Social Media for Lifestyle Change – social with whom, and why?

Stina Nylander
Mobile Life@SICS
Box 1263
16429, Kista, Sweden
stny@sics.se

Copyright is held by the author/owner(s).
CHI'13, April 27 – May 2, 2013, Paris, France.
ACM 978-1-XXXX-XXXX-X/XX/XX.

Abstract
We have interviewed members of three different Twelve Step programs about how they manage their recovery in a long term perspective. This data also provides insight in the social aspects of the Twelve Step program. We believe that HCI could be inspired for design of social media for lifestyle change by looking more closely at the Twelve Step program. For example the focus on sharing practical experience, creating groups with strong sense of identification as well as personal mentor relations.

Author Keywords
Life style change, long term life style change, social support, sharing of experience.

ACM Classification Keywords
H.5.m. Information interfaces and presentation (e.g., HCI): Miscellaneous.

Introduction
For the past years, the CHI community has engaged strongly in issues of health and lifestyle. The western world faces a number of life style challenges such as declining levels of physical activity in combination with increasing work hours resulting in increasing numbers of people suffering from obesity, diabetes, and cardio vascular diseases and other stress related health

problems. These problems require significant changes in lifestyle (eating, working, exercising), and continuous reflection and monitoring for positive results to last. Even though professional help from doctors and other professionals is valuable to achieve such changes, a significant amount of self monitoring and reflection is needed to create sustainable change.

A number of digital applications or services have been presented in the CHI community aiming to support people in changing their life style, for example Chique Clique [10], Ubifit [4], and Into [2] promoting physical activity, MAHI [7] supporting patients with diabetes to manage their condition, and EATProbe [5] providing social connectedness for people eating alone. We also see many commercial apps in the health domain, for example Endomondo or Runkeeper for exercise.

Many of these systems either incorporate their own social features such as messaging, comparing results, teaming up with friends etc. or they are able to connect to mainstream social media such as Facebook.

Social features in services for life style change can arguably be very powerful. However, it has also been shown that people do not necessary want to share their problems, insecurities and, failures with just anyone. There are many studies showing that we mostly share success and positive experiences on Facebook (e.g. [8]), and Maitland & Chalmers [6] saw that many of their participants that were trying to lose weight were very selective with whom they shared that intention with.

We have previously studied members of different Twelve Step programs to investigate how people manage to sustain a lifestyle change in a long term perspective [9].

Background on the Twelve Step program

Our eight participants were recovering members of various Twelve Step programs with 2-23 years of stable recovery. The Twelve Steps were written within Alcoholics Anonymous [1] in the late 1930s as a way for alcoholics to recover from alcoholism and have since been adapted to many other addictions. The Steps are a personal guide to recovery that is preferably worked with a sponsor, a mentor that has worked them before and can share his/her experience.

Study

We conducted interviews with eight persons who were members in three different Twelve Step programs with a successful recovery of 2-23 years. The interviews lasted approximately an hour, focused on participants' everyday recovery work and routines, and were recorded and transcribed.

Ways of Sharing Experience

The driving force in the Twelve Step fellowships is the sharing of experience. Members share their stories about how their life was before they came to the program, what made them decide to come to a Twelve Step fellowship, and how their lives are today. Newcomers can identify with stories about other members' lives before the program, and get first hand evidence on how the program can help them. If their present life is similar to such a story, they can come to trust that if they do what the speaker did, they will get the same life change. The sharing of personal stories takes place in meetings, in personal one-to-one meetings, over the phone between friends, in sponsor-

sponsee contacts, and personal stories are frequently featured in the literature.

The thing that has helped me the most, is definitely the identification ... that's always what hits me, you know, when people start talking, and talk about my feelings and my experiences as theirs ... I'm not alone. (P6)

A very overt way of sharing recovery is to be a sponsor. A sponsor guides a sponsee with less experience in the program in the recovery work. A sponsor-sponsee relation can go on for many years and offer many opportunities to share progress and setbacks in the program. Seven of our participants had a sponsor (P1 did not have one, P6 had two). Five participants were sponsors themselves, and two had been sponsors and would accept a sponsee if asked. P2 had a fixed time of the week when he always called his sponsor; the others contacted their sponsor when they needed to talk about something.

Sponsoring is to make the journey with a newcomer, and thereby revisiting your past and reliving your own journey. (P4)

Discussion

Lifestyle change is difficult to make happen, and it might be even more difficult to sustain such a change for more than a short time. If the lifestyle change concerns something sensitive such as drug addiction or a person being self conscious about their weight, if might be desirable not to share failure, or even acknowledge the problem to anyone [6]. Consolvo et al. has made an attempt to address this in the Ubifit system [3].

Our data from Twelve Step members show one way of handling the delicacy of these issues. Identification is one of the cornerstones within the Twelve Step fellowships. Being able to identify with the problems of other members creates trust in the solution, i.e. how they managed to change their lives. See [9] for a more detailed discussion.

We believe that this can provide inspiration and guidance for the design of social media for lifestyle change. By promoting the sharing of experience in social media for lifestyle change we believe we can support the trust that helps people sustain their lifestyle change. Finding out where others started out and how they have proceeded is helpful. Cheering, liking, and encouraging are important too, but sharing experience provides operational information and creates hope and trust in a solution.

We also believe that social media for lifestyle change could help create more direct relationships, similar to the sponsor-sponsee relations in the Twelve Step programs. Sharing in a smaller group, even in social media, could be helpful for people who are struggling with lifestyle change. Such relations could also be beneficial in that they show who has more experience in terms of carrying out a lifestyle change.

Acknowledgements

We thank our study participants who shared their experience, and .SE, the Swedish Internet Infrastructure Foundation who funded this work.

References

1. AA *Alcoholics Anonymous (4th edition)*. Alcoholics Anonymous, 2001.

2. Ahtinen, A., Huuskonen, P., et al. Let's All Get Up and Walk to the North Pole: Design and Evaluation of a Mobile Wellness Application. In Proceedings of NordiCHI, Reykjavik, Iceland, (2010).
3. Consolvo, S., McDonald, D.W., et al. Theory-Driven Design Strategies for Technologies that Support Behavior Change in Everyday Life. In Proceedings of CHI, Boston, MA, (2009), 405-414.
4. Consolvo, S., McDonald, D.W., et al. Activity sensing in the wild: a field trial of ubifit garden. In Proceedings of CHI, (2008), 1797-1806
5. Grevet, C., Tang, A., et al. Eating Alone, Together: New Forms of Commensality. In Proceedings of GROUP, Sanibel Island, FL, (2012), ACM Press, 103-106.
6. Maitland, J. and Chalmers, M. Designing for Peer Involvement in Weight Management. In Proceedings of CHI, Vancouver, BC, (2011), 315-324.
7. Mamykina, L., Mynatt, E.D., et al. MAHI: Investigation of Social Scaffolding for Reflective Thinking in Diabetes Management. In Proceedings of CHI, Florence, Italy, (2008), 477-486.
8. Newman, M.W., Lauterbach, D., et al. "It's not that I don't have problems, I'm just not putting them on Facebook": Challenges and Opportunities in Using Online Social Networks for Health. In Proceedings of CSCW, Hangzou, China, (2011), 341-350.
9. Nylander, S. Changing my life one step at a time - using the Twelve Step program as design inspiration for long term lifestyle change. In Proceedings of NordiCHI, Copenhagen, (2012), ACM Press.
10. Toscos, T., Faber, A., et al. Chick Clique: Persuasive Technology to Motivate Teenage Girls to Exercise. In Proceedings of CHI extended abstract, (2006), 1873-1878.