestyle changes) are a better option than conventional medicine when treating chronic conditions:

(6)	S1	*... Nor is there any scientific validation of the cocktails of drugs patients are prescribed "for life" for chronic diseases which require lifestyle changes to cure their problems. In fact as the study shows the more drugs patients take the more they are likely to suffer adverse effects*
	S2	*Perhaps you could tell me which lifestyle changes will cure my asthma?*
	S3	***Have you tried lying inside a pyramid covered in crystals and hitting a bell?***

S1's claim provokes a sceptical response from an ingroup member (S2), whose rhetorical question implies a defence of the efficacy of conventional medicine and pharmaceutical drugs. This is then used as a springboard for a comment by a second ingroup member (S3), who parodies an outgroup member offering 'New Age'-type alternative therapies. By ridiculing stereotypical outgroup values, this parody also implicitly reinforces the opposing (ingroup) values.

4 Creating and strengthening social bonds within the ingroup

This section now turns to explore the strategies used by ingroup members seeking to create, strengthen and maintain social bonds within the community. Of particular relevance here is the concept of relational work, defined as "all aspects of the work invested by individuals in the construction, maintenance, reproduction and transformation of interpersonal relationships among those engaged in social practice" (Locher & Watts 2008: 96). The focus in this study is on the relationships among ingroup members – how these relationships are constructed and maintained, and how this relational work contributes to social cohesion within the ingroup community. Two main types of relational work moves can be found in the data: open expressions of support for fellow ingroup members, and jocular parodic exchanges.

Open expressions of support

This type of relational work move generally involves the explicit positive evaluation of fellow ingroup members – either for simply embodying core ingroup values, or for upholding those values in antagonistic interactions with outgroup members.

The support frequently takes the form of positive metapragmatic evaluations (i.e. evaluations of fellow ingroup members' styles of argumentation and self-presentation). These may involve the humorous use of irony, as in (7b):

(7a)	*hooray someone who isn't making sweeping generalisations or giving anecdotal based evidence*
(7b)	*Shame on you for using facts in an argument. Wherever did you learn such a thing?*

This type of behaviour performs a dual function, both contributing to the ingroup's social harmony (by enhancing the face of fellow ingroup members) and explicitly ratifying the group's core values.

Besides metapragmatic evaluations, this type of relational work move may also involve the open expression of support for face attacks directed against outgroup members during antagonistic exchanges. As I have argued elsewhere (Hopkinson 2013), and as has also been observed by e.g. Perelmutter (2013), verbal antagonism in online discussions is not merely a destructive, anti-social form of behaviour; it can also have socially constructive effects. If an ingroup member is involved in a dyadic antagonistic exchange with an outgroup member, other ingroup members will frequently step in to offer support and encouragement, striking up ad hoc alliances; Bruxelles and Kerbrat-Orecchioni (2004) term such alliances "coalitions". The following example of open support for face attacks is taken from a discussion about bird flu and the development of vaccines against it. The initial comment by the outgroup member S1 expresses the belief (commonly voiced by outgroup members) that the pharmaceutical industry (*big pharma*) is dishonestly stoking public fear of pandemics in order to maximize profits by selling vaccines unnecessarily. This statement provokes a hostile, highly aggressive response from the ingroup member S2, which in turn generates two supportive comments from fellow ingroup members (S3 and S4). By openly expressing approval for S2's views and behaviour, both these comments serve to enhance S2's face:

(8)	S1	*Oh here we go again. Then rev back up the MMR and HPT vaccine scare – while big pharma rakes in the untaxed cash.*
	S2 (addressed to S1)	*No problem. Just lock yourself in a basement and don't take the vaccine. Also, please don't breed.*
	S3 (addressed to S2)	*Relying on them not taking any vaccines and evolution, the gene pool won't be tainted for long.*
	S4 (addressed to S2)	*"Just lock yourself in a basement and don't take the vaccine. Also, please don't breed." Yes, this. (thumbs up)*

Such alliances have two main discourse effects. Not only do they serve to further entrench the division between the ingroup and the outgroup, but they may also

stimulate the development of emergent networks – defined by Watts as "networks of social links set up during ongoing verbal interaction" (Watts 2003: 154). Watts' concept – which represents an extension of Milroy's (1980) social network theory – distinguishes between "emergent networks" and "latent networks"; the latter are pre-established networks which are the products of historical practice. If emergent networks are constructed recurrently – for example among regular participants on a discussion forum – they may gradually crystallize into latent networks, as the participants become familiar with each other. Antagonism thus provides a stimulus to community-building, acting as a trigger for relational work geared towards creating social harmony.

Jocular parodic exchanges

The function of parody as a mechanism for outgroup construction has already been discussed above, with reference to example (6). However, parodic utterances also play an important role in ingroup relational work by functioning as starting-points for jocular exchanges among ingroup members; speakers engage in a form of role-playing, parodying their opponents for purposes of ridicule. This behaviour strengthens social bonds within the core community, signalling not only that speakers share the same core values with respect to their expertise-face (rationality, empiricism, scepticism and so on), but also that they share a similar sense of humour, and thus have something in common on a more personal level (cf. e.g. Hay 2000, Schnurr 2010 on humour as a means of emphasizing common ground). Humour thus functions as an index of relational closeness, reinforcing the perception of social harmony among ingroup members.

The following example shows how a parodic utterance can act as a springboard for an exchange of this type. During a discussion on the threat posed to humans by bird flu, the outgroup member S1 recommends natural dietary supplements as an effective antibiotic (ignoring the fact that bird flu is a virus). This elicits a series of three parodic responses by three different ingroup members, playing the role of outgroup members in order to ridicule S1's initial comment:

(9)	S1	*Well all you loverly people should stock-up Garlic Capsules – the best natural anti-biotic!*
	S2 (addressed to S1)	*HELP! HELP! Global pandemic! Somebody call a homeopath! (or at least an aromatherapist ... please???)*
	S3 (addressed to S2)	*Wheatgrass enemas, anyone? If we're all confined to the bathroom, we won't be able to transmit it to others!*
	S4 (addressed to S2)	*Nah! Sleep under a pyramid. Even if you die it will keep you fresh for the next 6,000 years, or something.*

S1 is thus assigned to the outgroup (through the process of membership categorization described above), and a set of stereotypical outgroup values and preferences are then attributed to him/her (alternative medicine and 'natural' remedies in contrast to conventional pharmaceutical drugs, 'new age' therapies and beliefs about the healing powers of pyramids). These values and preferences are assigned to S1 indiscriminately, *en bloc* – despite the fact that S1 only actually mentioned one of them (natural remedies).

This exchange represents a pattern which is frequently enacted in the data – consisting of a comment by an outgroup member, followed by a series of parodic responses by ingroup members, who join forces to share the fun of mocking their opponent. In view of its pragmatic function, the enactment of this pattern can be characterized as an ingroup ritual – defined by Kádár and Bax (2013: 73) as "the ritual practices formed by smaller social units (relational networks)". Kádár and Bax note that "the prime function of ritual interaction resides arguably in its potential to (re)shape and strengthen interpersonal relationships. For by performing rituals, individuals convey their 'social dependence' or express their wish to find a place in the community" (ibid.: 76). The jocular parodic exchanges discussed above clearly fall into this category, as they enable participants to bond with fellow community members, forming emergent networks and expressing their shared sense of belonging to the ingroup community. Like the citation moves discussed in the previous section, these rituals represent a typical and immediately recognizable feature of ingroup members' interactive behaviour, part of their 'shared repertoire'; outgroup members (at least in the material analyzed in this study) do not participate in jocular parodic exchanges. Such an exchange thus reliably marks its participants out as members of a distinct and coherent community of practice.

5 Conclusions

Though most studies of online discussions have tended to focus on the individual or polylogic dimensions of the genre, the social dimension is also of key importance. This study has therefore set out to contribute to the growing body of work exploring the ways in which online communities are established and maintained. Due to the controversial nature of the topics under discussion (including emotive issues of public health), the interaction among the participants typically becomes polarized into a starkly binary ingroup/outgroup dichotomy; this polarization determines the highly antagonistic tenor of the discourse and affects the participants' choices of interactive strategies. My approach to ingroup construction is based on the notion of face; drawing on Spencer-Oatey's rapport management theory and other recent work on 'group face', I argue for an

understanding of this concept that goes beyond the individual level and operates on the social level, in intergroup settings.

When contributing to a discussion, ingroup members seek to demonstrate their alignment with core ingroup values (expertise, rationality, and so on); these values represent the basis of what can be termed 'ingroup face'. The facework performed by ingroup members involves two main mechanisms, which complement each other and work in tandem: 'self-focused moves' (asserting the speaker's own expertise-face with varying degrees of explicitness) and 'other-focused moves' (attacking opponents' face, particularly by means of altercasting strategies which assign opponents to a clearly defined outgroup).

Participants also perform various relational work moves in order to establish, maintain and strengthen social bonds within the ingroup. This involves either openly expressing support for fellow ingroup members (including the formation of ad hoc alliances against outgroup members) or engaging in jocular parodic exchanges. Such strategies show that verbal antagonism in online discussions is not merely a destructive, anti-social form of behaviour, but can also have powerful socially constructive effects. The recurrent enactment of certain typical patterns of interactive behaviour – such as citation moves or jocular parodic exchanges – helps to create a distinct and coherent community of practice.

Endnote

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