

EMERGENT MEANING & INNOVATIVE INSIGHTS WITH FIGURINES

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ABSTRACT

A core discussion when embarking on a participatory innovation effort is to identify who should participate in the project - in studies or interviews, in workshops etc. This requires knowledge of all the people potentially involved, their practices and relations. In this paper, we investigate what roles visual representations of 'users' and 'stakeholders' may play in encouraging groups of project makers to start this discussion early on. We have achieved convincing results with *figurines*: Doll-like shapes that team members can use to build a shared understanding of the complex of people, who will be affected by a new design and should have a say in the design process.

INTRODUCTION

While the core question in human-centred design was 'Who is the user?', in participatory innovation this has expanded to 'Who are the stakeholders?' in a move towards multi-stakeholder innovation (Gottlieb et al., 2013). This adds complexity to any project, but also helps ensure that innovation may actually become a success. Thus, it has become a fundamental challenge to build knowledge about people, practices, and relations early on in innovation projects.

Cooper proposed *personas* as 'hypothetical archetypes' to help bring users to life in the design process, because designers often have a vague and even contradictory sense of their intended users, and may base scenarios on people similar to themselves (Cooper, 1999). Personas constructed as fictional characters based on aggregate (interview) data stand in contrast to the 'thick descriptions' (Geertz, 1973) of real people based on ethnographic studies, as favoured in Design Anthropology. It is, however, not so much this

discussion we want to take, but rather the communicative qualities of personas. While personas can help designers focus, one of their greatest values according to Pruitt & Grudin (2003) is how they can provide a shared basis for communication. Personas need names, likenesses, occupations, friends, background stories etc. to offer the designers room to establish empathy with users. Working with personas has several benefits; including empathy creation, team collaboration and innovative thinking (Miaskiewicz & Kozar, 2011).

Some 10 years ago we started experimenting with *figurines* – tangible representations of people – to scaffold inquiries about stakeholders, practices and relations in various industries, see Figure 1. The figurine activity was typically a precursor for organising field studies ('who should we study?') or for inviting participants to workshops ('who should we invite?'). It also served as a friendly start-up activity in first encounters with collaborators to share knowledge.

Figurines are neither personas nor thick descriptions, as they don't 'contain' knowledge. They are *empty vessels* that challenge participants to bring out their own experiences and share them in the group. We see figurines as a simple, but very powerful tool to open the discussion about humans and their practices, internally in the design team, and with users and stakeholders. However, understanding how the figurines do this, and which design of the figurines works best, is not straight forward. This paper aims to analyse in detail what happens in group sessions with figurines, how they help create meaning, and what kind of insights they help elicit.



Figure 1: The development of figurines of various sizes and visual content (left to right): Lego figures, wooden figures, chess pieces, laminated cards, cardboard silhouettes, laser-cut silhouettes.

VISUAL AND TANGIBLE QUALITIES

Inspired by Lego Serious Play (Gauntlett, 2007) we started with Lego figures. The origin of Serious Play in change management aligned well with our urge to develop tangible business modelling tools that would turn abstract discussions concrete in company settings (Buur & Mitchell, 2011). Gauntlett describes in detail how participants are able to individually construct complex metaphoric images of their identity (Gauntlett, 2007) in Lego Serious Play processes. Like Gauntlett, we cherish hands-on learning, but given that we worked with 'building' in social groups and, perhaps, less time to prepare and construct, our experience was different. While it was great fun to compare the characters of our potential collaborators with those of Lego cowboys, chieftains, animals etc., we quickly found them too stereotypical in their expression. The metaphors were too simple; it was too easy to keep the conversation about other people on a superficial level.

Next we introduced simple wooden figures with no detail but a quality nice for the touch, and slightly bigger than the Lego figures (Figure 1). This is similar to the mannequin dolls used in design games by Brandt (2010). Also Iacucci had success with engaging workshop participants with toy characters in role playing games to design future scenarios (Iacucci et al, 2000). However, our wooden figurines all looked completely the same on the table, and they also had the disadvantage that they didn't easily stand, so moving them was more precarious.

We investigated the use of chess pieces. Our idea was that the rules for how each piece can move would inspire participants to use their imagination in thinking of relevant participants. And they were distinctly different in shape. We met two challenges: People were not sufficiently familiar with chess rules to make sense of the figures, or they used stereotypical metaphors ('the customer is king'; 'service people are pawns that can be sacrificed'). That didn't bode well for a respectful exchange of knowledge in the team.

We experimented with different levels of graphic print on flat figures. Cards with faceless outlines of persons for participants to fill in had some success, but raised a concern about what does it take to make such drawings look 'sufficiently personal' to establish empathy?

Sleeswijk Visser explored different varieties of images of persons in fieldstudy material, and how they would stimulate empathy with workshop participants. She found that photos and names worked best, while cartoon sketches of faces were too simple to be distinct, and not quite real (Sleeswijk Visser & Stappers 2007). While Cooper recommends the use of stock photos from the Web for personas (1999), Sleeswijk Visser counters that designers should avoid stock photos as they are bound to show stereotypes (2007). As a curiosity, Sleeswijk Visser also reported she printed persona photos on coffee mugs to prepare designers for an upcoming workshop (Sleeswijk Visser 2009). Sanders introduced the term 'sensitizing material' for visual material that serves to encouraged participants to think, reflect, wonder and explore aspects of their personal context in their own time and environment before a design workshop (Stappers & Sanders, 2003).

As our figurines need to be 'empty' of actual field knowledge, we could not use photos. Instead we created a set of flat cardboard silhouettes with cartoon-like graphics. They were also quite tall – 30 cm, Figure 1. While they were annoyingly happy and expressive, they quite successfully managed to engage participants in discussing people. As they were originally designed for a business innovation project, the set primarily included white males in business suits, a stereotypical female secretary and a female executive. While diversifying into different contexts, this became increasingly embarrassing. Also, with one-sided print only they didn't work as well in a group setting – even if the height of the figurines made for good handling and provided space for dressing them up with post-it notes.

In summary, we found that metaphor, visual expression, size, aesthetic quality all matter for the design of figurines. For now we have settled on silhouette figurines with no graphic markings, lasercut in birchwood, approximately 15 cm high, Figure 2. This set was initially developed for an innovation course with 150 health professionals, and includes doctors, nurses, elderly, a family, children etc. It has proven very versatile for health-related projects, and we have recently added additional figures for an urban design project: A bicyclist, a skater, a woman with pram, a shopping pair etc.



Figure 2. The set of 15 silhouette figurines used in sessions with healthcare professionals and patients. The figurines are laser-cut in birch wood.

METHOD

This paper is based on explorative experiments with tangible figurines in workshop sessions with healthcare professionals and patients. We have run more than 10 such sessions but here we use one particular example to demonstrate the outcomes of our analysis. We focus our research both on how participants interact with the figurines, and on what happens before and after those interactions. The movements and positioning of the figurines play a major role in determining how participants use them in conversation and what kind of gestures and other actions they release. We employ two different methods of video analysis: Conversation Analysis (CA) to investigate the ‘mechanics’ of the interactions, and Discourse Analysis (DA) to understand which insights the session yields for the participants and designers. CA aims to make sense of data ‘from within’ – that is, it looks at naturally occurring everyday interactions and focuses on how people themselves make understandings visible, thus avoiding interpretation of the data based on preconceived theories (Drew 2005, Matthews 2012, Mortensen & Wagner 2012). DA focuses on what people say in the larger context, and which broader discourse this may be part of. The transcripts we use are slightly different too: CA transcripts requires a detailed record of *how* things are said, with symbols indicating intonations, pauses, concurrent talk etc., c.f. transcripts 1 to 4) DA works with *what* is said in sentences and cares less of the details of its production (transcripts 5 to 7).

THE FIGURINE ACTIVITY

In the way the figurine activity has developed over the years, we tend to use several questions to challenge the participants (usually 3-8 people around a table) and drive the discussion forward:

WHO IS RELEVANT? When participants are invited to choose a set of figurines from the ‘bank’ (collection on the table) and put them on the ‘stage’, they often come to discuss ‘who is relevant’ to consider for the project in question. A follow-up question of ‘why did you pick this figure?’ will challenge them to add more detail.

WHO DO YOU KNOW? When asked ‘who do you know?’ or ‘can you name them?’ participants often mention actual people they know, and/or shift from abstract to concrete by adding their own experiences. We typically ask them to add name-tag post-its to the figurines. As put bluntly by Cooper, ‘A persona without a name is simply not useful’ (Cooper, 1999 p128).

HOW DO THEY RELATE? It does not take much nudging for participants to start organising the figurines on the table into a ‘tableau’. This tends to bring questions about relations into the discussion: ‘how do they influence each other?’. This move is further strengthened when we introduce a ‘map’ to place the figurines on. For instance, a graphic of concentric circles (bullseye target) triggers a discussion of ‘who is in the center?’ and ‘how far away are the others?’; while

a two-by-two matrix challenges participants to look for dilemmas and contrasts between the figures.

WHAT MIGHT CHANGE? When asked ‘what would you want to change?’ participants often move the figurines relative to each other, like in a puppet theatre. Typically, they discuss what might be different in the future, and what it would take to achieve that. This sets a trajectory towards innovation and design.

For documentation, we take photos of the different stages of the figurine tableau, and sometimes we will additionally video record the action with one or two cameras, to be able to retrace the insights and analyse the actions.



Figure 3: Two patients (B and D), a health professional (C) and a patient relative (A) discuss doctor-patient relationships using the figurines under guidance of a facilitator (FA).

CASE: DOCTOR-PATIENT RELATIONSHIP

The session we analyse here was part of the design project ‘Medicine dosage’ where a design team explored possible solutions that support taking one’s medicine as prescribed. The 30-min. figurine session was included in a design workshop with patients, relatives, a health professional, a software designer and the design team. It involved half of the workshop attendants. The aim of the figurine session was for the design team to understand the relations between healthcare professionals, patients, relatives and others.

To begin the session and make the participants acquainted with the figurines, we asked: “*Will you please select the figurines you will need to describe your healthcare process, and then say who each figurine is?*”

First the group took their departure in the older patient and her situation, and explored how she sees the different relations in healthcare. Later the young patient was asked to do the same, and to compare their views on the relations. After the session, we asked what it felt like to work with the figurines. The feedback was positive: The method gave the participants means to negotiate their perspectives, and the young patient said it was a fun and cool method, as “*it shows us the differences there is in the healthcare system between different diseases, and in the way, we as patients approach the system*”.

EMERGENT MEANING

In this section we will analyse the ways in which attendants make sense of the figurines. We are interested in the potential these materials have from the perspective of the participants.

SEMIOTIC CHARGING

New figurines are introduced by verbal accounts about their role in the tableau. Typically, a figurine is touched when it is introduced verbally and then lifted and placed while further accounts are delivered, see Transcript 1.

THE DOCTOR CAN EVEN BE A WOMAN

D: lægen det kan (sågar oss) være en kvinde xxx
the doctor it can even be a woman






Figure 4 Figure 5

Transcript 1. Participant D picks a figurine and places in on the stage.

While D says *kvinde* 'woman', he stretches out his left arm, touches a figurine in the bank (Figure 4), lifts it up (Figure 5) and places it on the stage. In other examples, the verbal introduction is followed by accounts during which the speaker keeps his/her hand on the figurine. By these introductions the participants '*charge*' the figurines *semiotically* (Goodwin 2013): They are no longer just pieces of wood, but represent the attributes and knowledge that is bestowed on them. This participant created bonding of specific roles and relevant participant categories to the material figurines makes them a rich semiotic resource in the tableau. . What is said in the introduction becomes tied to the figurine and is remembered in later talk. As can be seen from the pictures, C – the health professional - is busy writing down keywords from the introduction on post-its that will be stuck to the figurine so the material form is embellished by the talk and annotated physically. Quite literally, this is a way of labelling the figurines for later use.

CONSTRUCTING SIMILES

Participants treat figurines differently depending on whether they represent a category/ professional role or real people. The female doctor in Transcript 1 is a female silhouette as the male doctor is a male silhouette. These figurines are gendered, but the participants do not formulate other claims to them, i.e. they are treated as generalized institutional roles and not as concrete individuals. This is different when the participants introduce patient roles. Here, they may take it a step further, by relating themselves to the figurines, as in Transcript 2.

IS IT YOU WITH THE CANE?

1 D: er det er det dig
is it is it you

2 B: ja det nok mig↘
yes I guess its me

3 D: okej↘
ok

4 D: bruger du stok
do you use a cane

5 (0.8) Figure 6

6 B: som- nej jeg har en roll↓at↑or
some- no I have a walker

7 D: nå du har så'n rolla [tor↘
oh you have such a walker

8 B: [når jeg ska hen og h↓and↑le
when I go shopping

Transcript 2. Participants relate themselves to the figurines

D challenges B by putting his hand on the base of the patient figurine (Figure 6) and asking 'Is it you?', which B acknowledges. As the patient figurine has a cane, D asks further 'Do you use a cane', to which B responds 'No, I have a walker'. D now withdraws from the talk, but C and FA follow up trying to find a figurine that resembles a person with a walker. In a sense the participants compare the living to the inanimate – themselves to the features of the figurines. If the figurine has features, they may have them too. The participants construct *similes*¹ of themselves. Similarly, if the participants don't have the features of the figurines it is treated as problematic or accountable as in Transcript 2.



Figure 7. Both participants C and D reach for the 'Skaterboy' figurine.

Some moments later, FA asks D to put himself and his perspective into the tableau. Both D and C stretch their hands out towards the figurines in the bank as shown in Figure 7 and thus compete in choosing a figurine that

¹ A *simile* is – as defined by Webster – 'a figure of speech comparing two unlike things that is often introduced by *like* or *as*'. For instance, 'he is like a lion' is a simile. In contrast, metaphors directly state the comparison e.g. 'he is a lion'.

will be representing D. C ‘wins’ and moves the figurine of a man into the tableau. D musters the chosen figure critically and remarks ‘nå jeg havde håbet på at det var skaterdrengen der var mig’ *oh well I had hoped that the skaterboy was me*. When it comes down to represent the participants themselves in the tableau, similarities to the figurine matter - but there is a certain degree of freedom.

OWNERSHIP

Although *skaterboy* may well be D’s joke, C does not just place a new figurine that will represent D in the tableau. She also reduces D’s ownership to the figurine by choosing a figure for him. Interestingly, D does not exchange the figurine later with the skaterboy; once chosen and placed on the stage, figures seem to stay.

Although C is patronizing D, this has no consequences for the rest of the encounter. This is different with B. Just before Transcript 2, C chooses a figurine, places it in the centre of the bullseye while asking B, who is fiddling with the figurine of the (male) doctor, *should we put you in the middle (0.4) as patient*. When B rather unenthusiastically replies ‘det kan du godt’ *you can do that*, C sets down the figure with a decisive hearable sound. While C is moving forward to place B’s figure, B withdraws bodily from the table with a comment which unfortunately is inaudible, but possibly a complaint: ‘xxxx blande xx’ *xxx interfere xx*. From this moment on, B is not touching or moving any figurines for the rest of the session. When she later receives a figurine that should represent a social network, she fiddles with it (Figure 8) until C takes it from her and places it close to the spot where B has been playing with the figure (Figure 9). Ownership to the figurines can be precarious in the social interactions.



Figure 8 and 9. Participant C takes over the ‘Social Network’ figurine.

TALKING STICKS

When talking about figurines, speakers often do more than pointing: they move their hand towards them and touch them for the duration of their talk or keep their hand hovering over the figure. In this way, they can refer to the figurines and their roles as well as to the knowledge which has been bestowed on them and annotated by the post-its, c.f. Figures 4 and 5. D’s hand touches the base of the figurine at the end of line 1 where he keeps it while he inquisits B. D lets the figurine go at the end of line 8. When saying ‘rollator’ *walker* he looks to his left, removes his hand and withdraws from the talk. As argued in Day & Wagner (2014), common objects in this kind of environment can be used as *talking sticks* held by the speaker over the

duration of the talk. Releasing the object opens the floor to other participants.

SILENT PARTICIPATION

Participant A doesn’t say much during the entire session, but even so participates in the interaction by offering figurines to the others. In the sequence preceding Transcript 2, A picks up the female doctor figurine and places it on the stage. While C and B negotiate the elderly lady with cane and the male doctor, she even nudges the female doctor figurine towards the centre of the bullseye as a proposal. The female doctor gets accepted by the other participants, and later triggers a discussion of male versus female doctors.

After Transcript 2, when D asks B ‘bruger du stok’ *do you use a cane* and B responds ‘nej, jeg har en rollator’ *no, I have a walker*, A searches in the bank of figurines, picks an elderly man on a scooter and places it at a corner of the stage. This elicits laughter from others, but the figurine is not picked up by anybody and placed on the stage. A’s silent proposal does not meet accept, most likely because B cannot see herself with a scooter instead of her roller, Transcript 3.

DON’T WE HAVE A WALKER?

During the conversation in Transcript 2, A rummages around different figurines in the bank

1 C: Har vi ikke også det

Don’t we have that too?

2 FA: Nej vi har faktisk ikke en rollator √ den var ret svær at lave.

No, we actually don’t have a walker.. It was rather difficult to make.

(D and B laugh in response to FA, A smiles)

(A picks an elderly man on scooter and places the figurine at the edge of the stage)

3 FA: Vi har en: hvad hedder de:t =

We’ve got a – what do you call it

4 FA: = [den autom] atiske dér

the automatic one,

5 A: = [det kørestolen] √

It is the wheelchair.

6 A: [ja

Yes.

6 B: [Ja den er smart ja

Right, that’s smart

7 FA: [hvis det skulle være







if that helps.

Transcript 3. Don’t we have a walker?

This is a phenomenon that we have encountered previously, when challenging groups of participants to build an understanding with tangible materials. We have coined this kind of interaction ‘Silent Participation’ (Buur & Beuthel, 2013). It is a fascinating observation that physical materials can scaffold participation from people, who’d otherwise say very little.

TABLEAU

The tableau that the participants build has themselves (the patient figurines) in the centre and those figurines, they relate to in a line towards the outer ring. Once completed, there are two lines of figurines stretching out towards B and D, respectively. The different figurines represent the people the patient meets or needs in the healthcare system.

PINGPONGING	
1 D: altså jeg har jo brug for at *pinponge med @lægen for min behandling	
well I have the need to play Ping Pong with the doctor for my treatment	
	
Figure 10 *	Figure 11 @
2 D: +jeg har brug for pingponge med ·hh s/ygeplejersken med min behandling	
I have the need to play Ping Pong with the nurse with my treatment	
	
Figure 12 +	Figure 13 /
3 D: jeg har brug for at ping%ponge med min mor eller min: bror	
I have the need to play Ping Pong with my mother or my brother	
	
Figure 14 %	Figure 15 #
4 D: eller med ·hh me:d min kammerat # æhm	
or with with my buddy uhm	
5 D: om omkring hvordan jeg har det med min min sygdom	
ab- about how I'm doing with my illness	

Transcript 4. Participant D moves figurines to illustrate talk.

The participants refer not to the isolated figurines but to the tableau to which they belong. They no longer talk about the nurse *per se* but about the nurse that has been described as close but more peripheral as the doctor.

We see the participants reaching out for the figurines and move them around as illustrations of their talk. In Transcript 4, D takes the figurine that represents himself and moves it along the line-up in the tableau to illustrate to whom he needs to talk about his illness. The line-up has a topographic order: the figures in the middle, i.e. furthest away from D, are in the centre while the figure closest to D is the most peripheral.

D uses the tableau to illustrate his need not only to talk with the doctor. He touches his own figurine in line 1 when he says 'pingponge' *play Ping Pong* (Figure 10) and moves it down the line and places it opposite the *lægen* 'doctor'. The movement is timed with the talk so that the figure is put down exactly when the first (stressed) syllable of *lægen* is produced (Figure 11). A similar thing happens in line 2. D picks up his figure (note in Figure 12 that he lifts it much higher than he would need just to move it) and puts it down opposite the next figure of the nurse in the moment where he produces the stressed syllable of the word (Figure 13). This strict composition of movement and talk is loosened up in line 3 where D still re-uses the same syntactic format as in lines 1 and 2 but puts the figure down before he makes the reference to a person (Figure 14). It is worth noting that the last figurine in the line is actually depicting a group (the family) that D in his talk deconstructs into several individuals to whom he refers in the talk. We see a close connection between how this rhetorically stylized talk is build and the affordances of the figurines; D puts his figure back to its original place (picture 15, line 4) when he stops referring to people and talks about other things.

VISUAL NARRATIVES

In this third extract, the figurines have become a resource for building talk that is closely coordinated with other semiotic material: The tableau becomes a *universe for visual narratives*; The use of the figurines is closely coordinated with the way the talk is build, i.e. figurines are brought in when reference to people or configurations are talked about – like in a puppet theatre. We see participants introducing new ideas by referring to, touching or moving the figurines.

INNOVATIVE INSIGHTS

What came out of the session? – Can we claim that the figurines contributed to innovative insights? We observed three kinds of insight, which all proved valuable to the design team: novel understandings, principles of rationale, and design ideas. As the project isn't complete to allow evaluation of the results, we bank on the designers' own explanations of what they found valuable, rather than measure how 'innovative' they are in a global sense.

NOVEL UNDERSTANDINGS

To the design team, it was an eye-opener that ‘not only elderly people have rheumatism’. While perhaps not new-to-the-world, this insight helped to nuance the design team’s understanding of who they were designing for. It came about, when B suggests they pick a figurine showing an elderly person with a cane for a rheumatism patient, and D reacts, Transcript 5.

KIDS HAVE RHEUMATISM TOO

- B: Det her, det er jo sådan en der har noget gigt ikk?
This, this is one with some rheumatism, isn’t it?
(picks up the female figurine with walking cane)
 Kan det ikke være det? En der går dårligt.
Couldn’t it be that? One who is hard at walking.
(puts down the figurine)
 Det ku’ godt være mig jo ikke? Med en stok.
It could be me, couldn’t it? With a cane.
- D: Altså jeg har jo lyst, jeg har lyst
Actually I would like, I would like to
(picks up the figurine with two children)
 til at tage dem her med så, og sige at øh
to take these ones also, and then say that
(puts down the figurine)
 af de her to børn, der er øh, en af dem kan også have gigt.
of these two there is, one of them could have rheumatism too.
- B: Ja det kan de sagtens.
Right, they could easily have that.
- D: Der er 150 nye diagnosticerede børn om året med gigt under 12. Så øh. Altså... Så skulle vi næsten skrabe dem alle sammen ind i midten. Fordi de kan alle sammen... og vi bliver alle sammen patienter på et eller andet tidspunkt – ikke?
There are 150 new children diagnosed with rheumatism under 12 years. So eh. Actually... We should almost gather them all in the middle. Because they can all... and we all become patients at some point in time – don’t we?

Transcript 5. Participants discuss which figurine should represent rheumatism patients.

Would this discussion of patient age have come up without the figurines? We cannot know that for certain, but it is quite likely that the presence of the older woman figurine and the kids holding hands, Figure 2, triggers first B to pick an elderly person, then D to find a counter-example in the kid figurine to represent rheumatic patients. That is, participants make use not only of the figurines per se, but also of the features that are associated with them.

Another example of a novel understanding for the design team, was that acute and chronic patients may have a very different relationship to nurses and doctors. This discussion came about, when the participants were asked to place themselves on the bullseye graphic map, Transcript 6. B, based on her experience as acute hospital patient, places the nurse figurine somewhat distant from herself in the patient centre, and the doctor

DO DOCTORS OR NURSES HAVE TIME TO TALK

- B: Ja altså. Det. Ja. Det er ikke fordi der har været så mange. Fordi det har jo været specialafdelingerne, jeg har været på og der er ikke så mange sygeplejersker.
Well, actually. Its aehm. Its not that there have been that many. Because it has been special sections, I’ve been to, and there aren’t that many nurses.
- D: Du har ikke oplevelsen af at sygeplejersken har lidt bedre tid end lægen? Altså lægen har kun tiden ved stuegangen.
You haven’t experienced that the nurse has just a bit more time than the doctor? The doctor only has time during rounds.
- B: Nej ikke der hvor jeg lå... fordi jeg lå lige overfor deres kontor, og de sad indenfor og hang på min seng hele tiden. Såh de der læger...
No, not where I was... because I lay right across from their office, so they sat inside on my bed all the time. So those doctors...
 (...)
- D: Og så vil jeg tage sygeplejersken
And then I’ll take the nurse
(picks a nurse and places it close to the doctor)
 Og lige i numsen på lægen, der følger sygeplejersken...
And right in the behind of the doctor, there the nurse follows...

Transcript 6. Patients discuss how they have different experiences with nurse and doctor contacts.

closer by (‘I lay right across from their office’). This is what she experienced in the special heart department. In contrast, D, as a chronic patient, places the nurse close by himself, and the doctor further away (‘The doctor only has time during rounds’) He adds that he would often try things out with the nurses before approaching the doctor. The different placements of nurse and doctor makes it apparent that the two patients have very different experiences.

RATIONALES

Insights may also come in the form of rationales about why things are as they are. Towards the end of the session, D explains his (new-found?) insight that if you as a patient have close relationships with your relatives (spouse, youngsters), then the need for a broader social network vanishes, Transcript 7. While this principle may not be universally true, it collects support around the table and is conveyed to the design team as a likely rationale.

DESIGN IDEAS

The participants actually volunteered ideas too.

SnapChat your symptoms: The participants get to discuss that their symptoms, while pronounced at night may have gone in the morning, when they seek out the doctor – ‘and then you look like a hypochondriac!’ Perhaps one could use SnapChat to take a photo to document their condition for the doctor?

IF THE FAMILY IS CLOSE

D: ...at den pårørende her spiller
...that the relative here plays
(moves the relative closer to the patient)
en ekstrem ekstraordinær rolle... og det ville sige at hvis i
parallelisering
**an extremely extraordinary role... and this means
in the parallelising**
(points between the two)
så skulle min familie jo ryge helt herind
then my family ought to shift all the way in here
(moves the family close to his figurine and puts it back)
Og i det øjeblik du inddrager
And the moment you involve
(moves the family in close again)
din i den grad, så forsvinder behovet for det sociale
**them to that extent, then the need for the social
disappears**
(points to the figurines behind the doctor and puts the
family back)

Transcript 7. Participant D explains his need for social contact.

A consultation guide: When discussing how the figurines/ doctors and patients relate to each other, Dave suggests that it would be beneficial, if patients and relatives received a guide before joining a doctor consultation. In this way they could prepare before meeting the doctor and even a short consultation would feel less stiff and formal.

The design team actually brought these ideas forward in their project, on how to document symptoms, the network around the patient, and how social media might be helpful. A guide would be sent out to patients before the consultation, suggested: preparation (including documentation of symptoms and wellbeing since the last consultation), how to use different networks, expectations for the consultation, and space for the patient to sum up the consultation with the doctor at the end of the session, to ensure they understood each other correctly and decrease confusion.

CONCLUSIONS

We were able to show that the figurine session can make sense in a design project by providing novel insights, rationales, and design ideas.

Starting from a vague feeling that 'the figurines work' we have through the analysis been able to conceptualise what actually happens in a figurine session and derive terminology to describe it:

- (i) The figurines do not come with preset meanings (other than inspiring silhouettes). They are 'empty vessels' that the participants will *semantically charge* by bestowing meaning on them.
- (ii) Meaning emerges in the relations between the figurines and the *tableau* the participants construct (on a graphic layout).
- (iii) By comparing features of the figurines with their own, participants may create *similes* that represent themselves in the tableau.

- (iv) Ownership closely relates to similes and who is handling the figurines in the tableau.
- (v) The figurines can function as *talking sticks*, and they can also allow *silent participation*.
- (vi) The tableau may trigger the participants to use the figurines as a puppet theatre and turn into a *universe for visual narratives*.

On the critical side, there are two issues with ownership that may require extra care in how the session is organised: For participants to establish *similes* of themselves in the figurines, the set must contain figures that to some extent mirror the roles and characteristics of each participant. If they are too different (as the 'scooter' was too different from a 'walker'), it can be difficult for participants to identify with the figurines. There seems to be a preference for whoever touches a figurine in the beginning of the session has the exclusively right to touch that figurine throughout the entire session (B never touches a figurine again after having been 'corrected' by C). This doesn't seem to relate to the design of the figurines, but can probably be influenced in the facilitation of the process

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