

Sensation Transference...
...or why you should
renovate your rooms

Sensation Transference

Louis Cheskin was born in the Ukraine in 1907. He migrated to the USA and in the 1930's he started on what became a lifelong obsession to understand quite simply, how our perceptions motivate behaviour.

He was one of the first to notice that people's perception of a product or a service was directly related to aesthetic details of the design. He spent most of his life investigating how design elements could significantly impact perceptions of value, appeal and relevance. His notion was that sensorial cues in the packaging and environment in which a product or service is delivered (imagery, sounds, textures, etc) impact the impression they have of the offering - regardless of intent or accuracy. He coined the term SENSATION TRANSFERENCE to describe what was happening.

Louis died in 1980; however, the concept remains a strong factor in marketing awareness. He worked with companies like Disney, Ford, McDonalds, Polaroid, Standard Oil, Phillip Morris and 3M to more accurately predict the success of their products.

Scientific Method in Marketing

One of his most famous achievements was to give newly introduced margarine, some weight in the marketplace in the 1940s. Based on consumer feedback, Cheskin suggested changing the colour of margarine from the traditional white to yellow, and changed the waxed paper wrapper to foil. The simple modifications dramatically improved the product's sales. Every subsequent brand of margarine followed his advice on colour.

Cheskin employed the scientific method in marketing, testing his hypotheses of product acceptance by observing customers. His methods focused on understanding what consumers felt, desired, and needed, rather than trying to ask them what they thought.

In the 1950's Cheskin was contracted by George Weissman of Phillip Morris to help reposition Marlboro from a cigarette for women to one targeted at men. Cheskin's recommendations were to redesign the package to denote masculinity. His recommendations underlie everything from the 'Man-Sized Flavor' advertising campaign to the masculine and virile Marlboro Man himself, sporting tattoos and often appearing as a cowboy on horseback (an image surviving today).

Cheskin's work was not just focused on appearance. Often his research led to changing the product or service offering in valuable ways. Initially McDonald's operated burger-stands designed for walk-up service. Cheskin's research showed that these configurations were uncomfortable for families, accounting for low sales to these customers. Cheskin was able to show that tables, chairs, and a semblance of walls helped these customers feel safe and comfortable visiting and eating on-site.

Cheskin's innovative insight was that impressions created in customers' minds, based on experiencing products sensorially, transferred directly to concepts of value, price, quality, and emotion. These, in turn, created and fulfilled expectations of satisfaction. Cheskin's research didn't always explain why these associations existed, but confirmed the important role in both customer choice and satisfaction.

Imagery and Sensory Experiences

A patient sees a web site, a building sign, makes an appointment, comes into a medical practice and sits down. By then he has a feeling of what to expect in terms of price, value, quality. The sensations felt will be transferred to service experience. The stage is set...

Imagery and sensory experiences, trigger meaning. Cheskin was fond of stating 'perception is reality,' and wasn't interested in what customers thought about the package, but rather how the package made them feel about the product. Throughout this column, I will substitute the word 'service' for 'product' and 'service environment' for 'package'. So now, let's translate that into the terms of our industry...we should focus on how the service environment influences a patient's feelings about the service, rather than what the patient thought about the service environment. The emphasis here is on 'feeling' rather than 'thinking'.

To put it another way, Cheskin believed that — on an un-conscious level — most of us don't make a distinction between the service and the service environment. The 'service' is the service environment and the service combined. This is correct.

Cheskin viewed these concepts as natural extensions of his understanding of patient experience. In his view, there were no meaningful distinctions between advertising, price, service environment, service, or brand. He approached these as an integrated whole. His innovative insight was that impressions created in patients' minds, based on experiencing 'services' sensorially, transferred directly to concepts of value, price, quality,

and emotion. These, in turn, created and fulfilled expectations of satisfaction. Cheskin's research again didn't always explain why these associations existed, but he confirmed that they did play an important role in both customer choice and satisfaction.

In confirming this, one famous Cheskin study involved the testing of identical deodorants in different packages. Samples were mailed to users and told that they were different. However, the only difference between them was their packaging (three different colour schemes). As one might expect from Cheskin's work, the trials showed that customers preferred one over the others. In fact, some perceived one of the samples as so threatening that they reported rashes and trips to dermatologists, yet had no trouble with the same formula in a different package.

It could be concluded that consumers are not aware of their reactions, that they are irrational. However, this is incredibly valuable in understanding how people behave. That people have strong reactions to elements separate from service effectiveness is not a novel concept. In fact it is important to take this into account when servicing patients needs.

Though Cheskin's process was created and perfected in the 1950s and 1960s, it is just as relevant today. Indeed, research continues to confirm his sensation transference phenomenon. His firm, now named simply Cheskin, continues to use his research techniques and publish findings about colour and brand extensibility.

Relevance to Healthcare

Let's apply his theory to healthcare. In formulaic terms:

SERVICE ENVIRONMENT + SERVICE = PERCEPTION OF SERVICE

Perception creates the patient's reality. Now that you are aware of Cheskin's long standing and proven approach, you will understand how strongly your patient's are influenced by the environment you work in.

Coming full circle, this brings me back to the concept of CONGRUENCY which breeds TRUST. A patient makes a value judgement about the value and quality of their treatment based on their perception of the service and how they feel in your practice. As they are generally unable to assess the quality of your clinical expertise, a patient will utilise his unconscious and conscious perception of the service experience. So, the perception becomes the reality.

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