

## **ONLINE OUTSIDERS WITHIN**

### *A critical cultural approach to digital inclusion*

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Heightened attention to technological diffusion and informational inequalities is of particular societal concern, given the increasing mediation of everyday life whereby web-based initiatives abound and an increasing amount of information on critical human services including education and healthcare are online or only available online. As Cheong & Martin (2009) note, the digital divide is a significant, multi-layered access challenge for institutions of higher education worldwide as they embark on e or distance learning programs, including the incorporation of virtual course management systems. Kreps (2006) also notes that the digital divide is an important health communication problem as new technologies can help underserved populations retrieve relevant health information, yet exacerbate disparities by reducing access to those most at risk for poor health outcomes.

Multiple commentators have highlighted how the Internet is the “new normal”, particularly for citizens in the developed and industrialized world. Yet technological adoption and use despite its increased technical availability in highly wired contexts, is not without its challenges. In light of the “social and technological interdependencies of new media” which “forces us to collaborate with people and systems not rewarded or designed to do so with us”, developing, embedded and pervasive “tensions among interdependence, collaboration and dysfunctional sociotechnical interactions” has been proposed as an important area for further research (Rice, 2009). But beyond initial adoption, there is relative lack of critical research that examines secondary digital divides, including the consequences of Internet use like how users perceive and incorporate online information as well as interact with socio-technical systems in their everyday information practices. Furthermore, the notions of “patient empowerment”, and “lifelong learning” as popularly associated with Internet access requires critical reexamination, given the emerging emphasis placed on facilitating “client or consumer” decision-making. For example, the editor of the *Journal of Health Communication* observed that the “informed patient” may be an “oxymoron in an information restricted society” (Ratzan, 2007). Prevailing assumptions in the biomedical approach governing health policy (Whalen, 2003) is that greater availability of online health information will create better informed patients, who will in turn be able to better evaluate their condition and treatments. Similar assumptions persist in the education arena where

access to e-learning tools assists wired students to achieve pedagogical goals (Lim, Kim, Chen & Ryder, 2008).

To contribute to a broadened understanding of understanding of secondary digital divides, this article develops a dialectical approach to conceptualize digital participatory inclusion. Drawing upon recent studies in mediated healthcare and education, this article provides a critical cultural framework to assess the tensions in technological appropriation as disparities in informational access, knowledge, and outcomes may be dynamically shrinking, widening, and deepening in different embedded life contexts. Post Internet adoption divides exist and intensify as they are enfolded in historical social stratification patterns (Van Dijk, 2005). From a critical perspective, this article argues that what appears to be the shrinking digital divide may oversimplify understandings of digital health and educational inclusion since conflicting and contradictory, online and offline needs and experiences engender a need for a dialectical, rather than a dichotomous conception of Internet use.

Theoretically, we draw from intercultural communication and critical studies including Black feminist epistemology and the theorization of the “outsider within” standpoint (Collins, 1986) to recognize the “interlocking nature of oppression” to present challenging insights into the negotiation and appropriation of e-health and e-learning. Specifically, we explicate four dialectics (Martin & Nakayama, 1999) that are operant in technological diffusion and use, namely the history-present, cultural-individual, differences-similarities, and privilege-disadvantage dialectics. For instance for health communication, we illustrate and highlight how African American women as minority ethnic females may experience *both empowerment and enervation* in their use of the internet to seek health information, and face proportionately greater challenges in navigating the internet for what they perceive to be helpful health information. In e-learning we discuss how online pedagogical practices both facilitate cultural similarities *and* highlight cultural differences.

As most research on the digital divide tends to utilize the functionalist approach to analyze between group differences, attention to online cultural dynamics and conceptualization of the contradictory pressures experienced by online users help highlight differences experienced within groups and individuals, without essentializing any individual’s online behavior to group membership. As such, the notion of “internet use” may be broadened to include the management of conflicting tensions, uneven gains, multiple opportunities and challenges that people face in their contemporary mediated experiences.

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