

## Chapter 4: Reflective discussion results Paper

### Condition B

	Mourning		Dementia		Total
	Team 2	Team 7	Team 10	Team 12	
EI	2	5	0	0	7
SE	0	5	0	1	6
SA	1	2	0	0	3
PE	3	3	0	2	8
MP	1	3	0	1	5
Total	7	18	0	4	

NB: overall this group seems less motivated.

#### Team 7: Mourning

Literature did not motivate, going to the users did. I wanted to find out what users need, then the internet and literature is not enough. Then you miss information. You want to see if literature is applicable. We got personally involved with users by reading personal stories and meeting people. Talking to people is more motivating, because it makes you more personally involved. Reading about it leads to extrinsic motivation to get a good grade. Talking to people leads to intrinsic motivation, from being human and trying to help someone else. It confirms the fact that we are designing relevant and helpful things. This is motivating. Ideas and general themes from the interviews are motivating, inspiring. I am going to learn from you'

#### Team 10: Dementia

I was not particularly interested in the dementia field upfront, my motivation lays somewhere else in design as a master. I know my vision and do not want to design for these people. Literature doesn't help to be motivated, evenso there was too little time.

#### Team 12: Dementia

You do not want to go empty handed to the users, so we did background research. Moreover, the empathy games made us personally experience what dementia can be about.

#### Team 2: Mourning

Literature does not motivate, you source information, Literature may help you to get more interested. If you read how large the effect of the disease is, it helps to be motivated. Literature can show the relevance of the subject. Our empathy game was based on literature. The empathy games were way more powerful than the literature. It is interesting, you see them suffering from the disease and you realize that can be me or someone close to me in future and then you realise this is a real issue and real important. Challenging. The empathy game helped to grasp dementia and gave motivation, it showed me and explained me what the disease was all about and what we were designing for. I experienced it is super annoying for people with dementia to hear voices: they cannot focus. Experiencing is different than reading about it. Analysing the research data and the empathy game themes that came up, doing a discovery, was very motivating.

#### Team 7: Mourning

Literature helped to get an overview of the context. Literature enables you to relate things/findings, as a framework to hang on insights. I read this and now the person tells me this. The empathy game motivated, it made us personally experience what the disease is all about. It is motivating to work on personal things. Close friends' experiences were another driving force. Close relationship with users was a main motivation. The topic of mourning felt personal as I interviewed close friends of mine. Their experiences were very intensive. That motivated me more, start thinking of helping them. Normally, I spend too much time on literature. More personal subject motivated me to do something.

#### Team 10: Dementia

User encounters themselves were not so motivating. Empathy is created more through the empathy game than through the user encounters, because they felt distant. I experienced a threshold: I want to be sure about my design before I share it and discuss half work with users. Heavy topics. If you can talk about these heavy topics you can probably do it with easier topics too. Talking to users showed that it is possible to talk with participants about difficult topics. It was demotivating to work further with the research of others, we did not understand their work.

Team 7: Mourning

A motivational spark came when I heard the real stories; motivation to design for them. We all have experienced mourning in the empathy games and had associated feelings, but for me it was clear to put that aside, to not have it influence me to understand the user situation, because those feelings might corrupt the way I understand the user. I tried to distance myself. It was more about her experience of mourning not mine, it was incomparable. Put aside own feelings consciously, because it may interrupt the process.

Team 2: Mourning

The fact that we had to switch groups also means that we could not use the personal experience obtained with the users and the empathy game. When we had to design I had my own ideas of my family. The other group had caregiver info, but I then I could not use my own experience. You engage in the user situation. In designing, I took more distance than in user research. When you interview users you have to put your own experience aside. In general, personal experiences are really motivating

Team 12: Dementia

The personal stories of the users sparked ideas.

Team 2: Mourning

The user feedback was positive, not on the design but on the concept. It was however hard to be on the same level of depth as the original team. The concept looked superficial to me. Subtle details got lost, you cannot understand it with the details the first team did.

Team 10: Dementia

The quality of the concepts was not very high, but mainly due to time constraints.

Team 2: Mourning

The personal stories in the paper and reactions to interviews were really helpful, but did not touch me, felt very distant. It was hard to grasp where the possibilities lie. What can we do? Hard to read what I can do with it..

Team 7: Mourning

The concept did not fit for most of the user participants, it did not connect. Both our team and the other team missed the personal experience with the users and this made it hard to understand the users' feelings. The paper should have combined the experiences of users better with the literature leading to a clear design direction.

Team 2: Mourning

A report is not the best way to transfer the results and the concept, a face to face handover would be better. Quotes and actual transcripts were there too and helped. But not all transcripts were delivered to all teams.

Team 12: Dementia

The briefing of the paper gave a direction of what to design for. But the paper was not convincing, had too obvious data: we doubted it. There was a mismatch. Therefore, we allowed own personal experience during our brainstorm. You use what you know and you know more than just what is in paper. One personal experience was used to design a concept based on the design direction proposed in the report.

Team 7: Mourning

It is hard to get to the same level of empathy as the original team; understanding was maybe reached. It was quite difficult to be empathized with the user group through text, a paper. It has to do with the format too. Making a personal attachment to the design context was hard. It is very hard not to use your own experiences

in the design. Normally, personal experiences make it strong. The scientific format was not suitable, a less formal way would make it easier to communicate. You lose important subtle details of users' experience... A positive aspect is that you evaluate a concept that you are not emotionally connected with, so you can be more objective. Have an objective view on others' concepts.

Team 2: Mourning

We knew that the design of the other team would not work with our users. Things got lost in the format, emotions get lost, informal is better, valuable aspects, not realistic