

(1) Cue, Routine, Reward: Automating Goals

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III.

In 1992, a British psychologist walked into two of Scotland’s busiest orthopedic hospitals and recruited five-dozen patients for an experiment she hoped would explain how to boost the willpower of people exceptionally resistant to change.

(2) The patients, on average, were sixty-eight years old. Most of them earned less than \$10,000 a year and didn’t have a high school degree. All of them had recently undergone hip or knee replacement surgeries, but because they were relatively poor and uneducated, many had waited years for their operations. They were retirees, elderly mechanics, and store clerks. They were in life’s final chapters, and most had no desire to pick up a new book.

(3) Recovering from a hip or knee surgery is incredibly arduous. The operation involves severing joint muscles and sawing through bones. While recovering, the smallest movements—shifting in bed or flexing a joint—can be excruciating.

However, it is essential that patients begin exercising almost as soon as they wake

from surgery. (4) They must begin moving their legs and hips before the muscles and skin have healed, or scar tissue will clog the joint, destroying its flexibility. In addition, if patients don't start exercising, they risk developing blood clots. But the agony is so extreme that it's not unusual for people to skip out on rehab sessions. Patients, particularly elderly ones, often refuse to comply with doctors' orders.

(5) The Scottish study's participants were the types of people most likely to fail at rehabilitation. The scientist conducting the experiment wanted to see if it was possible to help them harness their willpower. She gave each patient a booklet after their surgeries that detailed their rehab schedule, and in the back were thirteen additional pages—one for each week—with blank spaces and instructions: “My goals for this week are _____ ? (6) Write down exactly what you are going to do. For example, if you are going to go for a walk this week, write down where and when you are going to walk.” She asked patients to fill in each of those pages with specific plans. Then she compared the recoveries of those who wrote out goals with those of patients who had received the same booklets, but didn't write anything.

(7) It seems absurd to think that giving people a few pieces of blank paper might make a difference in how quickly they recover from surgery. But when the researcher visited the patients three months later, she found a striking difference between the two groups. The patients who had written plans in their booklets had started walking

almost twice as fast as the ones who had not. (8) They had started getting in and out of their chairs, unassisted, almost three times as fast. They were putting on their shoes, doing the laundry, and making themselves meals quicker than the patients who hadn't scribbled out goals ahead of time.

The psychologist wanted to understand why. She examined the booklets, and discovered that most of the blank pages had been filled in with specific, detailed plans about the most mundane aspects of recovery. (9) One patient, for example, had written, "I will walk to the bus stop tomorrow to meet my wife from work," and then noted what time he would leave, the route he would walk, what he would wear, which coat he would bring if it was raining, and what pills he would take if the pain became too much. Another patient, in a similar study, wrote a series of very specific schedules regarding the exercises he would do each time he went to the bathroom. A third wrote a minute-by-minute itinerary for walking around the block.

(10) As the psychologist scrutinized the booklets, she saw that many of the plans had something in common: They focused on how patients would handle a specific moment of anticipated pain. The man who exercised on the way to the bathroom, for instance, knew that each time he stood up from the couch, the ache was excruciating. So he wrote out a plan for dealing with it: Automatically take the first step, right away, so he wouldn't be tempted to sit down again. (11) The patient who met his wife at the bus stop

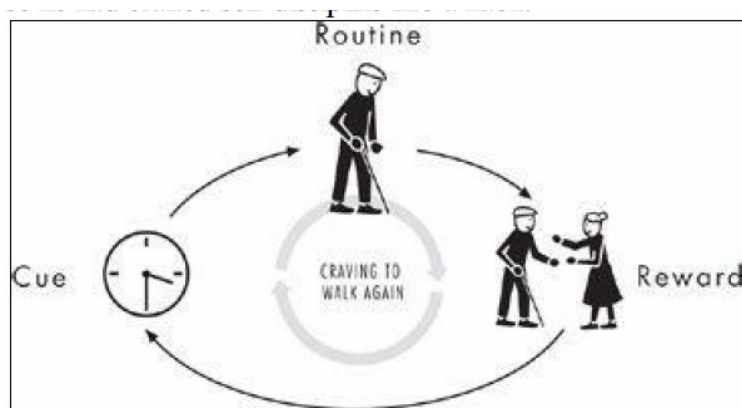
dreaded the afternoons, because that stroll was the longest and most painful each day. So he detailed every obstacle he might confront, and came up with a solution ahead of time.

(12) Put another way, the patients' plans were built around inflection points when they knew their pain—and thus the temptation to quit—would be strongest. The patients were telling themselves how they were going to make it over the hump.

Each of them, intuitively, employed the same rules that Claude Hopkins had used to sell Pepsodent [toothpaste]. They identified simple cues and obvious rewards. (13)

The man who met his wife at the bus stop, for instance, identified an easy cue—It's 3:30, she's on her way home!—and he clearly defined his reward—Honey, I'm here!

When the temptation to give up halfway through the walk appeared, the patient could ignore it because he had crafted self-discipline into a habit.



(14) PATIENTS DESIGNED WILLPOWER HABITS TO HELP THEM OVERCOME PAINFUL INFLECTION POINTS

There's no reason why the other patients—the ones who didn't write out recovery plans—couldn't have behaved the same way. All the patients had been

exposed to the same admonitions and warnings at the hospital. They all knew exercise was essential for their recovery. They all spent weeks in rehab.

(15) But the patients who didn't write out any plans were at a significant disadvantage, because they never thought ahead about how to deal with painful inflection points. They never deliberately designed willpower habits. Even if they intended to walk around the block, their resolve abandoned them when they confronted the agony of the first few steps.

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