Dynamic Archetypes and Lifestyle Changes

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Abstract

This paper describes a new model for understanding users for complex systems that require behavioral change over time.

Keywords

Archetype, persona, interaction design, health care, behavioral change

ACM Classification Keywords

D.2.10 Design: Methodologies; D.2.2 Design Tools and Techniques; H5.m. Information interfaces and presentation (e.g., HCI): Miscellaneous.

Introduction

With the beginning of each new year comes an influx of articles and advertisements, each promising to get us back in shape. Gyms that were sparsely occupied just a few weeks ago are now filled with bodies, all starting new exercise regimens with the hope – this time – of shedding those unwanted pounds. Diet plans are ordered, meals halved, calories counted, all across America. More often than not, these new fitness regimens fall away by the time spring comes. Quick-fix diets that ask people to deprive themselves simply aren't sustainable in the long term. We've all been there: the solemn oath never to lay a finger on a cookie or potato chip again, the firm goodbye to carbs/fats/sugars for all eternity. Yet in the end, these

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attempts seem to lead us right back to square one, with an added sense of disappointment. As designers, how do we look at these behavioral patterns to design new health and wellness systems that avoid leading consumers down the same old rabbit hole?

Wellness as a Process
In traditional design research, analysts seek to identify key archetypes, or Personas [1], among consumers, then leverage these Personas to evaluate and shape future product usage. For a weight loss program, we might look at "Working Women," those characterized by a structured routine that maintains balance between work and home. In contrast, the "Stay-At-Home Mom" might have a chaotic schedule, more dependent on the needs of her children, which would change the way she addresses personal wellness activities. These archetypes certainly exist, but what Personas fail to depict is the overlap between the two: the behaviors that run counter to our more traditional – and in some case stereotypical – roles. Working Women get overwhelmed, too, and often wellness activities are the first to go when priorities shift. All user groups have versions of burnout, and all have moments of dedication. Understanding what these mean to different users over long periods of time – periods in which consumers' habits and outlooks may change – is critical if we want to create lasting change.

This is particularly evident in the case of healthcare-related product solutions. Research shows that individuals inhabit drastically different states while pursuing lifestyle goals, fluctuating by degrees between periods of active motivation and complete inertia [2]. We've all experienced this. Trying to tackle a lifestyle goal, whether it's losing weight, quitting smoking, or lowering cholesterol, is always challenging. We get excited in the initial ramp-up period, filled with hope that the goal can be achieved. Then, over time, things

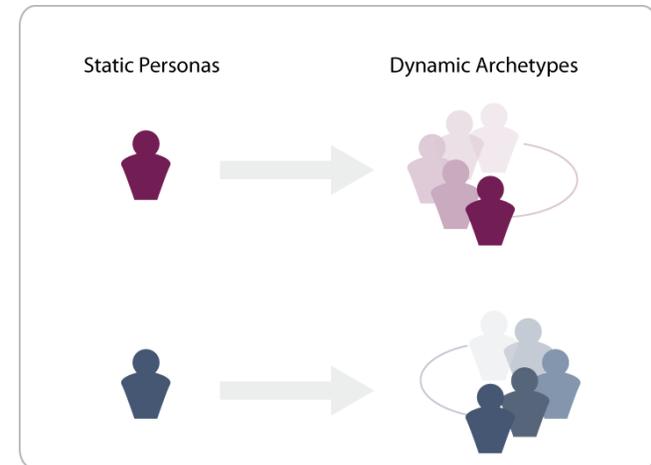begin to slip. We have a bad day and suddenly our goals don't seem as manageable.

figure 1. Static personas only describe one state in time. Dynamic Archetypes on describe the user fluctuations.

The healthcare industry has already identified treatment models that describe these different stages of motivation. One, the transtheoretical model of health behavior change [3], suggests that individuals must progress through six discrete stages of change to alter patterns in a lasting way: precontemplation, contemplation, preparation, action, maintenance, and termination. Rather than evaluate each individual diagnosis or treatment goal, this model identifies standard behavioral patterns over a long term healing process. The fluctuations we all experience in health pursuits are more than motivational failure on the part of the individual: they are a mental and physiological reality. And it is high time that we, as designers, find

new frameworks for analysis – methods that take into account the complexities of behavior over time.

A New Model for Understanding Users

As design expands its domain from concrete goods and services to experiences and transformations, we must allow the Persona model to evolve, as well – accommodating the long and inconstant relationship between an individual and her body. So while the end user's goals and needs are central to any interaction design project – needs which are well addressed by existing research methodologies – we must look also at how task flows should respond when life fluctuates and our user's standard level of investment ebbs and flows. How do we design for moments when our user acts counter to her typical behavioral patterns?

We propose an alternate, Dynamic Archetype framework that approaches interaction laterally, examining the numerous stages of user behavior and creating system interactions that correspond with each phase of an individual user's experience. Each mode of being presents different feedback requirements – requirements that only grow in importance when we are looking at systems with multiple touchpoints (products, websites, software, even physical food packages), each of which may assume primacy during various stages of a user's experience. Research reveals that stage-matched interventions are significantly more successful than those that assume a set pattern of behavior [4].

On a recent client project, our team had the opportunity to conduct extensive design research into sustainable health systems, exploring numerous scenarios for effectively supporting behavioral change. We found that sustainable diets were about much more than testimonial commercials and frozen dinners at the supermarket. The most successful of these programs – such as Weight Watchers – offered a multiplatform system by which consumers could manage their goals over time. Users could take advantage of educational collateral, packaged meals, support groups, weigh-in sessions, and online tools at various points throughout the program. And at every step, the rubric by which progress was measured was greatly simplified; in Weight Watchers, for example, the complexity of tracking calories is reduced to a basic points system. No matter the system, no matter the simplifications, the most effective programs all looked at consumers' lives as the multifaceted, multistage existences they are – and accounted for that inconstant nature with flexibility.

Rather than asking individuals to follow rules, the most successful programs equip users to make better decisions. They offer plans catered to fit user needs, even in times of lesser commitment or greater distraction, providing the variation needed to make something work for the long term. In diet and exercise, this means increasing the repertoire of solutions available. If a runner faces rainy days or tired muscles, she should have other tools available: a strength training routine, a yoga class. If a dieter finds herself regretting a heavy brunch, she should have a menu of options for lighter lunches and dinners. The more options to sustain users through lapses of standard or ideal behavior, the less likely such an alteration will come to equal forfeit.

One of the common threads of multi-phase, multi-platform systems is the successful use of attuned positive reinforcement. Much as a sports coach might help his team remain focused during season lows, offering the advice and skills necessary to improve performance, the most effective health systems offer their users active, directive feedback: setting short-term goals and targeting problem behaviors one at a time. Such programs often have mechanisms in place for pushing out helpful hints and connecting

participants with human-centered advice. As part of the smoking cessation program QuiText, for example, ex-smokers send tips, advice, and support directly to the mobile phone of participants, using text messages to convey a sense of shared experience and solidarity. Another health program, bodybugg, provides users with a live fitness coach, who telephones at points of anticipated frustration to review progress and set goals. Weight Watchers rewards participants for attending in-person fitness classes when discouraged, buffering the experience by not requiring a weight check and reinforcing users' determination by bringing them face to face with others who share their goals.

But motivational "lows" aren't the only moments in which users need reinforcement. Effective programs recognize that positive results can be among the most inspirational of all, and acknowledging the small successes along the way can make or break program compliance [5]. In a multi-platform system, the venues for positive reinforcement increase significantly. One of the most innovative examples of this is the Nike+ system, in which a celebrity voice offers encouragement to the runner through an iPod. Other examples abound: online weight tracking, benchmark rewards, live forums for sharing success.

All this said, in true health programs, the goal is not just achievement, but maintenance. Holding onto

success, once achieved, presents a singular challenge – and an additional benefit of flexible support systems. Weight Watchers has developed a successful model in which participants who have reached their goals become lifetime members, entitled to free monthly meetings as long as they maintain their weight. They are seen as mentors, offering a tangible example of success to other participants of the program. The program focus shifts from weight loss to maintenance, and transitions into a truly sustainable lifestyle program – with a tangible accountability that helps successful participants keep their health in check.

What This Means for Designers
Interaction designers can learn something from patient treatment models, and from the more effective health programs in existence today: we must see change as a constant and the user as a dynamic being. By applying the Dynamic Archetype framework in creating health systems – and other systems of change over time – we can create programs that match platforms and priorities to the changing needs of our users. By understanding that to stumble is not to surrender, we can help people accomplish, and maintain, their lifestyle goals.

Citations
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