

# Cue action!



As researchers, we often explore the context around the product, service or consumers we are researching. New research on understanding the science behind habits and routines has given us another concrete reason to explore context – how analysing the types of cues prompting a routine behaviour can indicate how strong and well-embedded a routine might be.

Significantly, not all cues are equal. There is a plethora of behaviour-change interventions in trying to build a new habit, many of which have limited success, especially long term. Having a clearer understanding of which cues are likely to be effective could inform interventions to help people select the cues that best fit their context and, so, ensure a strong habit is built.

We already know that establishing cues – background reminders in your surroundings that automatically make you think ‘aah, I need to do x or y’ – can be an effective way to prompt and build a new habit or routine.

When we consistently perform a behaviour upon encountering a specific cue in our context, it reinforces the association we have between that cue and the behaviour. As these associations strengthen, the behaviour happens more automatically and habitually as our control over the new behaviour shifts from the conscious, intentional and memory-based parts of the brain to the non-conscious parts of the brain.

## Not all cues are equal

Qualitative research by Katarzyna Stawarz and Benjamin Gardner, psychologists at Bristol University and King’s College London respectively, has explored what makes an effective strategy for cueing simple habits. Previous research by Gardner on establishing habits has already found that, left to their own devices, people often pick suboptimal cues, failing to be specific enough or trying to include too many behaviours in a single plan.

In this new work, Stawarz and Gardner have explored how people build a new habit. They recruited 58 young people to make taking a daily vitamin C tablet a habit over the course of three weeks. Crucially, they were given no guidance on how to build the habit. The research explored how people responded through a combination of in-depth, semi-structured interviews, one at the start and another at the end of the study; and two

evidence-based structured questionnaires (one to measure memory ability and another to measure the strength of habit), together with in-context photo submissions of where participants kept their tablets. Adherence was primarily determined based on participants’ self-reports of forgetting.



Most participants took their tablets roughly the equivalent of five times per week, or 71% of the time. Scores from the habit-strength questionnaire, taken at the end of the three-week period, showed a weak habit had started to form for 11 of the participants.

The final interview focused on: participants’ experiences of attempting to take vitamin C tablets, including their remembering strategies; their rationale for selecting specific cues; the ease of remembering; the reasons for forgetting; the role of visual cues; problems with existing automatic behaviours; and the differences between initial plans for remembering vitamins and the actual strategies used.

## Good and bad cues

The research identified some simple flaws in how people approached the task, such as choosing strategies they had used before, regardless of whether they had worked or not, and having very vague plans.

Many experimented with a whole wealth of cues, using trial and error to work out what worked best for them, and this tended to

take a couple of weeks. Many participants used multiple cues, keeping them in a specific location (by their bed or on their desk were common) and piggybacking taking the tablet with an existing routine, giving them a specific time cue as well. For example, after morning coffee or brushing teeth, or after medications they were already taking.

## Stawarz and Gardner’s analysis enables us to identify a strategy for building optimal cues for a new habit:

- **Choose multiple cues:** choosing only one cue meant people were vulnerable to forgetting. For example, one participant placed her tablets in her bag with her laptop charger, but found there were some days when she didn’t take the charger out of her bag. Participants who relied on multiple cues tended to be more successful at remembering.
- **Stable context:** participants who picked a stable context that they were likely to encounter every day had more success taking their tablet. Those who chose unstable contexts, which could change from day to day, had less success. One participant kept their vitamins in their jacket pocket, on the basis that hearing the bottle rattle as they walked would prompt them to take the tablet, but failed to forecast how this strategy might be easily overturned – when they chose to wear another jacket if the weather changed, or if they didn’t leave the house.
- **Narrow time slot:** participants had less success when they didn’t specify a rough time slot in their daily routine, relying on a vague strategy of ‘I’ll take it when I see it’. The problem with this is that we adapt to visual salience; we get used to what is in our vicinity and gradually stop noticing things. Not only did this mean they sometimes forgot to take it, but they also couldn’t remember if they had already taken it or not. In contrast, participants who picked narrower, more specific time slots – such as ‘after morning coffee’ or ‘after alarm clock’ – tended to do better.
- **Piggybacking to an existing routine:** many participants tagged it onto an existing routine, such as taking it with their contraceptive pill or after brushing their teeth. This is borne out in previous research – connecting the new habit to an established routine can make for a very strong habit cue.

Those who built successful habits used multiple cues, picked out a stable location, a narrow time slot and often piggybacked the new habit to an existing one. Those who were most specific about their cues, and made them unique, tended to have the most success.

For researchers, in-depth qualitative research such as this helps us understand why we need a deep contextual understanding to explore potential cues, and how we might analyse habitual behaviours or the failure to develop a strong habit. For behaviour-change practitioners, in-depth qualitative research delivers powerful insights into how we might help people build stronger daily habits, offering a clear strategy for how to design and leverage the cues most likely to have success, or helping people develop their own personalised action plan.