

**PHARMACEUTICAL BRAND MARRIAGES: AN EXPLORATION OF
RELATIONSHIPS OF OLDER CONSUMERS WITH THEIR
PHARMACEUTICAL BRANDS**

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Dedication

To Renee

Always have,

Always will!

Abstract

This article explores seniors' (those aged 55 plus) pharmaceutical brand marriages. This age group will soon make up a quarter of Canada's population. They are wealthy and active consumers who create and maintain brand relationships, however, research into seniors' pharmaceutical brand relationships is lacking. Eight in-depth interviews with seniors provide the data from which to explore these relationships. The predominantly *Western* description of marriage used in relationship theory is incapable of capturing the full dynamic of pharmaceutical brand relationships. In this study I use the *Eastern* description of arranged marriages as a metaphor from which to understand these marriages. My findings reveal the dynamic nature of these marriages and the meaning seniors ascribe to them.

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Historically brand managers were concerned with product differentiation and repeat purchases, or transactional marketing, and relied on the 4Ps model of marketing management to guide them in managing the brand (Egan & Harker, 2005). In recent years, however, this paradigm has given way to the relational paradigm which focuses on long-term relationships between buyers and sellers (Grönroos, 1994). Previous research has been conducted into young consumers' brand relationships (Ji, 2002). There has been a lack of research into seniors - those aged 55 plus- brand relationships (Kim, Kang, & Kim, 2005; Price, Arnould, & Curasi, 2000) even though their numbers are rapidly growing and possess good disposable income.

The pharmaceutical industry has also recognized the benefits of managing brands rather than products (Bashe, 2000; Chandon, 2004; Keating, 2005; Vanderveer, 2004). Billions of dollars every year are spent on promoting branded products in Canada. However, although the pharmaceutical industry has taken notice of the benefits of marketing branded pharmaceuticals, academic consumer research into pharmaceutical brand relationships is noticeably absent.

The purpose of this study was to explore the relationships that seniors have with their pharmaceutical brands. The analysis of phenomenological interviews conducted with seniors revealed that the interpersonal relationship metaphor of arranged marriages can be used to describe a variety of relationships that seniors develop with brands. These relationships include: *Satisfied with marriage*, *Married and seeking a divorce*, *Married and not seeking a divorce*, and *Divorced*. Five influencers that act upon the marriages also emerged from the data analysis: *Relationship with the doctor*, *Relationship with others* (spouse, family, and peers), *Ethos*, *Brand attributes*, and *Nature of the illness*.

Prior studies in relationship marketing use a traditional Western or Christian marriage definition of the metaphor to describe marketing relationships (Dwyer, Schurr, & Oh, 1987; Levitt, 1983; Tynan, 1997). However, these marriages are generally dyadic and as such fail to allow for the extensive involvement of a broker and the family in the arrangement of the marriage.

I begin the study with a review of the literature on the evolving brand management paradigms which contributed to the development of brand relationship theory. I then present the framework within which this study is situated, that of consumer-brand relationships, pharmaceuticals, older consumers, and phenomenology. The methodology section discusses the phenomenological method in regards to selection of respondents, interviewing, and analyses issues. Using the phenomenological perspective I present an idiographic analysis of the in-depth interviews which provides the reader with a rich description of informants and how they interact with their brands. Following the idiographic analysis, I present the arranged marriage metaphor, which is used as a frame to discuss the emergent relationship themes. Next, I discuss what these marriages mean to these seniors and based on these meanings I discuss the implications of the use of the marriage metaphor for marketing researchers and practitioners. Finally, I present the limitations of the study and suggest directions for future research.

Literature Review

Branding

The American Marketing Association (AMA) defines a *brand* as:

A name, term, design, symbol, or any other feature that identifies one seller's good or service as distinct from those of other sellers. The legal term for brand is trademark. A brand may identify one item, a family of items, or all items of that seller. If used for the firm as a whole, the preferred term is trade name (AMA, 2006).

The purpose behind the brand is to allow manufacturers to legally protect their ownership of the brand, differentiate the product in the marketplace, and make for easy communication of the brand which could lead to firm growth (Louro & Cunha, 2001; Low & Fullerton, 1994). Louro and Cunha (2001) suggest that brand management has developed from its legal roots into “multidimensional views emphasizing holistic conceptions of brands comprising functional, emotional, relational and strategic dimensions” (p. 851). The authors provide a graphical depiction of the brand management paradigms (see Figure 1) along with descriptions of the assumptions and dimensions of each paradigm and how these paradigms have molded brand research and brand management, as a means to understanding the heterogeneous approaches found within the extant literature.

Using academic and managerial literature in the branding and strategic management fields, the authors present four brand management paradigms, (product, projective, adaptive, and relational) categorized by the two dimensions of Brand Centrality and Customer Centrality.

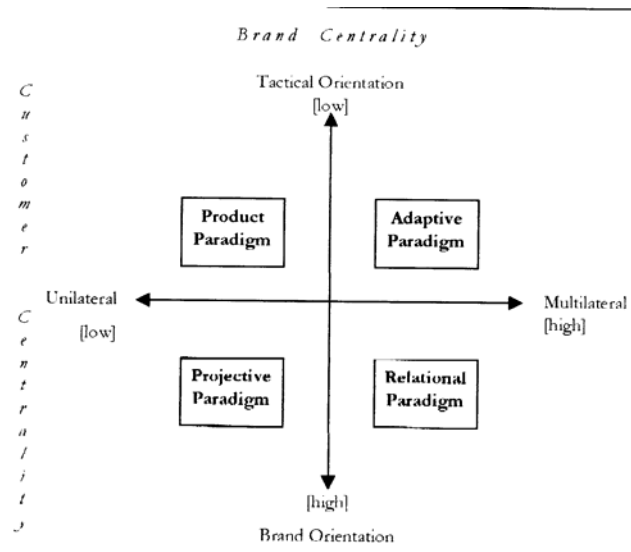


Figure 1. Brand Management Paradigms (Louro & Cunha, 2001, p. 855)

Brand centrality refers to the degree that the brand portfolio is the guiding theme for development of marketing actions and corporate strategy. This dimension runs on a continuum from ‘tactical orientation,’ which is akin to the historical definition of brand which causes corporate strategy to be concerned with visual and legal issues, and ‘brand orientation,’ which causes corporate strategy to be more concerned with the identity issues of the brand. On this continuum, brand centrality is less concerned with the value the brand has to the customer, while brand orientation takes into consideration the “complexity and value of brands to both firms and consumers” (Louro & Cunha, 2001p. 855). The dimensions are characterized by the role the brand has in the strategy of the corporation, either central as in brand orientation or, peripheral as in tactical orientation.

Customer centrality indicates the level that the corporate managers believe the consumer should be involved in creating value. The continuum runs from a ‘unilateral’

perspective, which indicates that consumers are inactive in the value creation process, to a ‘multilateral’ perspective which indicates that consumers are a dynamic part of the process of value creation.

Each paradigm then identifies the unique roles of the brand and the consumer in the course of value development. The Relational paradigm is symbolized by the ‘conversation metaphor’ which is indicative of the relationship the firm has with the consumer. Continuous dialogue between the parties creates the brand meaning where the brand is an active partner in the dialogue with its own unique personality.

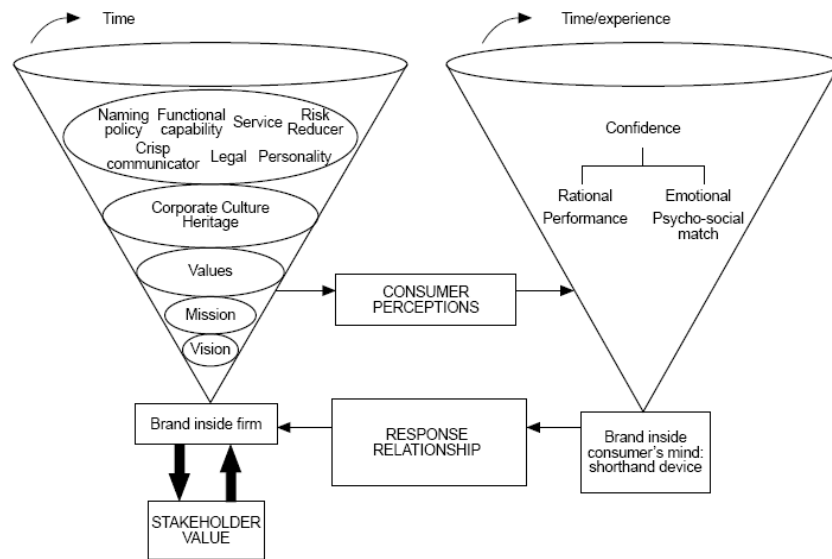


Figure 2. Double vortex brand model (de Chernatony & Dall'Olmo Riley, 1998, p. 1085)

By contrast de Chernatony and Dall'Olmo Riley (1998) propose a graphical model (see Figure 2) based on spheres to depict the components of the brand as a tool for

brand managers to use in assessing brand dynamics. The spinning vortex depicts a fluid, non-static approach to brand strategy change. Of note are the similarities between the two models which capture the fluid nature of brands and the relational-“brand inside the consumer’s mind” aspect of postmodern approaches.

These new paradigms of research (Louro & Cunha, 2001; Lowe, Carr, & Thomas, 2004) evoke a change in the focus from the study of products, to the study of brands (Low & Fullerton, 1994). They also change the focus from a corporate perspective, to a consumer perspective (Firat, Dholakia, & Venkatesh, 1995). These changes in perspective from a product to a brand perspective brought about a plethora of research on brands, branding and the brand process (D. A. Aaker, 2004; Holt, 2002, 2004). The change in paradigm from the corporate to the consumer perspective has only in recent years sprouted and grown into an established perspective of inquiry, called postmodern marketing (Addis & Podesta, 2005; Brown, 1993; Firat et al., 1995; Thompson, Locander, & Pollio, 1989).

Postmodernism has been gaining ground as evidenced in the surge of journal articles. In an introduction to the special issue of *The European Journal of Marketing*, Brown stresses the point that “there is no such thing as the postmodern, since there are almost as many “postmoderns as there are postmodernists” (1997, p. 197). Firat, Dholakia, and Venkatesh (1995) compare and contrast postmodernism with modernism to show that the two concepts are related since postmodernism arises due to modernistic “idea(l)s” (p. 40), as such, they are markedly different. Postmodernism is revealed as being an antithesis of/to modernism, and corresponds to the information age. Firat, Dholakia and Venkatesh (1995) contend that the postmodern age is upon us, as a society

and as marketers, and that the age is revealed in the 'conditions' of postmodernism. "These conditions tend to be hyperreality, fragmentation, reversals of production and consumption, decentring of the subject, paradoxical juxtapositions (of opposites), and loss of commitment" (Dholakia, & Venkatesh, p. 41). These conditions are supported by examples from the literature, such as Disney World, and Las Vegas as being Hyperreal, and Juxtapositions are represented by examples of art and architecture.

Firat et al. (1995) and Addis and Podesta (2005) show that there is currently a disjunction between marketing practice and marketing theory. Practitioners are aware of and use postmodern techniques, while theorists ignore and deride postmodernism as not worthy of attention, as exemplified in the lack of postmodern marketing models. Theorists do not realize that practitioners' use of 'modern marketing techniques' is limited, if not altogether ignored, in present-day marketing practices (Firat et al., 1995). Postmodern marketers interact with sovereign consumers who are "co-producers" (Sheth & Parvatiyar, 1995, p. 413) of the product or service and thus, the passive nature of the modern consumer-marketer relationship changes to one of an active and reciprocal consumer-marketer relationship (Firat et al., 1995).

Brand Relationships

Blackston, Aaker, and Biel (1993) extend the relationship metaphor from its traditional uses in advertising into all avenues of communication. Blackston also expresses the need for a broader view of consumer-brand relationships in order to capture the essence of consumer-brand relationships. In extending Blackstone's (1993) expansion of the relationship metaphor, Fournier (1998) develops and presents a holistic model of

Brand Relationship Quality (BRQ) based on phenomenological interviews with three women at different life stages. By calling attention to how consumers personify brands, Fournier not only reveals the intricacies and processes involved in the phenomenon of consumer-brand relationships, she also reveals that the brand is an active relationship partner in the process of the consumer's interactions with the brand.

Using the relationship metaphor, Fournier is able to develop a holistic view of the relationship process between the consumer and the brand whereby individual relationships are presented within the context of other consumer relationships (Thompson, Pollio, & Locander, 1994). Thus, the theories concerning affective and emotional attachment, behavioral ties, and supportive cognitive beliefs, are instrumental in shedding light on the relationship process. The varied reasons consumers have for creating, maintaining, and even ending relationships is encompassed within the framework.

As for the brand's active partner role in the relationship, the components which characterize interpersonal relationships are also transferable. As the consumer animates the brand in attempting to interact with the object, relationship components are revealed and established. Examples of this animation process range from *Charlie the Tuna* and *The Pillsbury Doughboy* to Bill Cosby as the spokesman for *Jell-O*, or it may include the animated spirits of others when gifts are presented and received.

From cross-case analysis Fournier (1998) develops a typology of consumer-brand relationship forms. The typology is composed of 15 relationship forms which include: arranged marriages, kinships, childhood friendships, flings, and, enslavements, secret affairs, enmities, dependencies, courtships, rebounds/avoidance-driven relationships,

compartmentalized friendships, best friendships, committed partnerships, marriages of convenience, and casual friends/buddies.

Brands may indeed be chosen to facilitate task oriented goals but, more importantly they are chosen based on the like minded goals they exhibit (Fournier, 1998). For example, a consumer may choose a brand that helps them clean the car, but they also choose a brand that has the same expressed goals or meanings. A brand that cleans the car is needed, but a brand that cleans to a sparkling shine is chosen. Consumers choose brands that provide “meaning to their lives” (Fournier, 1998, p. 367).

Kates (2000) extends Fournier’s (1998) construct as he explores brand relationships that members of the gay community develop, maintain, and sever. Kates’ research suggests that the members of gay communities use brands to “create and maintain the ties that construct a gay community” (Kates, 2000, p. 505). This suggests that the gay community also do not choose brands rather they too choose *lives* (Muniz & O’Guinn, 2001; Muniz & Schau, 2005).

Ji (2002) adds empirical evidence to the consumer-brand relationship construct in her phenomenological study of three middleclass children’s relationships with brands. Using group and individual interviews, Ji discovers that children do develop varied relationship types with a variety of brands within the framework of the family/social systems, of which they are a part. These relationships differ in form (metaphor) along lines that Fournier (1998) established. Ji suggests that children develop relationships with brands for the meaning they provide in creating potential selves and are “tools through which children grow up, gain competence, pursue the pleasures of life, fulfill their dreams, and become connected to others” (Ji, 2002, p. 383). Ji also notes that these

relationships are not developed nor conducted in isolation from other relationships. This notion of relationship influence coming from the child's social environment is similar to Fournier's (1998) contention that relationships need to be understood within a larger framework.

In exploring the origins of consumer-branded product relationships Coulter, Price, and Feick (2003) focus on women and cosmetics in Central European post-social countries. In contrast to extant brand literature, the authors reveal that post-socialist central European female consumers may not be involved with specific brands, *per se*, but rather are involved with branded products as a whole. The authors note that this unique feature of post-socialist central European woman may be a combination of consumer inexperience with branded products and the postmodern consumer who encounters and conveys the social world through branded products (Coulter et al., 2003).

In her recent ethnographic work on invisible brands Coupland (2005) discriminates between relationships in which the consumer is an active partner in brand meaning creation and those relationships in which consumers are less involved to reveal the presence of brands which are invisible and unobtrusive. Drawing on a biological metaphor of camouflage Coupland reveals how certain brands can become camouflaged through consumer activities/strategies. These strategies include: Crypsis, where an animal blends into the environment in order to hide; Mimicry, where the animal resembles other animals or non-food items in order to not be seen as food; and Schooling, where being in a larger group of other animals allows for defense and invisibility (Coupland, 2005). With invisible/camouflaged brands, Coupland suggests that although brands carry meaning, they are not overtly recognized by the consumer. The resulting relationship

between consumers and brands resembles that of an ecosystem in which brands and consumers are the components and in which the consumer may be either an active or passive partner.

As Table 1 illustrates, the relationship metaphor has been shown to be a useful tool for inquiry into the phenomenon of consumer-brand interactions (J. Aaker, Fournier, & Brasel, 2004; Fournier, 1998; Ji, 2002). Consumer-brand relationships may take on many forms with varied strength (Fournier, 1998) and may stimulate cross relationships (Algesheimer, Dholakia, & Herrmann, 2005; Muniz & O'Guinn, 2001; Muniz & Schau, 2005).

Consumers initiate and maintain relationships for the meaning they provide to their lives, as well as for utilitarian reasons (Fournier, 1998; Ji, 2002). Brand relationships exist in a wide range of consumers and are affected by social relationships (Coulter et al., 2003; Ji, 2002; Thompson et al., 1994). Brand relationships may also evolve into consumer-to-consumer relationships in the absence of the product (Muniz & Schau, 2005).

Table 1

Summary of Consumer-Brand Relationship Research

Author	Sample	Method	Study
Fournier (1998)	3 American women in various stages of life changes	Phenomenological	Theory validity and development of consumer-brand relationships
Ji (2002)	3 children from 1 American family	Group & individual interviews	Children's relationships with brands
Coupland (2005)	2 American households	Ethnography	Invisible brands
Aaker, Fournier, & Brasel (2004)	69 online photo shop users	Experiment	Brand transgressions and personality on the consumer-brand relationship moderated by partner quality
Coulter, Price, & Feick (2003)	28 women from post-socialist central European countries	Interviews & observation	Consumer-brand relationship development
Kates (2000)	44 Gay American men	Observation & interviews	Brand relationships and the influence of the gay community
Muniz and Schau (2005)	48 on-line interviews, 20 extended electronic exchanges, 7	Netnography	The continuation of the brand community of Apple Newton computers and the absent brand creator.

Author	Sample	Method	Study
	telephone interviews, 5 face- to-face interviews, 3 observations of online communities, 16 member web sites.		

Research Framework

Brand Relationships

The consumer-brand relationship has been established by Fournier (1998) and provides the researcher with a means to understand consumer-brand processes. This relationship establishes the brand as an active component in the relationship with consumers. Fournier builds on work by Levitt (1983) and Hunt and Morgan (1994), among others, as she provides a “working typology” of fifteen relationship types, three of which are marital relationships (Fournier, 1998, pp. 361-363). The one component which links these marital relationships together is that they are long-term in nature, are durable, and are expected to exist into the future. I consider elders’ pharmaceutical brand relationships to be of this type when they are intended to treat/prevent an illness into the foreseeable future.

Pharmaceuticals

Discussions in 2005 with a retired Western Canadian physician revealed that consumers develop relationships with pharmaceutical brands (H.J. Sawatzky, personal communication, April 10, 2005). The physician indicated that patients are often on a prescription drug brand for long periods of time and may continue to seek the specific brand even if alternatives exist. Research on older consumers’ relationships with pharmaceuticals is, however, sparse (Moss, 2001). In addition, Moss suggests that although pharmaceutical brands do exist, “they are largely not managed as such” (p. 23) and the future of these pharmaceuticals may be uncertain if they are not managed as

brands. Understanding these relationships will provide insight into managing pharmaceutical brands.

One area in which pharmaceuticals are being managed as brands is in their promotion. The direct to consumer communication (DTC advertising) in the USA in 2003 was \$3.235 billion, with an additional \$10 billion in sampling and \$5.7 million to physicians in 2003 (I.M.S. I. M. S. Health, 2002; I.M.S. Health, 2004). Health care researchers note the impending changes: “The advertisements send a strong signal that prescription drugs are just another consumer product-like soap, cereal, cars, snack foods or, for that matter, OTC drugs” (Findlay, 2001, p. 118). The increased spending on DTC advertisements reveals that prescription drugs are being managed, in a limited manner, as any other branded consumer product would be managed. The current study proposes to provide insights which will allow practitioners to better understand how to manage pharmaceutical brands.

Older Consumers

Prior research of older consumers indicates that they can be active consumers (Szmigin & Carrigan, 2001), much like other consumers. Statistics Canada projects that by 2031 those aged 65 and over will number about 8.9 to 9.4 million and will make up 23 to 25 percent of the total population which is almost double the current proportion (Statistics Canada, 2005). Statistics Canada also reports that the total income for those aged 55 and over in 2003 was \$224 billion. Although the older population is growing and has vast amounts of income, the older consumer is neither fully understood, nor do corporations realize their significance (Moschis, 2003).

Given this lack of research into seniors' pharmaceutical-brand relationships, the goal of this study is to explore these relationships. The phenomenological method of inquiry provides the basis from which to explore these relationships (Creswell, 1998; Thompson et al., 1989). This study follows the phenomenological method as provided by Thompson and colleagues (Thompson et al., 1989; Thompson, Locander, & Pollio, 1990).

Phenomenology

Phenomenology attempts to describe a consumer's experience as it is lived, within the consumer's social context. That is, in considering individuals for a study, they must have lived the experience under investigation. Phenomenology assumes that the world (reality) and the individual are inseparable. Therefore, the consumer is unable to be studied apart from the world in which he/she lives. The goal of phenomenology is to and without applying abstract patterns or categories of experiences. Rather, patterns, or categories of meaning, emerge progressively from the analysis of the individual's verbatim transcripts.

Data collection occurs through the phenomenological process, tailored to each individual. It has little pre-determined structure and resembles an informal chat more than a formal question and answer period. This process of interviewing is intended to support the goal of the method which is to "attain a first-person description of some specified domain of experience" (Thompson et al., 1989, p. 138). The interview advances with the interviewer providing a setting conducive to the individual providing a description of the

experience. That is, the interviewer needs to enter the interview with a *tabula rasa*, or blank slate, of the experience in question. Probing questions or comments are interjected into the conversation by the interviewer as a means to facilitate a lengthy description of the experience by the informant.

In order to facilitate a description of the lived experience, the analysis of a phenomenological interview is based on the “terms and category systems” (Thompson et al., 1989, p. 140) that the individual uses in the interview rather than on “abstract terms” (Thompson et al., 1989, p. 140) which distance the description from the lived level. Informant’s descriptions stand alone as fact in the analysis without the need for external verification.

A phenomenological method begins at an idiographic level where analysis revolves around a “part-to whole” (Thompson et al., 1989, p. 141) interpretation that links the whole of the text to its parts. The text is read repeatedly in an attempt to grasp an understanding of the whole, at which time parts of the text are linked to the understanding of the whole. After the idiographic analysis another part-to-whole analysis of all transcripts begins. It is within this analysis that “common patterns” or “global themes emerge” that offer a description, or explanation, of consumers’ experiences of the phenomenon.

As a means to facilitate the process of analysis an interpretive group, or other researchers familiar with phenomenological methodology, also critique the analysis and provide their own interpretations of the transcripts. This process helps the researcher to stay at the level of the lived experience and be considerate of the whole of the text. The

interpretive group acts like a sounding board from which to bounce the analysis off of and provide a measure of trustworthiness to the study.

Methodology

Introduction

The review of the literature indicated that older consumers are a growing concern for marketers. However, prior research into consumers and their brands has neglected the older consumer. Current marketing research suggests that segmenting based on age, especially with older consumers, may yield promising outcomes. Research into older consumers and their possessions also indicates that the older consumer may develop strong and long lasting relationships with possessions. However, there is a lack of research into older consumers and branded products; especially lacking is research on the meanings older consumers place on pharmaceutical brand relationships.

As indicated earlier in the study, the objective of this research is to explore the relationships older consumers have with their pharmaceutical brands. As a means to achieving this goal, I proposed the following question: What do long-term brand relationships mean to older consumers? As such, the guiding conceptual framework centered on consumer-brand relationships (J. Aaker et al., 2004; Coupland, 2005; Fournier, 1998; Ji, 2002). The consumer brand relationships of particular interest are those which are expected to last into the foreseeable future (Fournier, 1998). In order to help understand these relationships, I employed research in social psychology which suggests that interpersonal relationships are dynamic in nature and involve a multitude of thoughts, feelings, and actions (Kersten, 1990; Vallacher, Read, & Nowak, 2002).

Sampling

Sampling was purposive and the first two individuals were selected based on “a commonsense process of talking to those informants who are most likely to provide early information” (Goulding, 2005). As such, I contacted seniors I personally knew to be over the age of 55 and to be taking a prescribed pharmaceutical. Subsequent informants were found via the primary subjects’ referral or, snowball sampling (Creswell, 1998; Miles & Huberman, 1994; Zikmund, 2003, p. 384).

A total of eight interviews were conducted with two interview sessions involving the spouse. Although these interviews were intended to be interviews involving the individual, the spouses in both instances interjected their comments into the interview. Prior research in health studies has established precedence in conjoint phenomenological interviews (Allan, 1980; Caelli, Downie, & Letendre, 2002; MacLeod, Craufurd, & Booth, 2002) and it indicates that conjoint interviews may reveal information that would not have surfaced without the spouse being present.

The seniors resided in one of two Western Canadian mid-sized cities, ranged in age from 59 to 89 years, were all retired, lived in middle-class neighborhoods, ranged in education from not having completed high school to holding a college degree.

Interview Procedure

Interviews were conducted in the homes of the informants in order for the informant to be in a comfortable setting (Miles & Huberman, 1994). Interviews followed an approach similar to McCracken’s (1988) long interview method. This interview allows

the researcher to collect a thick description of an individual's experiences of an incident or period in their lives (Fontana & Frey, 2005). The finding of these experiences then allows the researcher to develop and arrange categories of meaning or, "lets us map out the organizing ideas"(McCracken, 1986, p. 10). The interviews were semi-structured (Miles & Huberman, 1994) and open ended so as to allow the exploration of the phenomenon. Such exploration allows for a thick description of the experience "without imposing any prior categorization that may limit the field of inquiry" (Fontana & Frey, 2005, p. 706).

In order to allow the informants to become comfortable with me and the topic of discussion, I began the interviews with a review of the letter of consent (see Appendix 2) which explained the intent of the study, asked the informant for written permission to record the interview, and assured the informant of anonymity and the opportunity to withdraw from the study at any time. The letter of consent also offered informants an opportunity to receive a copy of the transcription of their interview. Two informants asked to receive a copy of their transcripts and I subsequently emailed a copy upon completion of the transcription process. Upon receiving informant consent to record and proceed with the interview, I asked the informant basic demographical questions (see Appendix 3) and then proceeded with asking them the name of the drug(s) they take and how long they had been taking them. These questions were followed up by the question: During the course of a relationship, certain events happen and may produce some doubts about the brand. These may be turning points regarding a person's feelings towards a brand. Take a moment to reflect on the first time you had doubts about a brand. What happened? This question related to the original purpose of the study which was to explore

seniors' experiences when problems occurred with the brand and a loss of affection for the brand resulted. However, as the study progressed it became clear that the basic purpose of the study needed to be changed to incorporate the larger objective of what relationships exist between seniors and pharmaceutical brands. This question evolved over the course of the study and became: Tell me about your pharmaceutical brands. At the end of the interview I sought to discover if there was anything else that the informant wished to talk about. For this reason I asked the informant at the end of the interview if there was anything else they would like to add. Interviews lasted from 35 to 126 minutes.

Interviews were transcribed verbatim by the author. Pseudonyms were assigned to the informants and their doctors. Over 100 pages of single spaced transcriptions became the basis of the data to be analyzed.

Analysis

Based on informants' own terms, and with the assistance of the ATLAS.ti software, I created primary codes (Miles & Huberman, 1994) which were continuously revised with each successive transcript. Codes act as "labels" or "tags" which are given to blocks of text (sentences or words) as a way to allocate meaning to the interviews and assist in identifying and structuring the "chunks" of text for analysis (Miles & Huberman, 1994). Codes are "category labels and closely reflect the accompanying text (Miles & Huberman, 1994). I analyzed each transcript following the phenomenological approach to interpreting the transcripts. This approach indicates that a description of the experience should be framed using the informants' own language and not in "abstract terms" (Thompson et al., 1989, p. 140). This idiographic analysis involved interpreting each

transcript following a continuous back and forth process of linking parts of the transcript to the whole (Thompson et al., 1989). I began this coding process with a focus on identifying the thoughts, feelings, and actions of the senior as they relate to the brands. Successive coding of the transcripts saw the primary codes being added to and evolve into final codes (Miles & Huberman, 1994). For example, the primary code of *distrust*, which indicated the informant's doubt and anger towards the brand, was added to *search doctor* and *alternatives*, and eventually evolved into the theme of *married and seeking a divorce*. Likewise, the primary code of *evaluation of the partner* emerged from the analysis of the first interview transcript and expressed the evaluation that the spouse had of the brand. As more transcripts were analyzed the code was modified to include the impact and varied roles that the spouse had on the respondent's evaluation of the brand. This code eventually emerged as *relationship with others* as an influence on the brand relationship.

After the idiographic analysis, I then analyzed the transcripts following the "part-to-whole" (Thompson et al., 1989) process across all interviews using the final codes. Patterns common to all transcripts were identified and became the emergent themes (Thompson et al., 1989) of satisfied with marriage, married and seeking a divorce, married and not seeking a divorce, and divorced. Also emerging from the analysis were five influencers of relationship with the brand. These were: relationship with doctor, relationship with others, ethos, brand attributes, and nature of the illness.

I also considered alternative patterns (Creswell, 1998; Patton, 1999) of: malevolence, benevolence, and ambivalence. With these possible themes in mind, I endeavored to discover their applicability by returning to the transcripts. I reviewed the

transcripts for support to these alternatives and discovered that the data did not support their use. I therefore abandoned the possible themes for the themes discussed herein. I also considered the possibility of the alternative pattern of dating a brand in comparison to brand marriages. I returned again to the transcripts and attempted to discover if the data could support this pattern. Upon reflecting on the relationship patterns, I determined that a better “fit between data and analysis” (Patton, 1999, p. 1191) could be achieved without the use of the dating theme.

Throughout data collection and analysis, I engaged in extensive peer debriefing, whereby I discussed my interview questions and the data gathered with two researchers versed in qualitative research methods.. These two researchers engaged in coding a full transcript. We worked separately and then met to discuss the emerging codes. These two researchers also received extensive portions of data from a cross section of interviews. Their analysis of the data helped in refining the codes and in corroborating the emerging findings.

I took a number of steps to ensure the trustworthiness of the findings. First, as mentioned above, a number of alternative codes and patterns were considered and rejected due to lack of fit with the data. This helped rule out alternative explanations and alternative models for the presentation of the findings. Second, I engaged in peer debriefing in order to assist in recognizing biases in my interpretation (Lincoln & Guba, 1985; Morse, Barrett, Mayan, Olson, & Spiers, 2002).

Furthermore, in this study I provide a thick description of respondents experiences which "enable someone interested in making a transfer to reach a conclusion about whether transfer can be contemplated as a possibility" (Lincoln & Guba, 1985).

Findings

Introduction

Fournier (1998) has established the brand-relationship metaphor as a valuable tool to understand how consumers relate to brands. Existing within her typology of consumer-brand relationships are *arranged marriages* which are arranged by a third party.

Pharmaceutical brand marriages, which are arranged by a doctor, appear to be situated within this type. Table 2 provides a summary of the informants' relationships.¹

¹ Appendix 1 provides a detailed summary of informants' brand relationships.

Table 2

Idiographic Summary

Name	Age	Education	Past Occupation and current status	Relationship with brand
Jim	69	Army training as medic/ 3yr safety training certificate	12 1/2 yrs as armed forces medic. 3 yrs College instructor. 12 yrs Self employed. Retired.	Seeking divorce with all brands.
Betty	70	College	Teacher- Homemaker.	Married and not seeking a divorce from <i>Alendronate</i> . Divorced from <i>Didrocal</i> and <i>Flovent</i> .
John	59	High School	Butcher for international grocery chain for 40 yrs. Retired.	Satisfied with marriage to <i>Crestor</i> and <i>Fluvoxin</i> . Divorced from <i>Coumadin</i> .
Sally	79	RN Nursing degree & Cardiology training certificate	Nursed until her 50's. Retired.	Satisfied with marriage with <i>Thyroxine</i> and estrogen.

Name	Age	Education	Past Occupation and current status	Relationship with brand
Carol	89	High School	Homemaker.	Satisfied with marriage with blood pressure brand.
Arlene	77	Grade 11	Homemaker.	Married and not seeking a divorce to <i>Atenolol</i> .
Bill	75	2 yrs university	21 yrs Dairy farmer. Retired.	Divorced from <i>Trandolapril</i> . Satisfied with marriages to <i>Plavix</i> , <i>Pravastatin</i> , <i>Metoprolol</i> , and <i>Symbicort</i> .
Karen	71	High school	21 yrs Dairy farmer with Bill and home maker. Retired.	Divorced from <i>Celebrex</i> . Satisfied with marriage with <i>Synthroid</i> and <i>Metformin</i> .
Mark	69	High school	Self employed/Truck driver. Retired	Divorced from <i>Ticlid</i> . Married and seeking a divorce from <i>Losec</i> .

I first provide a description of the arranged brand relationships and the influencers acting upon them. Then, the idiographic analysis of the seniors' experiences with their pharmaceutical brands is presented. Later, in the across person analysis, I provide a detailed discussion of the arranged marriage metaphor and the influencers on the brand relationship which leads to a model (See Figure 3.) of seniors' pharmaceutical brand marriages.

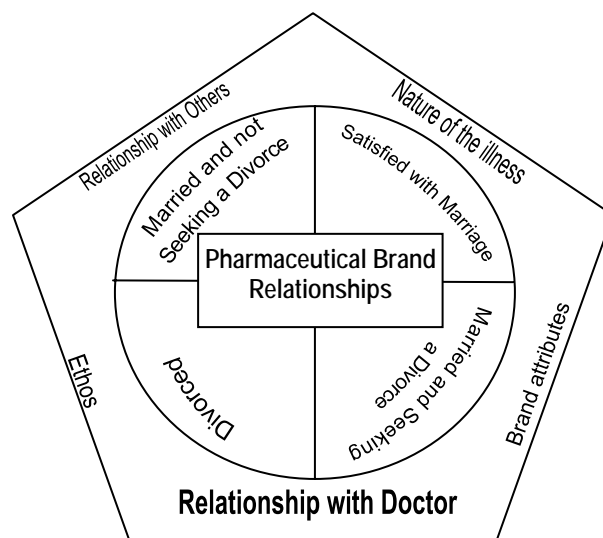


Figure 3. Model of Pharmaceutical Brand Relationships

Model Description

Seniors who are satisfied with the marriage indicate that they are pleased or content with the drug and expect the relationship to last into the foreseeable future. Whereas seniors married and seeking a divorce express dissatisfaction with the relationship and do not desire the relationship to last into the future. Seniors who are

married and not seeking a divorce do not express satisfaction in the marriage rather they indicate that they are not totally pleased with the relationship. They indicate that although they are not happy with the brand, for certain reasons they are not pursuing a divorce from the drug and they expect the relationship to last into the foreseeable future. Seniors who are divorced from the brand have had a prior marriage with the brand, but the relationship was severed either by the senior or by the doctor when a problem with the brand could not be overcome. These seniors also do not expect the relationship to be reinitiated in the future.

Influencers also emerge within the four relationship types: relationship with doctor; relationship with others; brand features; ethos; and nature of illness. These influencers are unique to each informant and exert varying amount of influence on the relationship.

The relationship with the doctor influencer describes the informant's relationship with his/her doctor. This includes the senior's trust in the doctor, the length of time the informant has seen the doctor, the informant's past experiences with the doctor. Seniors, for example, who do not trust the doctor may not trust the brand to perform adequately.

The relationship with others influencer is defined by informant's indication of influence that other people have on the brand relationship. For example, some informants indicate that the vicarious experiences of the spouse or peers influence the relationship with the drug brand.

The nature of illness describes the influence that the depth and breadth that the physical ailment of the senior has on the brand relationship. A stroke, for example, may

be both an acute and a chronic illness, or osteoporosis may be considered only a chronic condition.

The ethos influencer describes seniors' explicit indications of a distinctive attribute, philosophy, or attitude. For example, when a senior who expresses that they are by nature a cautious person, this is an indication of their ethos.

Brand attributes also influence the nature of the brand relationship. Components of this influencer include past experiences with the drug, cost of the drug, side effects from the drug, and physical characteristics of the drug such as a pill being in capsule form.

Idiographic Analysis

Introduction

In this section I use interpersonal relationships and arranged marriages as metaphors to explore how individual seniors interact with their pharmaceutical brands. Relying on the arranged marriage metaphor I suggest that the doctor is analogous to the marriage broker who arranges brand marriages. As with arranged marriages where a number of influences can affect the choice of and future with the potential mate, influencers may also act upon the brand marriage.

Case I: Jim: angry and distrusting.

Jim is a 69 year old retired entrepreneur. He developed and ran an engineering business which he recently sold. Jim's previous wife died four to five years ago, he lives with his current spouse (Betty) of four years in a middle-class neighborhood in a small

Western Canadian town. They have resided there for three and a half years. Jim served 12 ½ years in the Canadian armed forces medical services. Jim was also a “manager of industrial training” for three years at a college in western Canada where he trained gas company personnel in safety.

Influencing Jim’s brand marriages is his belief that drugs can mask the underlying cause of the illness. His experiences as an army medic have demonstrated to him that drugs are not to be trusted to solve the problem. Also influencing his brand relationships is his belief that the doctor prescribing drugs needs to be aware of the limitations and possible negative consequences of drugs.

I should tell you also that I spent twelve and a half years in the armed forces medical services; I was an army medic, combat medic, for a number of years.... And, so I worked in a dispensary as part of my military responsibilities and did sick parades and everything. So I have a bit of a background in pharmaceuticals and certainly dispensed a lot of drugs. Now, that was very important thing to me, when one has to be so careful of masking conditions with drugs rather than looking at what kind of results are coming from the cause, causation or whatever.

His past experiences as a safety instructor also influence his belief that people are not always objective. He believes that other people’s understanding of a situation is affected by their emotional state rather than their rational ability. When confronted with individuals that have a brand preference, Jim does not believe that they actually have a preference for a certain brand. Rather, he believes that they are letting subjective information overrule objective facts.

Pygmalion is, you believe something to be true, and regardless of what other people may think or whatever it’ll be good for you; you’ll feel better. Pygmalion, if you believe it, it’s gonna be true. And that’s what Pygmalion is, the old god that was produced and this guy decided that, well yes I would like to have a living version of this woman. I used to teach that actually in school in my investigation courses. An investigator will believe something to be true and that whole investigation will be around his beliefs and that’s what his findings are gonna be.

I thought of that so many times in investigations where a person that does an investigation. We know of good cases that come to mind in our court system in Canada. We know what happened to that fellow down east, that native fellow and the one in Saskatoon that the police had decided that, yes he's the guilty person and everything. Their whole investigation was based upon the Pygmalion effect; that I believe it to be true and I'm gonna prove it. And they can.

Also influencing his brand relationships is his conviction that no one brand is better than another if they have the same ingredients. He believes that companies are not to be trusted when they suggest that their brand is better than other brands on the market.

I think that these drug companies that advertise that their's the only one that works are full of a bunch of baloney. Because if the product is the same, from my understanding, chemicals are chemicals and if they are mixed the same, they do same thing.

The uneasy relationship that Jim has with doctors also influences his brand relationships. Jim believes that doctor accreditation is merely a mark of practical ability and is not to be used as a basis of trust. It is this distrust in doctors brought about by his past experiences that instills in Jim a determination to discover whether or not a doctor is up to his standards of ability. Interestingly, Jim's relationship with his current wife is not influencing how he interacts with the brands, as he is not concerned about his wife's uneasiness over his interview process of doctors. Jim attempts to ensure the best possible match by searching the doctor for information that is not readily available. In doing so he may also cause social disharmony between himself and the potential doctor, however, Jim gives little weight to these doctor relationship side effects.

I want to know what their specialty is and what their attitude is towards this, that, or the other things. And I actually interview them. And they really don't like that. Now who's this guy coming into my office and interviewing me, I'm a doctor. And here in fact are my certificates. That doesn't impress me. Because certificates are an achievement based on either a 75% passing mark or an 80%, or whatever the case may be, and I want to know what they got wrong. And I'm serious about that. I actually do interview. My wife is very embarrassed, my present wife is

very embarrassed when we came out here and interviewed doctors, for who's going to be my medical doctor. And that's too bad. I question my doctor every time I go into his office.

Jim's emotional retelling of the suffering his previous wife went through before she died indicates that he is still grieving and angry over the loss of his wife. As indicated above, Jim carries this pain with him as he interacts with the medical profession and with his current wife. Jim's distrust in doctors leads him to consider that doctors do not always do the best possible job, and they give little credence to the patient and the family's concerns or remarks in medical matters. For Jim, doctors are not to be trusted to always know the best course of treatment, and they are not to be given complete trust in matters relating to the prescription of drugs. Jim's tragic loss of his first wife dying from what he believes to be a doctor's mistake not only stimulates the degradation of his trust in doctors, but it also negatively influences his relationship with his brands.

My last wife, before this one, passed away because the doctor misdiagnosed her. He said that she was suffering from pneumonia, and was treating her for pneumonia....and she died, at home, one night....and I told the doctor the week before, I said, I don't think she's got pneumonia. I think she's got a blood clot....So anyhow he diagnosed her with pneumonia. She had a large blood clot in her lung and she died from that. So again, I'm very critical of doctors and what they prescribe....my wife and I loved each other, and we were just really, I was devastated... for a mistake, for a doctor to make a mistake like that. Instead of going further with things and listening to what I said, he didn't. And as a result, it cost her, her life. I believe that you have to take charge of your own family; you have to look after it, and don't trust the drugs that are coming out.

Also influencing how Jim interacts with the brands is his past experience with drugs in treating his chronic stomach illness. Jim had taken *Tagamet* for years before the doctors discovered that there was a serious problem developing with his stomach. The illness suddenly changed from a chronic condition to an acute illness which required an

extensive operation to his stomach. The change in the illness from a chronic to an acute illness also influences Jim to negatively evaluate his brands.

When they finally discovered that the acids from my stomach had burned a hole through my diaphragm, and my stomach sucked up, because of negative pressure in my chest; sucked up into my chest, and my stomach deformed and corkscrewed through two places in my right lung and one around my heart and into my left lung. So I have this disfigured corkscrew stomach that really wasn't doing that much good, and because I was taking certain drugs, the symptoms weren't there to alarm the doctor that there was something serious happening.

Jim's relationships with his brands appear to be influenced by his ethos which was developed from his past careers, his relationship with the doctors, whom he distrusts, and his past relationship with drugs which brought about a change in the nature of the illness, from chronic to acute. The relationship he has with others, his previous wife dying, also influences his relationship with the brands, however, his relationship with his current wife does not appear to be influencing his brand relationships as he is not concerned that she is embarrassed by his interviewing of doctors. These influencers impact his relationships with brands and instill in Jim a desire to seek a divorce from his current brands.

I've been on *Flomax* now four about years now and I'm gonna to start to be asking, well I've already started asking as a matter of fact, what else can you put me on.

Jim appears to be in a perpetual state of seeking new brand relationships. His and his wife's past experiences with doctors and brands instills in Jim a distrust of doctors and drugs. His belief that drugs mask problems also negatively influences the brand relationship. These influences act upon the marriage and influence the length of his brands relationships.

Case II: Betty: searching for improvement.

Betty is a college graduate who is married to Jim and is physically active at 70 years old. Betty does not take “too much for drugs” but, she is a conscientious person who “faithfully” takes her drugs. Betty was prescribed *Didrocal* three years ago to combat osteoporosis. She waited two years for a bone scan to discover that the drug did not work. Her doctor then prescribed *Novo-Alendronate*, which he believed was a better drug than *Didrocal*. Betty does not blame the *Didrocal* for the inability to control the osteoporosis, instead she blames the doctor for not telling her that he had doubts about the brand. Betty now distrusts the doctor to prescribe appropriate brands that would combat her osteoporosis. The changed relationship with the doctor and the divorce from the *Didrocal* appears to have influenced her relationship with the current brand, as she does not place total trust in the abilities of the brand. Although Betty appears to be unhappily married to the brand, she is not seeking a divorce from the brand. She feels that she is in the precarious situation of waiting for a year to discover the effectiveness of the brand in fighting the osteoporosis, before definitive action can be taken towards the relationship.

It was very disappointing. Because I had been exercising and walking and taking *Didrocal* faithfully. So he said well, he didn't really know whether it was going to work or not but it was the one that was covered by insurance. So I was a little bit annoyed, because I wouldn't have minded paying for one that was definitely going to work. So now I've got to wait two years and see if this is going to work.

Betty's past experiences with the drug also appears to influence the relationship with the brand. Betty had tests done which determined that she has asthma. The asthma began Betty's three year experience with *Flovent*. Betty believes that she was faithful to

the brand for three years, but the brand was not faithful because it did not do its part of controlling the asthma cough. When the drug does not meet her expectations, she is angry, disillusioned, and disappointed, and doubts the brand's claims. Betty's ethos also appears to be influencing how she relates to the brand when she indicates that she believes the tests showed she has asthma. Betty believes the tests and expects that the *Flovent* should help her control the chronic condition. However, the failure of the brand to assist her in controlling the asthma prompts her to believe that the brand is untrustworthy. Her ethos is also distinct in how long she took the *Flovent* without the asthma getting better. Betty believes that three years is sufficient enough time to determine the ability of the brand to combat the illness, and the trustworthiness of the brand and so she sought out her doctor and asked if she could terminate the relationship. The doctor complied and Betty divorced herself from the brand. Betty's belief about her asthma also appears to be influencing her belief about potential future brands when she indicates the desire to have a brand that will assist her in controlling the asthma.

I didn't feel it helped at all, but I tried it three years. Maybe I should be on something because I do have the beginnings of asthma. We should keep in check so I think I'll go back and see if there's anything, something else.... I don't think we've got the cough figured out....well I had been on it for three years and I was still coughing. That's all I can say, I think. I just felt it wasn't, and wasn't doing me any good, 'cause I had thought I would be taking something that would stop this cough if it was asthma related. And being tested in the city they say I have the beginnings of asthma. So if *Flovent* is for asthma, why didn't it stop the cough?.... well I was just very disappointed in it. I think it's not what it was cracked up to be.

Betty's relationships with pharmaceutical brands are dynamic and diverse. Her relationship with *Didrocal* ended in divorce when the test indicated that it did not help with the osteoporosis. She does not indicate that the brand is to blame rather she blames

the doctor for not prescribing a better brand. Upon the divorce from the *Didrocal* the doctor prescribes her *Alendronate*, thus beginning another brand relationship. However, the past experience with the *Didrocal* influences Betty to not totally trust the brand to be effective. She indicates that she is now waiting for a year or more for a test to determine the effectiveness of the brand before she trusts the brand.

The marriage to the *Flovent* likewise ended in divorce after three years of Betty faithfully taking it. She indicates that the brand did not stop the asthma cough and so she consulted with her doctor before she stopped taking the drug. Even though there have been other problems in her relationship with the doctor, it appears that Betty still trusts the doctor to guide her in her decisions concerning the drug. Betty does not, however, trust the brand because it was advertised to help with asthma and it did not help her with her asthma.

Case III: John: searching for restoration of relationships and normality.

John has lived his entire life in the same mid-sized Western Canadian town. He is a divorced 59 years old retired butcher. He worked for an international grocery chain for almost 40 years. He lives in a middle-class neighborhood and considers himself as being in the low-income bracket. John does not have any post-secondary education; however, he has had “on the job training.”

Seven years ago, while still happily married to his wife, John suffered a heart attack. Once John returned home he was confronted with a change in personality which caused him to “fly off the handle” and “lash out” at people. His wife began to take notice of the signs of impending rage.

She picked it up right away, she could, she would tell me after some time, yeah it's starting. It didn't slow it down or anything but at least we both knew.

The relationships that John has with others in his life influences how he feels towards his brands. John loved his wife and did not like how his behavior, after the heart attack, affected his relationship with his wife. The desperation John felt in the stressed relationship with his wife facilitated a relationship with *Fluvoxin* as a means to reduce stress on his marriage. The doctor indicated that it may take up to three weeks before the drug begins to work effectively. John was desperate for a return to normality in order to resolve the tension with his wife, and bases his opinion of the brand on how well it returns him to his normal self.

After three weeks previous, when he tried me on a couple of other antidepressants, since three weeks was up, it was like it is not working. So I was most impatient; because I loved that girl. That was so important to me to not be a jerk to her and...There was a measure of desperation there with...so I was very impatient when I didn't get the results, and if they didn't help me with my moods and or my sleep pattern.

John's approval of and commitment to the brand relationship is influenced by how they affect his interpersonal relationships and how they effect his daily life. John is also caught in anxiety and despair over causing not only a disruption in his marriage, but in his uncontrollable change in self. However, John's concern for his relationship with his wife is alleviated when the drug restores him to normality. The chronic nature of the illness and the experiences that John has had with the brand over the years also influences his relationship with the brand. He has had a number of years to reflect on how the *Fluvoxin* has affected his life, from controlling emotions to how well he sleeps while taking it, and indicates that he is satisfied in the brand marriage.

It (*Fluvoxin*) helped me after I had my heart attack. You can sure appreciate all the chemical changes that are going on in your body your body is just under attack while you're having it. The chemicals in your body are trying to adjust for it, and after I got home from the hospital I, at the risk of being blunt, I was a prick at times. And, and I could feel myself getting that way, but I couldn't stop myself, I had no control over my emotions or my moods, and it very nearly destroyed a girl (his former wife), my relationship (with his former wife)...Anyway, and they finally arrived at this one here. And it's been a blessing for me. Perhaps there's other ones it would work just as well. We lucked out with this one, but it doesn't alter my moods so I'm giddy or nothing like that. I can function well with it. I sleep well with it.... yeah it's just worked out very well for me.

John's current relationship with *Fluvoxin* illustrates an instance of a problem encounter which is overcome and leads to satisfaction with the brand relationship feels that a destabilizing acute heart attack had negatively altered his emotions and this negatively impacted his relationship with other people. The social impact, in John's case, is unique among the informants. He indicates a strong desire for the drug to facilitate the maintenance of his relationship with his spouse. John's disruption, or problem, occurs in that he is impatient for the drug to become effective and even doubts that it will even be effective in restoring him to his former self and his relationship with his spouse.

You know when you were first playing baseball, and someone said to you stick in there, it won't hurt. And you thought mmm, yeah, but they're throwing the ball at me, not him. So that's kind of the way I was thinking with the drug at the time. It's like he's saying (the doctor) it takes time for it to kick in and I'm...okay, but is it gonna kick in? So that's where the doubt came in to it.

The *Fluvoxin* eventually returns John to his normal self, which in turn smoothes out the relationships with his spouse. In reflecting on the return to normal life he indicates not only the functional benefits of the drug, but also a strong positive emotional attachment to *Fluvoxin*.

Interviewer: when you say satisfied, what is that?

John: I don't have the emotional swings, don't get me wrong here it doesn't give me a high or anything like that, it's just that I know in my heart of hearts the way

I should be conducting myself, and flying off the handle and lashing out at people for no reason at all isn't in my makeup.... normally. And that drug does that for me. So I'm very, very satisfied with it.

John lives alone now, as he is divorced from his wife. John recently suffered a stroke which left him with minor speech impairment. During his hospitalization the doctor severed the relationship with the *Coumadin*.

I was on *Coumadin* before and of course when you have a stroke that's the first thing they get you off of is any blood thinners that would potentially go through any aneurysm, or whatever, that could be building.

John's weighing the costs and benefits and choosing to focus on the positives appears to have influenced his evaluation of the relationship with the brand; although John suspects that the *Coumadin* may have caused his stroke, he does not blame the drug for the stroke. John rationally weighs the costs and benefits of *Coumadin* and concludes that it was the lesser of two evils and grudgingly accepts the precarious situation that *Coumadin* may have put him in. The nature of the illness also appears to have influenced John's perceptions of the failed marriage when he accepts that he is a person who is living with a chronic disease.

Well I didn't blame it, because the reason I was on it to begin with is... during a stress test a few years ago, they discovered that I had a hiccup in my heart beat. So you're damned if you do and you're damned if you don't, and at that time, yeah I needed *Coumadin* and they monitored it and monitored it..... I had to go get my blood taken like weekly biweekly, or if it was under control they would keep it a biweekly, even make it a month, but if it started dickin around too much then they would change it and have me go... So I did need to be on it. I didn't attach any blame to the *Coumadin*.... for causing a heart attack any more than I could blame those (points to cigarettes) if I was ever diagnosed with lung cancer. And that's a little like pullin' the pin on a grenade and puttin' it in your back pocket, you know, you're praying that it doesn't go off but chances are it's gonna.... so yeah, the *Coumadin*. Though I needed to be on it, when I was on it and..... if being on it, combined with a preexisting condition I had, caused the stroke well, geewiz.....

John was prescribed *Dilantin* after his stroke; “I was given that in the hospital for seizures 'cause he went in one day and he notices a little tic in my arm, and bang, I’m on this stuff.” Although the relationship with the *Dilantin* began smoothly, it encountered difficulties when John began to lose weight through a loss of taste. The disruption of normal life instilled in John a desperate desire to discover the cause for the loss of taste. His belief that the problem must originate with himself and that the drug is to be trusted appears to have influenced the relationship with the brand in that, although John suspected that the *Dilantin* may have caused the loss of taste he is not ready to immediately blame the drug; he first considered that he is to blame. Also a part of his ethos that is influencing the relationship with the brand is his being confronted with the possibility of a radically altered life. John armed himself with determination and prayer in preparation for a quest to retrieve his lost taste and thus restore his life.

I'd already talked to my doctor about it. I think that I just resolved that I was, come hell or high water, gonna find out exactly what it was that was causing it and pray, now all a time that I was doing that, now I gotta go back to this. I have this nagging thing all along to that it wasn't it at all; it was what had happened to me that caused it. And just hoping against hope that it wasn't. Cuz can you imagine if you have no taste buds or everything you tasted, tasted suspiciously like dogshit.

John’s life was disrupted by the depressing loss of weight. John’s loss of weight coupled with the past relationship with the drug leaving the side effect of a coating on his tongue, stimulates his depression and influences his relationship with the brand. John’s personal beliefs exhibit influence on the brand relationship when he chooses to look at the positive side of the brand relationship.

It was just very depressing, and it's everyday, almost, I would get up and, and soon as I realized that I was losing weight I....I'd get up and I'd weigh myself and really, it was just like, it was just dropping. And it was very depressing, because I

thought well, you know, you can't keep on doing this you can't you can't keep on not eating, you're gonna die from that. But by the same token I had no urge to eat because everything either tasted, had a poor taste to it, or no taste to it. And it was leaving a coating on my tongue, and it gets a little gross here but, I would spend and a half an hour every morning trying to scrape this off, so it was no fun and it was very depressing, very depressing. Until I realized I hadn't thrown out the whole wardrobe of jeans, or what have you, and I had my clothes now that I hadn't been able to wear for about twenty years so, there's an upside to too.

John was unsure which of his drugs caused the loss of taste and considers that the *Dilantin* or the *Crestor* may have caused the problem. As John's weight loss continues, he first asked his general practitioner (G.P.) about possible causes. When the doctor was unable to restore John's taste, he began to doubt the doctor. Disappointed in his G.P.'s response, he consulted his specialist to no avail. John felt angry and doubtful of the doctors when they were unable to restore him to his familiar self. Disillusioned in the doctors, desperate to restore his taste, and armed with hope, John searched the internet for possible causes to the problem. The search to the *Crestor* web site also left him angry, disillusioned and disappointed that he is unable to restore his taste. John's belief that he may be to blame and not the drug, exhibits itself when he speculates that he may have cancer or some other fatal disease.

That doctor, he may have known what drugs I was on...but I didn't have the confidence that he knew what all the drugs I was on. I was hoping also that I would go to the *Crestor* site and have something jump out at me. It would say, and if you're on *Tizac*, for instance, you could lose your taste buds or...if you had a stroke and you're on whatever...if you take *Crestor*...there's that potential...I was hoping for that too...Why I went on there...I suppose a combination of, I wasn't sure whether he (the doctor) knew what all the drugs I was on, plus desperation. Christ when you, you drop 55- 60lbs. You don't think you're a fudge packer, you know. You think, jeez, I can't think why I would ever have AIDS. And no I'm not kidding, the things that go through your mind when you're droppin weight, and you know that your food tastes crappy but you think, well...maybe I've got some kind of body ravishing cancer or what have you.

Not surprisingly, John's negative experiences with drugs and doctors have influenced his trust in them. Earlier in the conversation John indicated that the loss of taste was restored when the doctor "through a process of elimination arrived at that" (*Dilantin*). When the doctor does discover the cause to John's loss of taste, he renews his trust in the doctor, however, the trust is no longer absolute. John indicates that now when problems occur he relies not only on the doctor, but also in his new awareness of his body.

Well, I've been on so many med's for so long now that I've become a little more attuned to what's going on myself. It's sharpened me up and rather than look at disclaimers, or even for that part accepting exactly what my doctor says to me is as gospel, I do little research my own self. And as a result, if I come up with something that makes me question his advice or his knowledge or whatever, I ask him.

John readily accepted what his doctor had to say in all matters relating to his health until a problem arises which causes him to doubt the doctor. John's trust in drugs is also influenced by his relationship with the doctor, such as when the doctor is able to restore John to an acceptable physical state. John's beliefs also appear to be influencing the relationship with the brand when he indicates that a certain level of health is acceptable. Upon the partial restoration of physical self, John indicates that he is satisfied with the marriage with the brand and drops the search for a better drug.

Well, you know, by and large, I've got such faith in my doctor that I'm really not, aside from this one incident (loss of taste), had any reason to go look for information. Reason being after my heart attack, they prescribed these things (*Crestor*) for me. And they said that they would control my blood pressure. So the first visit I had after my heart attack, I went in and he took my blood pressure, and, 121 over 80. Good, sure beats the hell out of 200 you know so, because I got the results that both he and I were wishing for...I didn't explore any further.

John has a number of dynamic relationships with pharmaceutical brands. The relationship that he had with *Coumadin* ended in divorce when the doctor severs the relationship after John has a stroke. In reflecting on the divorce from the drug, John admits that he considered that the drug may have caused further illnesses, but he does not blame the drug because it may have prevented another heart attack. His ethos and the nature of the illness also appear to influence how he views the terminated relationship with the brand. His attitude of looking on the positive side of the loss of weight sheds a positive light on the situation, and his perception of the chronic illness is such that he resigns himself to being a person living with chronic illness and as such, he does not blame the drug for the harm it may have caused.

John's marriage to *Dilantin* begins suddenly when the doctor notices a tic in John's arm. The relationship begins smoothly, but when John loses his taste he considers the possibility *Dilantin* may have caused his loss of taste. The relationship is further damaged by the fact that John has to scrape a coating off his tongue that was from *Dilantin*. As with *Crestor*, once the doctor restores his taste, John restores his faith in *Dilantin*. The relationship he has with *Crestor* also begins smoothly, but John begins to consider that, like *Dilantin*, *Crestor* may be responsible for the loss of taste. John endeavors to find the problem by consulting his doctors and the *Crestor* web site. John becomes disappointed, disillusioned, and angry with both the doctors and the brand when they do not help him regain his taste. A doctor finally restores his loss of taste and John restores his faith in the brand and the doctor, However, John indicates that through the process of the loss of taste and the difficulty in getting it back, that he has become more aware of his body. If another problem were to occur then John indicates that he would be

less trusting of the doctors and would seek to find out for himself the cause of the problem. At the time of the interview, John appears to be satisfied in his brand marriages to *Crestor* and *Dilantin* despite the problems he encountered.

Case IV: Sally: searching for quality of life.

Sally is 79 years old and lives in a middle income neighborhood in Western Canada. She has lived at her current residence for the last ten years. She has an R.N. nursing degree with a specialty certificate in cardiology. She last nursed when she was in her fifties. She has been taking the prescribed pharmaceutical *Thyroxine* for 10 years and has also been taking generic synthetic estrogen for a number of years.

Sally would have tried a natural thyroid product, but the *Thyroxin* works well for her and does not require constant monitoring like the natural product alternative she was considering. Sally is satisfied with the brand because of how well it works and how easy it is to use in comparison to other brands. Also influencing Sally in her relationship with *Thyroxin* is her ethos of trust in clinical medicine when she indicates that other brands are not preferred because they are less scientific.

It doesn't matter to me as long as it works (laughing) and it works. So I don't even know. Well I guess there's natural thyroid but it's too hard to regulate natural thyroid. I would have tried it if it had been easier but it's very difficult to regulate it. And there are very few doctors doing natural thyroid tablets. Maybe more now, but at the time, that I had thought of it, it wasn't a very scientific... like to say it was difficult to regulate.

Sally also suggests that she is satisfied with the brand relationship when she indicates the functional benefits derived from taking the *Thyroxine*. Although she

expresses few emotions towards the brand, the functional improvement suggests a satisfaction with the drug.

It didn't get the extremes of feelings, just maybe a little more energy, and a little more positive feeling after then I was used to....Not so easily upset by things. I don't really think I have much feelings about the *Thyroxine*. Like I say it's insipid and, probably had been there for a long, long time that I had a low thyroid. It wasn't extreme; I wouldn't say it's the same feelings as I have for estrogen which made quite a difference in my life. It's more or less a little improvement is all I can say.

Sally also reveals the influence of brand attributes on the brand relationship. As she indicated earlier, she continues with the *Thyroxine* since it is easy to regulate than the alternatives. Sally also illustrates the influence of the chronic nature of the illness on the brand relationship when she indicates that she will be taking the *Thyroxine* into the foreseeable future in order to help with the illness.

For the rest of my life; a thyroid doesn't get better. It only gets a little bit worse, usually.

Sally appears to be satisfied in her relationship to *Thyroxin*; which is influenced by the drug attributes of it being easy to use, is effective in treating her illness, and is based on clinical science. She appears to have a strong relationship with her doctor and consults him when she has questions about her drugs. Sally trusts her doctor to provide effective medical care even when she has some doubt about his treatment.

Case V: Carol: content.

Carol is 89 years old who has lived in the same town for 43 years. She does not discuss her physical problems or her pharmaceuticals with others. She has few physical problems and feels that you should only go to doctors when you have serious

medical problems. She professes that she is a private person who does not visit her doctor regularly.

Carol: No. I'm not a very doctor person.

Interviewer: What does that mean?

Carol: Because, I don't want to go to the doctor for the least thing. Last time I went to my doctor, the only reason I go is to renew my prescriptions. He said I haven't seen you for a long time. And I said I hope it will be a long time before you see me again. No, I'm very private.

She has one prescribed drug for her blood pressure which she has been on for 15 years and indicates that she is satisfied with the marriage. Her relationship with the brand appears to be influenced by the characteristics of the brand in that it is easy to take and there have been no side effects from taking the drug. "It works fine for me; I take them in the morning. No, I don't find any problem with them at all."

Although the drug is a part of her daily routine, Carol does not know the brand name of the drug she is currently taking. Influencing this is her relationship with the doctor with whom she relies solely on to arrange for the proper drug. This strong reliance on the doctor appears to negate the need for her to know the name of the drug.

Well I sort of leave it to your doctor to know what he's prescribing...like I say, I have no idea where mine comes from, I used to get them in a brown covered tube thing. But the last time it was in a bottle, and I'll bet there is a brand on there.

Carol appears to be satisfied with her relationship with the drug and indicates that it is easy to use and is effective in helping her with her illness. In indicating that the drug has been effective for numerous years, it appears that the past experiences with the drug influences her current perspective of the drug. Her relationship with her doctor appears to

be strong and Carol indicates that she trusts him to prescribe the appropriate drug for her. The trust in her doctor appears to be so strong that she does not need to know the name of the drug.

Case VI: Arlene: frightened.

Arlene is 77 years old and lives with her husband, her daughter, and son-in-law in a middle class neighborhood. She is a spiritual person who is involved in her local church and relies on prayer to help her through difficult times. Arlene has lived in the same town for over 40 years. She dropped out of school in grade eleven and never returned to complete her education.

Arlene currently takes only one drug, *Atenolol*, for her heart condition. Apparently influencing her relationship with the brand are her ethos and prior experiences with other drugs. Arlene's ethos appears to be influencing the relationship in that she likes to maintain control over her body, however, the *Atenolol* does not give her control over her body and she links the side effects of the drug to other frightening experiences in which she was told to never take a drug again. The nature of the illness also appears to influence her in the relationship with the brand. The illness is a chronic condition of the heart and the drug is prescribed to prevent a heart attack, however, the brand also slows down her heart which causes her fear and her unhappiness with the marriage.

Well the main part of it is I get this sinking feeling. And so the first thing I want to do is take a deep breath. I can't really explain it any more than that; other than this sinking feeling. And it's the same feeling that I had when I took sleeping pills; and then I start to shake. When I took epinephrine in the dental office, the first time, it was a frightening experience. I said, something's happening, and then I started to shake. I shook something terrible when I had a sleeping pill and the

epinephrine. Obviously they react badly with me. And it's something I couldn't control. The dentist made me put my head down almost between my knees and he said don't ever take epinephrine.

The relationship Arlene has with her doctors also influences her marriage to the brand. When Arlene indicates to her G.P. that the drug dose was too high and caused her despair and discomfort, the doctor tells her to lower the dosage to once a day. Arlene's fear of suffering a heart attack at night influences her decision to follow a subsequent specialist's advice to also take the drug at night. Arlene does not indicate which doctor, if either, told her to physically cut the pill in half, but she now cuts her *Atenolol* pill in half in order to alleviate the fear of a heart attack. Also influencing Arlene's brand relationship are the brand attributes. Her past experience of negative side effects from taking the drug at night and that she feels the desire to control the dosage influences her dissatisfaction with the current brand and any possible future brands. When she does take the drug at an inappropriate time at night, or not at all, the side effects of her heart slowing down in the night scares her and she wakes up. Arlene dislikes that *Atenolol* disturbs her sleep and would like to follow her doctor's recommendation of a new brand, but the pills come in a capsule form which makes controlling the dosage difficult. Arlene is in turmoil over following one doctor's recommendations of taking the drug at night and another doctor's recommendation to lower the dosage. The doctors' conflicting advice also appears to influence her negative evaluation of the *Atenolol*.

Oh, I didn't like it at all. So that's when he (the G.P.) cut it (the dosage) in half. And he said not to take it at night. And then one of the other doctors I was seeing, he said you know it is important that you take this sometime in the evening so that it will carry you through the night, because otherwise you could suffer a heart attack in the night if your blood pressure went up during the night. And that kind of concerned me. So, I try and take my last dose at about 6:00. But then I forget, like last night; I had a bad night last night because I didn't take this (*Atenolol*)

until almost 10:00. And yet this one I'm taking, is a very minor dose; a very small amount....When I first started taking it the doctor prescribed 500mg. Now I take 250 but, I take half of that in the morning and half in the evening. Actually I should take it even earlier because it does affect, my heart slows down considerably. And I have a slow heart pulse rate anyway. And the doctor would like to put me on other medication but, I said is there anything you can put me on that I could take half the dose? And so many of them are in capsule form; and he said, no, not really. So I stay with this. But I'm not totally satisfied with it.

As the above passage indicates, Arlene would like to try another drug but the doctor is unable to accommodate her and provide a brand without side effects. As such, she tolerates the frightening relationship. Her ethos appears to influence the relationship with the brand again in dealing with the side effects of the drug. When she wakes up during the night, because the drug is causing her heart to beat rapidly, she is anxious and fearful and seeks solace through prayer where she finds comfort in trusting her god. The prayer appears to provide her with the comfort she needs to continue the brand relationship in spite of the negative side effects. Her relationship with the drug also seems to be influenced by the feeling of being alone, that she is unique in her reactions to the drug, and this may be stimulating her desire to look for a drug that does not have side effects.

Well it just feels like, it's a sinking feeling, a terrible sinking feeling. And then all of a sudden, I wake up fast, and then all of a sudden my heart will start pounding. That's exactly what happens. It's just like you were dying....I always pray during that time, and that helps me to relax and feel better. I do a lot of praying at that time. It gives me a lot of satisfaction and peace of mind, trusting the lord through this. I've never met anyone else that goes through this (laughing).

She feels angry that she is stuck in a situation that brings with it the feelings of anxiety and fear of death. It appears that her relationship with the brand is also influencing her relationship with the doctor, and her view of clinical medicine, in that she

has become disillusioned and disappointed in her doctor and clinical science given that they are unable to provide a drug for her unique needs.

Interviewer: So what do you think about the drug now?

Arlene: Well it seems like I don't have an alternative.

Interviewer: If you were to describe emotions that go along with that, not having an alternative, what emotions would go with that?

Arlene: A little bit discouraged with the medical profession, or whoever. I don't know. There's another thing, I said to doctor, I said, is there not something they could give me without side effects. And he said very emphatically, he said Arlene there is nothing (emphasis on nothing) that I can prescribe for you that won't have side effects. And those are the very words he used.

As such, Arlene is cautious when doctors prescribe new medicines. She would like to see doctors discover more about their patients before they start prescribing drugs and admits that she has recently begun to seek out natural alternatives to clinical medicines. She feels that neither the natural alternatives nor the clinical drugs are a cure to her problems, this doubt of drugs influences her view of doctors in general.

I think what it is, is just the heart slowing down, or something. That creates that feeling. It's just like maybe, I've never passed out but, maybe it's the same feeling that people have when they go to pass out or something. I just feel as though I'm terribly weak and then I get to a certain point and then I start shaking and I can't control it. So my thoughts for doctors is to do a lot of, consider the person that they are prescribing drugs for and if they had any experience at all of reactions to the drugs....Another thing, I had an operation in the city hospital for my gallbladder, they removed it because it was full of polyps. And I told them, I said be very careful with anything you give me. Well, afterwards they gave me pills for pain and I was reacting badly....so, it makes me nervous about going into the hospital for anything more, having any more treatment. And it's only been the previous three, four years that I've started looking into more natural things to take to help me. And I believe they help, they're not necessarily a cure but, neither is your medicine that you take, isn't a cure.

As suggested above, Arlene feels that doctors need to do more when they prescribe drugs. Her distrust in doctors appears to result from prior vicarious experiences in which she believes her brother died from a doctor's mistake. This past experience

appears to instill in her a distrust of doctors and a reliance on family to help her control the medications she is given.

In terms of the drugs, I feel that the doctors need to take into consideration a lot more things about people before they prescribe any drugs. Because there is, and I believe there are a lot of doctors that have made errors, because they have neglected to do that. And people have died as a result; I have a brother who did. So I've told my family, be very careful if I have to go into the hospital; just don't let them give me too much medication.

Arlene appears to be unhappy in her brand relationship. However, since there are no other brands which do not have side effects she continues taking the drug and does not seek to end the relationship. Influencing her relationship with the brand is her desire to be in control of her body and finding comfort in prayer when the brand side effects cause her to become frightened. Also influencing the relationship with the brand are her relationships with doctors. Arlene appears to not totally trust doctors to adequately practice medicine in that she suggests they need to consider more of the person when prescribing drugs. Her relationship with the doctors appears to be likewise influenced by her brand relationship when Arlene indicates that the side effects from the drug suggest to her that doctors may not be considering the reaction of the person to the drug. It also appears that the relationships with others who are taking the drug influence her marriage to the brand. She indicates that other people have not had problems with the drug and this leaves her feeling alone in her relationship with the brand.

Case VII: Bill & Karen: trusting and doubtful.

Bill and Karen are 75 and 71 years old, respectively. They currently live about 100 kilometers from a dairy farm that they owned and operated for 21 years before

retiring about 10 years ago. Both Bill and Karen were born in Holland and return there to visit regularly. Bill had two years of agricultural post-secondary education in Holland. Karen also completed her high school education in Holland. Bill is still active on his son's farm where he is involved in the daily operations, such as feeding cattle. Since Bill and Karen have health care coverage, they do not pay the full price for all of their drugs. Some drugs are not automatically covered by the plan and need additional doctor intervention in order to be covered by the insurance plan.

Bill has Crohn's disease, a chronic condition which is maintained by daily doses of prescription drugs. Bill had a non-life threatening heart attack about four to five years ago and after it he was prescribed *Plavix*, *Nitroglycerin*, *Pravastatin*, *Metoprolol*, and *Symbicort*. He has also had one kidney removed about one year ago which also resulted in the prescription of *Trandolapril*.

Bill's relationship with his doctor is based on the belief that the doctor is to be trusted and as such, Bill has total faith in the doctor who prescribes his medicine; "I go strictly by my doctor, what he says."

Bill developed a severe cough after a kidney operation and after coughing and taking the *Trandolapril* for about two months he consulted the pharmacist insert which came with the drug and discovered that *Trandolapril* could cause a cough. The relationship with his doctor influences Bill's relationship with the drug in that before he stopped taking the drug, Bill consulted the doctor to determine if the drug was indeed causing the cough. The doctor agreed with Bill that the drug could cause a cough and severed the relationship with the *Trandolapril*, and prescribed Bill the *Diovan*.

Bill: And I was coughing. I was starting to cough my head off.

Bill: I said this is crazy. I looked it up...

Bill: They gave me a paper with it, that's right. And it says you might develop an awful cough and you might be dizzy. I never got dizzy with that stuff (points to the other medicines he is taking) they're all right. But the coughing... And I went down to the doctor I said so and so. Ohhh he says, we'll give you something different; that's right, that medicine will make you cough. So then he gave me that *Diovan*. And I never coughed anymore.

Even though Bill is prescribed numerous drugs, the *Trandolapril* is the only drug which he reacts to emotionally. His past experiences with the drug causing a cough which disrupted his daily life influences how he felt about the brand and his subsequent actions to consult the doctor in order to end the relationship with the brand; "I said I gotta get off of that. Those buggers, they're going to kill me."

Bill also illustrates the influence of brand attributes on his brand marriages when he points out that he does not always take the drugs as regularly as he should because they do not fit into his pocket. As such, he can not take them with him on his daily routine. The only drug he does not go without is his nitroglycerin, and this is because it fits in his pocket.

See, the nitroglycerin, it fits in my pocket. But I can't stick those pills all in my pocket. Right? So if I go, see I get up in the morning and I take the first dose....I don't forget that. I take the first dose and then I go to work.

Bill has seen ten different doctors for his varied medical problems. Two doctors were GP's, and the others are either specialists or surgeons. He has complex relationships with these doctors which involve relying on one doctor's advice over another's. After his heart attack the local heart specialist, Dr Holmes wanted him to meet a surgeon in a distant city. The specialist also indicated that Bill was not to consent to any operations

that the surgeon might suggest. Bill does as the specialist asks and visits the surgeon. Bill relies on his ethos to suggest that the surgeon's motives were driven by the desire to do the operation for monetary gain.

But this is the feeling that I had right away. He says, we are going to do this, we are going to do that, and we're going to do such and we're going to do so. And I said to him oh you need a new swimming pool? Do you need a new swimming pool, I said. And he was finished. Because I seen a man that had a heart operation there, and he walked in there like a zombie.

Although Bill trusts in his current doctor to prescribe drugs, he is selective in which doctors to trust. Bill's belief of how good doctors should conduct themselves appears to influence the relationship he has with the doctor. Bill believes that he can determine whether a doctor is good or not by how they conduct themselves when they are with a patient. Bill believes that a good doctor relies on their knowledge and not on a book. If the doctor relies on the book, then Bill considers them a "quack" and does not continue seeing them.

Bill:You can tell on a doctor...that he is a doctor or he isn't.

Interviewer: How?

Bill: They operate by the book. There is a doctor in town and he said well, we will see what the book says.

Karen has thyroid problems, which was discovered solely through blood tests a number of years ago, and it is treated with a single daily dose of *Synthroid*. She also has diabetes and is prescribed *Metformin* for the condition. Karen also suffers from arthritis and had, until very recently, been faithfully taking *Celebrex* to alleviate the symptoms. She had seen the television coverage of both the potential dangers of the drug and the recent coverage indicating that the drug was safe. Her physical discomfort and her fear of potential side effects facilitate her consulting with her doctor if she could stop taking

Celebrex. Karen also exhibits her beliefs when she indicates that the recent media coverage that the drug is safe is not to be relied on because the marketer is only concerned about selling the product.

He said I could take...if I wanted I could go off of them. And he says if you really feel bad, take one. Take the Celebrex once in awhile, but don't take them every day. So, that's what I did...It is kind of scary, some people say that you worry about it and you get ulcers from it, you get a bad stomach. But then other people on TV say that it is okay. But you know that is just writing to sell the darn stuff, that is the company that is doing it.

Bill accepts what his doctor advises while Karen wonders what life would be like without drugs. Her trusting in natural products appears to influence the relationship she has with drugs. She desires to be treated for her illnesses using homeopathic methods as are people in Europe. She believes that drugs that are capable of being replaced by natural products should be avoided and that only those drugs not capable of being replaced by natural products should be taken; "I'd rather not be taking anything if I have to. If I can do with natural stuff...I like a homeopath I think better than... in Europe they are way more homeopathic than we are." Karen is also a careful person who never misses a drug dose and maintains the relationship with the drugs by monitoring her diabetes daily; "I keep my diabetes down, I prick myself. I'm really careful with what I do."

Karen doubts the clinical medicine approach to health care which prescribes drugs in an ongoing manner even when the person is not showing physical signs of illness. She concedes that over the counter drugs are also medicines, but Karen classifies them differently than prescription drugs. Her past fearful experience with *Celebrex* also stimulates her desire to limit her involvement with prescription drugs.

You shouldn't actually even have them. If you're not feeling sick, you shouldn't have been able to take the pills. I don't think so. I mean, if I feel good on these *Tylenol*, I know it is medicine too, but if I feel good on them then and I don't have to take that stuff, the *Celebrex*, then I would rather take the *Tylenol*.

Although there are similarities between Karen and Bill, they are remarkably different. Karen's relationship with her husband appears to influence her beliefs about continuing to take drugs. She has seen the number of drugs Bill has taken over the years and is concerned about the effects of taking too many. Karen wonders "if you just left everything alone, what would you feel like? Have you ever wondered that?" To which Bill replied, "No."

Until about four years ago Karen and Bill have had different doctors. Bill also considers a doctor to be good when the doctor can solve the problem quickly and if they can prescribe something besides a drug. Bill is not overly concerned with how insensitive the doctor is as long as the doctor provides relief from the symptoms. Karen, on the other hand, is fearful of Bill's abrupt doctor.

Bill: He had no bed manners or nothing...Dr Dagan (Bill's previous doctor), especially in those days, he says Bill I haven't seen you for twenty years. I say yeah well I'm not sick. And I was sick one time and he didn't prescribe a pill. He says yeah I can prescribe you all kinds of pills, but it won't help. He said to the wife, you go to the liquor store. And Karen said I have never been to the liquor store. He was rough. He swore at her still in those days yet so bad. But get a bottle of rum and he said tell him not to soak his feet in there but drink it; and under the blankets. And he said in three days he will be back to work. She went and got the rum and I took it with hot water, what he told me and I got out from my pneumonia and everything in three days. A lot of people didn't like him because he was rough. But he was a fantastic doctor... he was such a nice doctor, honestly. And the wife hated him.

Karen: I was scared of him.

Bill: She had a sore spot on her breast and he says let's see that old tit of yours. And he grabbed it and he says yup, I will make him an appointment to take it off.

Karen: And he wasn't my doctor. I knew Dr. Ever. And Dr. Ever wasn't in. And just as I looked at him and I looked at the open door and Dr. Ever walked past and I said ohhh, there's my doctor. And I went to see him (laughing).

During the course of Karen and Bill's lives they have had to change family doctors and are currently seeing the same family doctor. Although they have been married numerous years and do not agree on the place of drugs in their lives, Karen and Bill do agree that their current doctor is to be trusted. The trust in the doctor is built on the time spent and the freedom they feel in being allowed to ask questions.

Karen: Doctor Red is a good doctor, have you ever heard of him?

Interviewer: No.

Bill: Fantastic doctor. He has so many patients he can't take no more.

Karen: When you have an appointment with him, he sits down with you, he has his computer and he goes right from the start and talks to you; explains things to you. And that's what I like. And you can ask him questions. I like that, when you can go to the doctor and say, what does that mean. Because some of the things you don't know what they mean; and then he explains. When he (Bill) was there the other day and he said, something about your blood. And I said to him what does that mean? And then he explained it to me, what it was.

Karen feels great discomfort at the thought of pharmaceutical companies interacting with doctors. She admits that certain drugs may work better for some people than for others, but she feels that pharmaceutical companies may have too much sway over a doctor's prescribing habits. She has lingering doubts about the motives of brands and of the prescribing habits of doctors in general.

There might be a drug that may be a little better or maybe not as strong or your personality or your body system, maybe B would be just better for you than A? Although it basically does the same thing, but maybe it's more geared toward your system. But their pushing A because, do I dare say, the doctor's get a kick back on the prescriptions or not. I don't know. But if they would give you B it would be better for you, but because they're committed to A they're not going to give you A instead of B, kind of thing.

Karen's relationship with her drugs is also influenced by the chronic nature of the illnesses which need continuing care. Karen has had diabetes for many years and takes *Metformin* for the illness and she also takes *Synthroid* for thyroid problems. She says she "needs" the drugs and would continue to buy them both if she had to pay the full price. Karen has never missed a dose of *Synthroid* and is apprehensive when asked about how she would feel if she missed a dose.

Well I would probably think...I never forget my *Synthroid*, I don't know why. I do it every morning, it's a routine. I don't know if I ever forget one, what would happen. I don't know.

Bill appears to be satisfied in most of his relationship and indicates that he would continue to buy them in the event that he had to pay their full cost. His relationship with *Trandolapril* ended in divorce when it caused him to develop a cough that disrupted his life. Bill exhibits some anger towards the drug when he indicates that he thought the drug was going to kill him. Before severing the relationship, however, Bill consulted his doctor to ensure that the drug was the cause of the problem.

Karen also appears to be satisfied with some of her brand relationships. She indicates that she has never missed taking the *Synthroid* and would not like to consider what would happen if she missed a dose. Her relationship to *Celebrex* ended in divorce after she consulted with her doctor about her fears of the potential side effects of the drug. Karen indicated that her distrust of the brand was influenced by the media coverage and even her doctor's assurances that her dosage was safe could not alleviate her concerns.

Case VIII Mark and Mary: searching.

Mark is 69 years old, is married to Mary, and they currently live in a middleclass neighborhood in a small town in Western Canadian province. They used to live in a small Western Canadian town in another province before moving to their current residence three and a half years ago. Mark and Mary had a small trucking company which they ran until Mark “suffered a bad heart attack” in 1990. While in the hospital recovering from his heart attack they decided to sell the company equipment so that Mark could retire. After the company was sold Mark worked for another company, “just as a driver,” for about four years until they moved to their current residence three years ago. They travel back to their former province numerous times a year.

Mark has had a couple of serious medical incidents during the last twenty years; the heart attack in 1990 and an emergency operation in 1994 to remove a tumor. Mark indicates that his medical problems were the dominating characteristic of last year. He is uncertain about the future of his illnesses and suggests that his life may be near its end.

I was sick. I was really sick. But I feel good this year. How long that’s going to last, is anybody’s guess. Only the good lord knows that.

Mark also suffered a stroke in 1994 and it was at this time that a doctor prescribed *Ticlid*. Mark indicates that the relationship with drug was not a pleasant one. Mark did not like the taste of the drug and indicates that the drug eventually became like a poison which should be avoided, however, he also indicates that he endured the relationship with the drug until a doctor recently ended the relationship with the brand.

And I do know I was so sick that when I was vomiting I could not pass anything because my stomach had just bulged out like that. And that’s all I could taste was that, when I was vomiting, was that *Ticlid*. And it had become, to me it had just

become just like poison at that time. But after I got back out of the hospital again they put me back on it again. And I went with that basically up till last year.

Mark also illustrates the influence that his beliefs have on his brand relationships. He indicates that he did not expect to survive the illness and attributes luck, and not the drug, with helping him survive.

I think it was probably four different doctors that said I had three to six months to live. I wasn't thinking anything about the drug. I just wondered how long I was going to be able to be around. I don't even know if the drug really had a lot of affect on me. But I had a lot of other stuff going on. But after I had gone to (the city) they found out it was just a large stone in a sack of material on my pancreas. So I got away pretty lucky. In fact, I was very fortunate.

In 1995 a doctor prescribed *Losec* to Mark to help with his stomach problems. It was to be taken on a regular basis. Mark indicates that the nature of the illness influences the regularity with which he takes the drug. He believes that when the illness stops showing visible signs, then he can stop taking the drug. Also influencing his relationship with the *Losec* is the prior experiences with the *Ticlid* and how it reinforces the belief that drugs are foreign and foreign objects should not be put in your body. Mark does not believe that absolute trust in doctors is warranted and this distrust also influences how regularly he takes *Losec*. Contrary to the doctor's prescription that the drug should be taken regularly, Mark adjusts the dosage.

It's (*Losec*) something foreign that you're putting in your mouth and the next thing I don't really believe it was good for you. I know it's designed to do a certain thing and that's what you're, whatever is going wrong with your stomach at that time, which is internal bleeding, get that under control. And then when I'm feeling, when I feel good, I don't feel that I need it, to take it. And that's, I guess that's the best way that I can explain it, that I don't feel that I don't have to take it all the time. Because I do not like taking things because, somebody says you need to take them. The next thing is it's something foreign. And especially like when I was so sick back in 94; I had my tumor and that's all I could taste was that *Ticlid*. You take a pill and it doesn't go down right away, you get to taste that. And you

don't forget that. And that's all I tasted every time I threw up was that *Ticlid* and I thought to myself, I've way overdone it. It was the same thing with *Ticlid*; basically I just took myself from two pills, two tablets a day down to one.

Although Mark does not take the *Losec* regularly, he believes that the drug is to be trusted because of how it alleviates symptoms and how he believes it restored him to his previous physical state. Although Mark trusts the drug, he still believes that there may be unknown long-term effects from taking it. He feels that he does not have all the information needed in order to place full trust in the brand. This leads him to question if there may be alternatives which would provide the comfort he is seeking.

My mental feeling towards it is...it is a powerful drug. But I wonder how good it is for you. Yet I also realize, on the other hand, that this is what I've been taking over the years and has basically kept my bleeding under control in my stomach. I think it's probably healed my stomach many times. At least I don't know if anything else, maybe there's something else out there that would help me, but this is what they have been giving me.

Mary and Mark both believe that having too many drugs can create complications; drugs can interact and create a need for more drugs or even serious complications. Mary also believes that drugs are "foreign" and that drugs may have caused some of Mark's medical problems. He doubts much of the clinical science approach and has come to realize that good health is a personal responsibility that is within his grasp and the good health may let him sever all of his drug relationships. Mark is also disturbed by how he believes doctors over-prescribe drugs and indicates that the reason for the over-prescription may be so that the experience can be used "as a training exercise." This belief, in conjunction with his distrust in drugs in general, appears to be influencing his desire to end the brand relationships.

Mary: And then in my thought, I wonder if having been on all those prescriptions if, maybe last summer wasn't a result of all that foreign stuff that you took into your body. It had to go somewhere; he didn't eliminate it one way.

Mark: Ended up in a growth on my pancreas...I sometimes think, well I think I mentioned before, maybe some of this stuff is over prescribed. We don't need to take as much as we do. But I believe we have been led to believe that we need to take all of this stuff. You take one pill to offset another one, the aftereffects of another one, you gotta take something else. I know that most of the time they're going by what they see in blood tests, probably. I think that probably a lot of it is up to us too, personally. I think if we would just get out and maybe we can do something about our exercise and stuff like that, maybe a lot of this stuff wouldn't, we wouldn't have to take a lot of the stuff.

Drug side effects are a major concern for Mark and Mary. They would prefer that Mark have drugs which have minimal impact on their daily lives. The *Ticlid* appears to have disturbed Mary's life more than it did her husband. Mary disliked the effect that *Ticlid* had on Mark and is happy that he is no longer taking the drug. The unpleasant side effects from *Ticlid* also strained the relationship with Mary and she expresses relief when Mark is no longer on the drug. Mary's indignation towards *Ticlid* is in stark contrast to Mark's minimizing of the side effects. Although Mark earlier indicated that the drug was like a poison, he balances this belief out by indicating that at least the drug did not give him bad side effects as with his peers. It appears that the relationships with other people, and Mark's vicariously experiencing their relationship with the drug, influence his relationship with the brand by perhaps providing him with a benchmark with which to measure his own experience.

Mary: If you had any kind of emotions it was, take this pill and shove it. I don't need it anymore.

Mark: Why do I have to take it? Would there be anything else that would be better for me? I'm past that now cuz I'm not taking them. I know lot of other people that are taking them.

Mary: He was very lucky because it didn't give him the same side effects as it did some other people that we know. There's a friend of ours that's down at (town) who was on *Ticlid*. And she got the whole three months prescription; couldn't

take it. And took about a week of it. It made her dizzy, it made her nervous, it made her jumpy. It affected her whole other system. And he was very fortunate it didn't do that.

Mark: It didn't do that with me. The only thing that *Ticlid* done with me, that if I took it on an empty stomach I would feel nauseated. I didn't feel good. So I made a point not to take it on an empty stomach, if I can get away with it.

Mary: And when he was on all of these prescriptions, like when he was taking so many prescriptions at a time; when I think back to then and I think back to now, I think he's more relaxed, not as jumpy. Because I think all of the prescriptions together ended up being like this (shaking hands in air indicating nervousness). Instead of just, and he's not that kind of a person. He's an easygoing person. But when you're taking all of that kind of stuff I noticed it had to be (pounds finger into table) it had to be. I saw an effect on him. I saw that.

Mark's belief that drugs are foreign appears to influence his relationship with his doctors. When Mark finds agreement with the doctor about going off all drugs, Mark indicates that younger doctors are better doctors. This relationship with the doctor in turn influences the relationship with the drugs in that both Mark and the doctor are looking to Mark's future as one without drugs.

When they do blood test they can tell if you need it anymore, from what I understand. And that's when they end up putting me on, dropped me down to baby aspirin, and that's when my doctor said to me, he said if you get your weight under control, and he said if you start getting exercise, maybe we can get you off everything....I think that the doctors, I really believe in young doctors, especially the ones that are paying attention. I really think that the young doctors coming out, they are well trained. I believe that they're better. They know a lot more than what the older generation doctors did. I really feel that because, advancements and technology and knowing what the disease is all about, eh? I don't think you can even begin to compare the doctors of today with say, at the turn of the century.

Mark's relationship to *Ticlid* ended in divorce after he had an operation and the doctor stopped the prescription. Mark indicates that the drug had become like a poison that he had to endure in order to alleviate his illness. Mark also admits that although the drug was like poison, at least he did not have any serious side effects from the drug. His

attitude towards the brand appears to be influenced by his ethos, in that drugs are foreign and should not put into the body, and the past experiences with the drug, in that the *Ticlid* had a terrible taste and the taste was so overwhelming it was all he could taste when vomiting. Mark appears to be seeking a divorce from his marriage to *Losec* when he indicates that he would like to get his weight under control as a way to control his illness instead of using drugs. Mark's doctor appears to be influencing his brand relationships in that Mark has found agreement with the doctor about stopping all drugs, if Mark gets his weight under control.

Across Person Analysis

In this section I first discuss interpersonal arranged marriages and their use as a metaphor to understand pharmaceutical brand relationships. I also discuss the mediating role of the doctor in these relationships and the influencers acting upon the brand relationships. Finally, I discuss the emergent themes and the model of pharmaceutical brand marriages and their influencers.

Interpersonal arranged marriages.

Differences emerge between Fournier's description of arranged marriages and the description of arranged marriages in the anthropology literature. Fournier's definition of arranged relationships is one in which it is "nonvoluntary" and "imposed" upon the individual. The seminal work of Mace & Mace (1960) on marriage styles in the East versus those in the West indicate that arranged marriages may also be entered into voluntarily and are not always considered an imposition. Using the work of Mace and

Mace, I attempt to clarify and discover how arranged marriages are conducted in the east, and therefore discover the suitability of the metaphor to describe how seniors relate to their pharmaceutical brands.

The process of choosing a potential marriage partner involves the family ascertaining the desired characteristics of the potential mate. Once “social status....age,” (Mac & Mace, 1960, p. 154) and other important traditional factors are carefully assessed, then “personal qualities of the prospective marriage partner” (Mac & Mace, 1960, p. 154) are considered. The difficulty for the family arises in their ability to adequately perform the necessary reduction. The broker reduces the number of potential mates down to a manageable number (e.g., from 100 to ten).

All these processes- investigating the prospective partners available, weighing their respective merits, striking a good bargain, and making the arrangements for the marriage-require a great deal more time, effort, knowledge, skill and tact than the average family possesses. To meet the need thus created, there appeared on the stage of Eastern life a highly colorful figure-the marriage broker or professional go-between (Mace & Mace, 1960, p. 153).

After consulting with the family the broker may then arrange a meeting between the families as a means of introducing each family to the other. As indicated earlier, the proposed individuals may or may not be a part of this process. This is a tentative meeting in which there are no obligations on either party. After various meetings and discussions over the proposed arrangement, an agreement may be made and the marriage day set. The marriage broker may continue to take on various roles, such as performing the marriage or acting as a counselor if the marriage encounters difficulties. If the broker is unsuccessful in counseling, then “it is his responsibility to negotiate a separation or

divorce. When this occurs, it is considered a humiliation for the go-between, and is likely to be damaging to his reputation” (Mace & Mace, 1960, p. 156).

Finally, the individual, for whom the marriage is being arranged, may or may not be present during the mate selection process or the final mate selection.

Table 3

Roles in Arranged Marriages

Broker/Doctor	Family member/Doctor
<ul style="list-style-type: none"> • Initial stages of contact- i.e., reduce potentials from 100 to 10. 	<ul style="list-style-type: none"> • Involved in reduction process- provide selection criteria.
<ul style="list-style-type: none"> • Provides counseling before and after marriage. Arranges meeting between families etc. 	<ul style="list-style-type: none"> • Make the final potential mate selection.
<ul style="list-style-type: none"> • Performs separation or divorce. 	

The doctor as broker.

In interpersonal marriages the broker is the person with the experience and expertise to arrange marriages. Table 3 illustrates the roles of the broker, doctor and family members. The broker in pharmaceutical brand marriages is the doctor who has the training and experience with the drugs and with the illnesses and who can arrange for an appropriate marriage between the patient and the brand. However, differing from interpersonal arranged marriages where the family is involved in the final mate selection but the broker is not, the doctor decides, in conjunction with the senior, which brand the senior will eventually marry. The doctor in this situation takes on the roles of both the broker who arranges the marriage, and a family member who is part of the final decision

process. Furthermore, the doctor also provides the selection criteria by which to select a brand when a diagnosis of the patient is made.

The doctor also performs the role of broker by providing the necessary reduction of possible drugs to prescribe. The doctor, like the marriage broker, also provides counseling before and after the marriage. After the marriage, the doctor acts as counselor when providing the senior with help concerning problems with the drug. In the event problems cannot be overcome, the doctor may also act to separate or divorce the senior from the brand by suspending or terminating the prescription.

As in the arranged marriages between individuals, the individual may not be present during the arrangement process, as in the case of an accident where the patient is unable to respond. In the case where the patient is involved in the process, a doctor is sought out for their knowledge, skill and tact in treating an illness which may involve the doctor prescribing a drug.

This unique brokering activity also provides some differing outcomes. In marriages, the broker may lose credibility if an appropriate marriage is not arranged and the family may seek out another broker to arrange the next marriage. My analysis suggests, however, that in pharmaceutical brand marriages, the doctor may continue to perform his/her duties in the face of an inappropriate marriage (e.g. and Arlene) or when the senior has doubts about the marriage (e.g., John, Mark, Bill, and Karen). Doctors, as compared to interpersonal marriage brokers, are given more chances to arrange marriages, although both the doctor and the broker are tested for his/her abilities and expertise in arranging marriages.

This continuing of the relationship with the doctor may be due to the trust that the senior has built with the doctor over repeated relationship experiences. Conversely, seniors may downgrade their trust in the doctor if he/she continuously arranges inappropriate marriages. If this occurs, seniors may attempt to limit the influence of the doctor and seek to exert more influence in the arrangement process and marriage (e.g., Jim). Limiting the influence of the doctor is accompanied by limited trust in the doctor as the senior doubts the expertise and experience of the doctor. As the relationship with the doctor continues over many years, seniors who encounter few or no problems in their brand marriages may also gladly relegate the selection and arrangement of all brand marriages to the doctor (e.g., Carol).

Furthermore, the relationship a senior has with the doctor plays a substantial role in the relationships with brands (Arrow, 1963; Hall, 2001). The doctor, acting in the role of a marriage broker, is the person relied on for their experience and expertise in arranging marriages. However, contrary to interpersonal relationships where a person may not need a broker to arrange a marriage, in pharmaceutical marriages the doctor must be involved when arranging a marriage. For a senior within this structure, the doctor is a source of goals and a source of meaning. In prescribing a brand, the doctor provides goals which the senior can expect to achieve with the help of the brand. The doctor then becomes a creator and source of meaning for the brand.

In order to clarify the discussion, it should be noted that Mace and Mace (1960) indicate that arranged marriages have adapted over time and cultures. They refer to “traditional marriages” as ones in which the individual may not see the proposed partner

until the day of the marriage. Emerging arranged marriages, however, may find the individual to be married being involved in the process from start to finish.

Pharmaceutical brand marriages.

Emerging from a cross case analysis of the results is a model (See Appendix 2) for understanding seniors' pharmaceutical brand relationships. I used interpersonal relationship metaphors (See Table 4) as labels to identify the themes which emerged from the analysis of the seniors' transcripts. The model describes the four non-mutually exclusive relationships that these seniors have with their brands and the influencers acting upon these relationships as seniors interact with their pharmaceutical brands.

Beyond the relationships - described below – that seniors have with their brands, it was also apparent from the analysis that the arranged marriage metaphor sheds additional light on the mediating role of the physician on the brand relationship.

Table 4

Arranged Marriages

Type	Definition	Informant example
Satisfied with marriage	Indications of a future relationship with either direct or indirect affective identification with the brand.	<ul style="list-style-type: none"> • John's satisfaction with <i>Crestor</i>. • Bill's desire to maintain purchasing all of his drugs. • Karen and <i>Synthroid</i> and <i>Metformin</i>. • Sally's and <i>Thyroxine</i>. • Carol and her blood pressure drug.
Married and seeking a divorce	Relationships in which a future is neither desired nor sought.	<ul style="list-style-type: none"> • Mark's desire to have future without drugs. • Jim's desire to continuously replace his existing drugs.
Married and not seeking a divorce	A relationship expected to last into the future but lacking strong affective or instrumental bonds.	<ul style="list-style-type: none"> • Arlene who feels stuck with <i>Atenolol</i>. • Betty who is waiting to see if <i>Alendronate</i> works to control the osteoporosis.
Divorced	Relationships that have been severed, by the patient or in conjunction with the doctor. A	<ul style="list-style-type: none"> • Mark and <i>Ticlid</i>. • John and <i>Coumadin</i> which caused a loss of taste.

Type	Definition	Informant example
	reinstatement of the relationship in the future is not expected.	<ul style="list-style-type: none"> • Karen and her fear of using <i>Celebrex</i>. • Bill and <i>Trandolapril</i>.

Influencers.

As indicated earlier in the idiographic section, influencers also act upon the brand relationships. Table 5 provides a summary of the influencers acting upon the seniors' brand relationships.

Table 5

Brand Relationship Influencers

Influencer	Definition	Example
Relationship with doctor	<ul style="list-style-type: none"> • Since the doctor is the broker of relationships, the trust or distrust a senior has in their doctor will influence the relationship with the brand. • The brand relationship may also influence the relationship with the doctor. 	<ul style="list-style-type: none"> • Jim’s distrust in doctor accreditation. • Betty and her distrust in the doctor to provide a drug that works. • John and his seeking out the doctor as to the reason for the loss of taste. • Sally trusting the doctor to know about the long term effects of the drug. She consults and confers with the doctor before taking action. • Carol’s complete trust in her doctor and her trust in the drug. • Arlene distrusting that doctors pay attention to the whole person when prescribing drugs. • Arlene’s brand relationship influences the relationship with the doctor when the doctor cannot provide a brand without side effects. • Bill completely following the doctor’s advice on drugs. • Karen consulting the doctor before she stops taking a drug that scares her. Her

Influencer	Definition	Example
Relationship with doctor		<p>satisfaction with the doctor in being able to ask questions.</p> <ul style="list-style-type: none"> • Mark's belief that doctors may be over-prescribing drugs so that they can learn.
Relationship with others	<ul style="list-style-type: none"> • Experiences involving other people, such as a spouse or peers, which influence the relationship with the brand. These may be first hand or vicarious experiences. 	<ul style="list-style-type: none"> • Jim's experience with his first wife dying and his desire to protect his second wife from harm. • John's disrupted relationship with his spouse due to the effects of the drug he was taking. • Arlene feeling alone in the brand relationship because none of her peers has the problem she does. • Mary, indicating that she saw an effect on Mark when taking a drug and she did not like that effect.
Nature of illness	<ul style="list-style-type: none"> • An ongoing chronic illness and an acute illness influence the brand relationship. • The severity and length of experience 	<ul style="list-style-type: none"> • Jim's change from a chronic to an acute stomach operation which brings about a change in his trust of drugs and doctors. • John's acute heart attack and stroke which both become chronic conditions and results in his accepting that he has these illnesses

Influencer	Definition	Example
Nature of illness	with the illness influences the brand relationship.	<p>and will continue to have them in the future.</p> <p>This change results in an incorporation of the drugs into his life and subsequent satisfaction with the brands.</p> <ul style="list-style-type: none"> • Arlene’s chronic heart problem which needs to be medicated, however, the medication has side effects which she dislikes and she would like to have a drug without side effects. This results in a lack of satisfaction with the brand. • Betty’s osteoporosis is a chronic problem that needs to be treated, but past drugs did not work. She now waits to see if the current drug will help and withholds judgment of acceptance and satisfaction on the drug until the results are in. • Betty indicating that she has the chronic illness asthma and the previous drug <i>Flovent</i> did not work. She now distrusts what the brand says about the drug. • Karen’s chronic illnesses results in her monitoring her blood every day to control

Influencer	Definition	Example
Nature of the illness		the illness. This results in a trusting relationship with the drug to help control the illness.
Ethos	<ul style="list-style-type: none"> • The distinctive attributes, philosophy, or • attitude of the individual about themselves and the world they live in. • Attitudes and beliefs about pharmaceutical companies, brands, doctors, clinical medicine, illness, peers, society, or self. 	<ul style="list-style-type: none"> • Jim’s belief that drugs mask underlying conditions and that doctors need to be aware of this problem when the prescribe drugs. • Also his belief that brand sensitive people are suffering from the Pygmalion effect. • John’s determination to find the problem to the loss of taste and his choosing to look at the positive side to weight loss. Also his considering that he might have another disease over considering that the drug caused the problem. • Betty’s desire to pay for a brand that works. • John’s acceptance of a certain level of health. • Sally believing in clinical medicine. Also her belief in quality of life over quantity. • Arlene’s carefulness in taking drugs and belief that drugs are not a cure. Also her desire to maintain control over her body and

Influencer	Definition	Example
Ethos		<p>her reliance on prayer to take her through the frightening side effects from taking the drug. Her belief that drugs are not a cure and her desire to try natural alternatives.</p> <ul style="list-style-type: none"> • Bill’s positive attitude towards illness and his belief that he can tell what a good doctor is by whether or not the doctor goes by “the book.” • Karen being a careful person who daily monitors her illness. • Mark’s desire to regain a healthy life by exercise and thereby remove all drugs from his life.
Brand Attributes.	<ul style="list-style-type: none"> • Past experiences with the drug influence the relationship with the brand. • Side effects of the drug. • The successful or unsuccessful 	<ul style="list-style-type: none"> • Jim had taken a drug for years for stomach problems but it “masked” the real problem. His belief that drug companies are only concerned with profit. • Betty and the ineffective <i>Flovent</i> & <i>Didrocal</i>. • John and Fluvoxin restoring him to his normal self, Coumadin preventing a possible heart attack, Dilantin leaving a coating on

Influencer	Definition	Example
Brand	resolution to an	his tongue.
Attributes	illness or problem influences the brand relationship.	<ul style="list-style-type: none"> • Sally's indication that the drug works well and is easy to control. • Arlene's cutting the <i>Alendronate</i> in half. The side effect of a slow heart rate from the drug. • Carol's drug that is simple and easy to use. • Bill indicating that the drug caused a cough. • Karen indicating that OTC drugs are different than prescribed drugs. Her belief that drug companies have too much influence on the doctors. • Mark indicating <i>Losec</i> is costly and the <i>Ticlid</i> tastes bad.

What follows is a discussion of the components of the model. I discuss each relationship type and the influencers that interact with the relationship.

Married and satisfied with relationship.

All of the informants indicate that the relationship with the doctor influence how they interact with their pharmaceuticals since, it is only through the doctor that a senior may receive a prescription drug. For those informants who are satisfied in their relationship, the doctor-broker is an important influence on the brand marriage.

Informants trust their doctor, based on past experiences with the doctor, and this influences how they interact with the brand. When the doctor was able to arrange an appropriate brand relationship in which there were no major side effects, or the doctor was able to quickly alleviate the side effects by adjusting the drug dosage, then the informants were likewise satisfied with the relationship (e.g., John, Sally and Carol).

In this type of relationship, the doctor performs the combined roles of the broker and family member in a traditional marriage in which the broker is involved in the selection process and the family is involved in the final choice of the potential partner. The doctor is involved not only in the selection process of potential drugs but also decides which drug the senior will be prescribed. In the case of an arranged marriage with no major side effects, the doctor is seen to have arranged an appropriate relationship for the senior and as with interpersonal arranged marriages when the broker arranges a good match, the family adds to the reputation of the broker when they rely on the broker to arrange other marriages or they refer them to other people. Thus, the trust a senior has in the doctor and the reputation of the doctor increases as they arrange appropriate relationship. When doctors arrange a good marriage that has few problems the senior is satisfied with the marriage and increase his/her trust in the doctor.

When problems occur in the relationship, such as side effects, the senior also relies on the doctor provide counseling. Acting as a counselor, the doctor provides the senior with hope and attempts to provide relief from the side effects. The doctor may provide hope for the senior in that more time is needed to adjust to the relationship or the doctor may indicate that adjustments need to be made to the dosage. These counseling

sessions provide to the senior the encouragement and hope that the relationship will succeed.

Informants satisfied with the marriage are also influenced by the nature of the disease, brand attributes, and ethos. The chronic nature of the disease provides a backdrop for the informant with which to evaluate the long-term relationship with the brand (e.g., Sally and Carol). The seniors realize that the illness will be with them for the rest of their lives, and a brand that is able to effectively help with the illness is evaluated positively. Similarly, the brand's attributes also influence the brand relationship when it provides the senior with ease of use, or is effective in helping with the chronic illness. The ethos of a person influences the brand relationship by providing a setting from which to evaluate the relationship. Sally, for instance, has a trust in clinical medicine which influences her to trust in brands that are clinically based over brands that are not.

Married and seeking a divorce.

Informants who are married and seeking a divorce are also influenced in their brand marriages by the relationship they have with the doctor. If the senior does not trust a doctor, based on prior experiences with doctors to arrange appropriate brand relationships then the senior's trust in pharmaceuticals is also negatively influenced and they sought to end all of their brand relationships (e.g., Jim and Mark). In this case the doctor performs only parts of his role as a broker in the marriage. The doctor has acted as the broker to arrange the relationship and has acted in the role of the family in the final selection, however, the doctor is not performing the duty of arranging a separation or divorce as would an interpersonal marriage broker. The reason for the doctor not

performing these acts may be due to the unavailability of other appropriate drugs, or the doctor indicates that other issues need to be addressed before a divorce can be initiated. The doctor may feel that the senior is in the best relationship possible and that another relationship will not alleviate the senior's concerns or the doctor may feel that the senior needs to engage in 'counseling' before a divorce can be initiated. For example, in the case of Mark the doctor feels that there are other health issues, such as weight loss, which need to be addressed before a divorce can be initiated. Although seniors could complete the divorce themselves simply by not taking the drug, seniors continue to rely on the doctor to initiate the divorce.

Although the relationship with the doctor appears as a major influence on the brand relationship, other influencers of relationship with others, brand attributes, ethos, and chronic nature of the illness also act on the marriages of those married and seeking a divorce. Jim's ethos, for instance, that brands which contain the same chemical ingredients should perform equally influences him to not have favorite brands. Likewise, Jim's belief that drugs mask underlying problems (brand attributes) influences him to doubt the brands he is taking and also influences him to continue to search for new brands. Likewise, Mark's brand marriage is influenced by his ethos that drugs are over-prescribed and the ethos that he is better off without drugs. In both cases a link is also made between the relationship with the doctor and ethos. The desire for a life with limited pharmaceutical brands is linked to trust in doctors who also prescribe a life of limited contact with pharmaceutical brands. Jim's belief, for example, influences his selection of a doctor and continuance in the relationship with the doctor. In the case of Mark, his belief finds similarity with the doctor's recommendation that perhaps if Mark

were to lose weight then he may be able to stop taking all pharmaceuticals. These two cases illustrate that the desire to seek a divorce from brands is influenced by the relationship with the doctor as well as other influencers.

Married and not seeking a divorce.

My findings also highlight the importance that the relationship with the doctor has on relationships in which the senior is married and not seeking a divorce. These seniors are unhappy or not satisfied with the marriage and yet continue in the relationship. The doctor does not initiate a divorce based solely on the unhappiness of the senior with the drug. Here again the doctor suggests to the seniors that they continue the brand relationship while counseling continues. The doctor may counsel the senior to be patient as they wait for the effectiveness of the drug to be determined (e.g., Betty) or they may counsel the senior to continue the relationship in spite of the negative side effects since the alternatives are as prone to side effects (e.g., Arlene). In both cases the doctor does not recommend divorce as an option but rather recommends the senior maintain the relationship. The role of the doctor in this situation expands to include more activities than in the other marriage types. As with those seniors married and unhappy the doctor is also acting in the role of the broker and family member. In the role of the broker the doctor is arranging a relationship and providing counseling where necessary, and in the role of the family member the doctor is choosing the relationship partner.

The doctor, in this case, is still relied on for their expertise and experience to arrange appropriate brand relationships, however, other influencers are acting upon the brand relationship. Contrasting Betty and Arlene's relationships is informative. Betty is

influenced by her failed brand relationships while Arlene is influenced by the current brand attributes of side effects and physical structure of the pill (i.e. not in capsule form). In both cases, however, the chronic nature of the disease is an important influence as both seniors need a pharmaceutical to help with the illness. The desire to end the relationship is outweighed by the desire to keep the illness at bay. Each senior would like to end the relationship, but for Betty, the trust she has in her doctor influences her to continue with the brand relationship in the hopes it will help with the illness. For Arlene, it is her need to rely on the doctor to arrange her brand relationships that keeps her in her relationship. The doctor indicates that there are no alternatives available and as a result she stays in her brand relationship even though she is not satisfied with it. Seniors may not be satisfied with the relationship, yet remain in the relationship when the alternatives are either not acceptable or not available.

Divorced.

As with the other brand relationships, the doctor also takes on the two roles of marriage broker and family member for those seniors who eventually become divorced from the brand. The doctor has acted as a broker to arrange the relationship and as a family member in deciding the final brand. For these brand divorced seniors, the doctor influences the relationship in differing ways. An acute illness facilitates the doctor in deciding to terminate the brand relationship without consulting the senior (e.g., John and Mark). While in the second method of divorce the senior, before they stop taking the brand, consults the doctor about brand side effects (Bill, and Karen) or, the informant indicates to the doctor that the brand is ineffective in helping with the illness (e.g. Betty).

If the doctor is unable to solve the problem through counseling then the doctor performs a divorce and the senior stops taking the drug. At which time the senior may request that the doctor arrange another relationship, and the arrangement process begins again. If the doctor is unable to arrange an appropriate relationship and/or counsel the senior to stay in the relationship, the seniors indicate a level of distrust in the doctor, yet they continue to rely on the doctor to arrange another relationship. It appears that although the doctor loses credibility in arranging relationships, the senior still trusts the doctor enough to arrange other relationships. This may be due to the doctor acting in the two roles, one as marriage broker and one as family member. The doctor acting in the family member role may be providing a level of familiarity and trust to the senior. This trust then provides the senior a platform from which to base his/her confidence in the doctor to broker and select another relationship partner.

When the doctor acts to sever the relationship, the nature of the disease, whether it is acute or chronic, also influences the brand relationships of seniors who are divorced. A chronic illness is a unique instance in which the doctor acts to sever the relationship without consulting the senior beforehand. In chronic illness situations, the senior consults the doctor prior to the end of the relationship.

The brand relationship, in the case of divorce, is also influenced by the brand attributes, and ethos. Past experiences with the brand where it was ineffective in helping with the chronic illness influence the informant to negatively evaluate the drug and seek a divorce (e.g., Betty and Karen). The ethos of a desire to have a life free of drugs (e.g., Mark), or the ethos of a belief in natural alternatives also influences the desire for a divorce (e.g., Karen).

Summary

In this section I used interpersonal relationships and arranged marriages as metaphors to explore the relationships that seniors have with their pharmaceutical brands. I identified patterns in their relationships which led to a model (See Figure 3) for understanding senior's brand marriages. The doctor appears to play an important role, similar to a marriage broker in arranged marriages, since it is the doctor who brokers marriages to brands. Five influencers on the brand marriage also emerged from the analysis of the transcripts. These influencers act upon the marriage in varying manners and influence how the senior interacts with their pharmaceutical brands.

Discussion

The experiences of these ten seniors help us to understand how they interact with their pharmaceutical brands. Their experiences are as unique and individual as the seniors themselves. Four relationship themes, not mutually exclusive, emerged from the analysis of the transcripts: Satisfied with marriage, Married and seeking a divorce, Married and not seeking a divorce, and Divorced. Furthermore, individual influencers also emerged from the analysis of the transcripts. These influencers acted upon the marriage relationship and influenced the seniors' brand relationships: Relationship with doctor; Relationship with others; Relationships with drugs; Ethos; and Nature of illness. The doctor, as broker, emerges as a major influence as they are relied on by seniors to arrange appropriate brand marriages.

Consumer-brand relationships are prominent in marketing research (J. Aaker et al., 2004; Coupland, 2005; Fournier, 1998; Ji, 2002), however, the older consumer and their relationships to pharmaceutical brands have not been studied. This study seeks to extend prior work on consumers and their relationships to brands by studying older consumers' arranged pharmaceutical brand marriages.

Prior research suggests that products are purchased for the meaning they provide to the consumer and that meanings are socially constructed (McCracken, 1986). McCracken (1986) suggests that the meaning associated with a product moves from the "culturally constituted world" to consumer goods, and finally to the consumer. Recent research indicates that consumers use their experiences, reference groups, marketing, and other sources to add meaning to brands (Brown, Kozinets, & Sherry, 2003; Fournier, 1998; Thompson et al., 1989). Seniors likewise provide meaning to their pharmaceutical

brands from a variety of sources. As with other relationships with branded products (Fournier, 1998), seniors' relationships with pharmaceutical brands serve important functions and play varying roles in their lives. The pharmaceutical relationships are one of the tools through which seniors struggle through the aging process in their attempt to return to normal life. The relationships are the ways in which seniors facilitate the restoration of interpersonal relationships (Like John's Crestor and his relationship with his spouse), make possible the physical restoration to normal life (Mark and *Losec*), arouse or alleviate fears of mortality (Jim and all drugs, Mark and *Ticlid*), or simply provide the senior with the security of the continuance of daily routine (Sally and *Thyroxine*). These brand meanings are derived, in part, from the doctor who prescribes the brand. The relationship that the senior has with the doctor influences whether or not the senior chooses to incorporate this meaning into the brand.

Perhaps being unable to resume a normal life indicates a limited future, one that would entail death or reduced quality of life. Seniors such as Mark who desire a life free of drugs may be future-oriented rather than past-oriented (Belk, 1988). There may be a desire to deny the aging process, which involves being past-oriented. Belk (1988) indicates that as people age they become more aware of their mortality and may seek to extend themselves into the future. Perhaps what may also occur, as in Mark and Jim's case, is the desire to negate mortality by focusing on a future that is similar to their past, freedom from illness and drug side effects which limit normal activities, and in a sense deny mortality a foot-hold in their lives. They refuse to negotiate the path of a senior and instead they desire a path they are familiar with. Even Mark, who admits to the fact that

he once considered that his life may be near its end, looks to a future that has better health and does not contain drugs.

Prior research has also suggested that consumers use reference groups to add or provide meaning to the brand and subsequently their lives (Escalas & Bettman, 2005; Kates, 2000; Muniz & O'Guinn, 2001). Seniors likewise use their relationships with others, such as a spouse, to add meaning to their pharmaceutical brand relationships. My study finds resonance with Moschis (1992) who suggests that older people do rely on friends and relatives to provide information about significant choices in health care products and services. Likewise, relationships with others, such as the spouse, appear to influence the choices seniors' make regarding their pharmaceutical brands.

The meaning that brand relationships hold for seniors can be found in the "attainment of value" (Oliver, 1999) through benefits derived from the brand as affected by influencers. Current literature on brand extensions has suggested that meaning transfer may be best achieved when the product and the capability of the product to meet the goal are linked by the consumer (Martin, Stewart, & Matta, 2005). Meaning transfer occurs when consumers link the "awareness, knowledge, attitudes, and behavioral intentions" of parent brand to the brand extension (Martin et al., 2005, p. 275). As indicated earlier, when seniors find fulfillment of their goals, they are inclined, though not always, to be satisfied with the brand, and when satisfaction is achieved then the transfer of meaning occurs. In the case where the senior is not satisfied with the relationship, prior meanings, affected by the senior's influencers, prevent the senior from being satisfied with the relationship.

Doctors act in the role as gatekeeper to pharmaceuticals when they assume the role of both broker and family member. The doctor has some, if not all, control over which drug a senior will eventually be prescribed. The seniors in this study appear to have negotiated a range of relationships with their doctor which affects the gatekeeping role of the doctor. Doctors appear to control access to pharmaceuticals in a range of manners including strict gatekeeping to coordinating pharmaceuticals much as a conductor of an orchestra coordinates musicians (Bodenheimer, Lo, & Casalino, 1999). A continuum of doctor gatekeeping may therefore exist along an axis of master/slave, learning, to empowered consumer. A master/slave dichotomy indicates that a consumer who has become a passive consumer of the pharmaceutical in which the doctor maintains complete control over access to pharmaceuticals. The learning component suggests a situation where the consumer negotiates with the doctor in the decision making process. The empowering doctor provides the consumer with the necessary information and the consumer makes the final decision. This empowering role is similar to the broker in interpersonal arranged marriages.

Prior research by Merino-Castelló (2003) suggests that consumers are becoming empowered in regards to their choice of pharmaceuticals. Research by Coscelli (2000) also suggests that consumers can influence the choice of pharmaceuticals. The current research also finds resonance with research by Manchanda, et al. (2005) who suggests that doctors perceive patients as passive agents in health treatment activities especially with acute illness, however, chronic illness presents a situation in which consumers may use varied information sources to exert their preferences concerning their health. The seniors in this study also exhibit a range of preferences concerning their health which

appear to be grounded in the relationships expressed in the presented model. Consumers who are satisfied in their brand relationships appear to be empowered consumers who, for the most part, are active consumers concerning their pharmaceutical brands. The choice of brand is therefore important to seniors since their health is of great concern to them. Given that consumers are often given little choice as to the brand of pharmaceutical, seniors may be attempting to regain control over their health by regaining control over their choice of pharmaceutical brand and thereby regaining control over their health.

The satisfaction a senior has with the brand relationship also depends on their past experiences and on their expectation of the drug's ability to adequately help with the illness (Szmigin, 2003). In comparison to Szmigin's (2003) determination of consumer satisfaction of products, seniors are not usually able to compare the rewards and costs of their current brand to alternative brands, although seniors do appear to have some idea of an acceptable level of outcome which determines their satisfaction with the product. The doctor also plays an important role in the senior's satisfaction with the brand by providing the necessary experience and expertise, or brand meaning, from which the seniors can draw upon to make possible the weighing of costs and benefits and subsequent level of satisfaction.

Finally, the relationship consumers have with pharmaceutical brands differ from other consumer brands due to the gatekeeping activities of the doctor who controls access to the brand and is extensively involved in the continuing consumer-brand relationship. For example, seniors consult with the doctor when problems arise and before they stop taking the drug. Furthermore, pharmaceuticals offer a product category in which their

may exist extensive negotiation as to the choice of specific brand and when they may stop taking the drug.

Conclusion

In the previous section I presented a discussion of the findings into seniors' pharmaceutical brand marriages, the influencers acting upon them, and the meaning seniors give to their pharmaceutical brand marriages. In this section I discuss the ramifications of these findings to relationship marketing theory and practice. I first discuss the implications of the current study to the use of metaphors in marketing, and then to consumer-brand relationships. Limitations of the current research and suggestions for future research conclude the discussion.

Marriage Metaphor

Metaphors are common in numerous areas of research. Morgan (1980) suggests that metaphors are useful in that they can be used to transfer meaning from one situation to a new situation.

The use of a metaphor serves to generate an image for studying a subject. This image can provide the basis for detailed scientific research based upon attempts to discover the extent to which features of the metaphor are found in the subject of inquiry (p. 611)

Hunt and Menon (1995) suggest that metaphors can be a useful tool in marketing research in that they allow us to see things from a new point of view which can then lead to "discovery." The authors suggest that theoretical metaphors, as opposed to literary metaphors, provide researchers with the opportunity to search other disciplines "for theories, propositions, and concepts that may be fruitful for developing marketing strategy" (Hunt & Menon, p. 82). Arndt (1985) identifies 12 main marketing metaphors situated within "four paradigm groups." These include organism, warfare, spaceship earth, experiencing man, and victimized consumer, among others. Likewise, the marriage

metaphor is a useful tool to understand buyer-seller relationships (Celuch, Bantham, & Kasouf, 2006; R. M. Morgan & Hunt, 1994). Although the marriage metaphor has come under criticism for being too restrictive, given that it is based on Christian marriages (Tynan, 1997), this study suggests that an arranged marriage metaphor which is not based on a Christian definition, can provide insight into the relationships that consumers have with some brands. The Western definition of the marriage metaphor fails to incorporate the involvement of a third or more parties, such as a spouse, children, or extended family found within some consumer-brand relationships. The arranged marriage, which has its roots in Eastern societies (Mace & Mace, 1960), provides a metaphor which allows for the incorporation of additional parties within the relationship.

Consumer-Brand Relationships

The doctor, acting as broker in pharmaceutical brand relationships, complicates the initiation of the pharmaceutical relationship. In contrast to other situations (Coulter et al., 2003) where brand relationships are initiated by the individual, pharmaceutical brand relationships involve a third party, the broker. The brokers not only decide which brands to consider, but they also have a major influence, if not the only influence, in the decision on the final brand that the senior will take. As with traditional interpersonal arranged marriages where affection for the partner is expected to be a developing component in the marriage (Mace & Mace, 1960), so too do seniors express an affective component in pharmaceutical brand relationships in spite of the broker arranging and choosing the partner. In comparison to Fournier's (1998) definition of arranged marriages which

involve low levels of affective attachment, pharmaceutical brand marriages appear to involve low to high levels of affective attachment.

The current research also adds to the notion that although some consumers may be involved with branded products they are not “involved with a particular brand” (Coulter et al., 2003, p. 163). In using the arranged marriage metaphor the idea of not being involved with a brand becomes clear. Seniors, like Carol, who rely heavily on the doctor to broker their relationship with the pharmaceutical may not know the name of the brand they are prescribed. The trust a senior has in the doctor to arrange relationships may negate the need to be involved in the selection of the brand and continuance with the relationship. An implication for marketers is that excessive trust in the doctor may be problematic in gaining brand awareness. Future research into the trust a consumer has in their doctor and the effects on brand awareness may reveal the processes by which this occurs.

The current study also adds another layer to the origins of product involvement and brand commitment (Coulter et al., 2003). Prior research in consumer products suggests that consumers engage intermediaries, or surrogates, to be involved in the process of product involvement (Gable, 2005; Solomon, 1986), however, prior research does not address the involvement of an intermediary who exclusively controls involvement with and continued access to the product. The doctor is the person through whom seniors begin to be involved with the product and through whom brand commitment is encouraged and maintained. Consumer involvement with the product is not possible without the doctor since it is only through the doctor that the product is accessible. As such, consumer choice is significantly limited by the doctor. When doctors

continue to prescribe the brand and/or deny access to other brands, they enable the opportunity for seniors to become committed to a brand. However, when trust in the doctor is damaged, consumer commitment to the brand may falter.

Also unique to pharmaceutical brand marriages is the method of renegeing on the marriage contract. Whereas brand marriages in other product categories do not generally see a third party involved in the process of divorce, the seniors in this study appear to involve the broker in the divorce from the pharmaceutical brand. This process of involving the doctor provides marketers with a unique opportunity to contact, via the doctor, the consumer before the divorce is initiated.

Contrary to Fournier (1998) the use of the arranged marriage metaphor in the pharmaceutical setting extends the notion that consumers can enter into an arranged brand relationship voluntarily and with either high (John and *Fluvoxin*) or low (Sally and *Thyroxine*) “levels of affective attachment” (Fournier, p. 362). These consumers’ stories suggest that arranged relationships should be expanded to include a voluntary component to brand relationships. As with interpersonal arranged marriages where the individual enters into marriage voluntarily, brand marriages may also be arranged and be entered into voluntarily.

The current study also provides support to the concept of the use of the marriage metaphor in that interpersonal marriages connote a long-term relationship, similar to what is found in these seniors’ pharmaceutical brand relationships. All of the seniors in this study indicate that the pharmaceutical brands they are involved with are expected to last into the foreseeable future. Furthermore, pharmaceutical brand relationships also rely on mutual exchange and exclusivity which are defining characteristics of the brand

relationship metaphor (Fournier, 1998; Szmigin, 2003). Seniors receive the benefit of help with their illness and they are also exclusive in the relationship since the doctor, acting as broker, limits the involvement of other brands when prescribing the pharmaceutical.

The arranged marriage metaphor also suggests that older consumers may develop differing types of long lasting relationships due in part to the relationship the senior has with the doctor. These seniors' pharmaceutical relationships also suggest that consumers, in varying degrees, rely on their doctor as a source of brand meaning. The doctor provides meaning to the senior by determining not only the brand, but the criteria with which to select the brand when they determine what illness needs to be treated and what the brand is expected to achieve in treating the illness. Seniors may then combine this information with other sources of information (the influencers) to give meaning to the brand as they seek to be future oriented rather than past oriented (Belk, 1988). It may be through their pharmaceutical brand relationships that seniors reveal the extent and the manner in which they use pharmaceutical brands to extend themselves into the future.

For brand managers of pharmaceuticals, this study indicates that seniors may have arranged relationship with pharmaceutical brands that meet varying needs and have different meanings. However, the seniors in this study indicate that the doctor-patient relationship plays an important role in influencing the relationship. Managers should consider the role of the doctor as the preeminent influence in brand relationships while recognizing the other influencers acting in the senior's life. However, marketers should also realize that consumers also draw from their own past experiences when they evaluate their relationship with the doctor. And in comparison to other consumer age groups, a

senior's extensive life span allows them to draw on a vast wealth of experiences, in which all may not be positive, to evaluate the doctor-patient relationship. This in turn influences the trust the senior has in the doctor and their prescribing of a particular brand. As such, DTC information to seniors may need to consider that the doctor-patient relationship is not filled with complete trust and the senior may doubt the doctor has arranged for an appropriate brand marriage.

Limitations and Future Research

Longitudinal data would add depth to the understanding of the processes that seniors go through when encountering problems with their pharmaceutical brands. This study was not designed to fully capture the evolving nature of arranged marriages as they progress from the marriage ceremony to divorce. A longitudinal study which allows for extended involvement in the daily lives of seniors may add to a fuller understanding of the meanings seniors ascribe to pharmaceutical brands.

Furthermore, all of the seniors in this study were Caucasian and retired from work, and the majority were over the age of 65. My data does not allow for an investigation into whether younger seniors' pharmaceutical brand relationships differ from older seniors' pharmaceutical brand relationships. Prior research suggests that these differences may emerge (Abdel-Ghany & Sharpe, 1997; Wallendorf & Arnould, 1988). Future research which includes those between 55 and 65 may add to the understanding of how the young-old interact with their pharmaceutical brands. Given the exploratory nature of this study, and the sample characteristics, care should be taken when generalizing to other population. Future studies which include more subjects in different

age groups may also reveal other types of marital relationships that this study did not reveal.

The current study focused on the consumer and the brand in pharmaceutical brand relationships; as such, the study was consumer oriented. Future research could also be oriented around all stakeholders and how these relationships should then be managed.

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Appendix 1
Summary of Informant's Pharmaceutical Relationships

Individual	Drug	Type of relationship	Example
Bill	<i>Plavix</i> <i>Nitroglycerin</i> <i>Pravastatin</i> <i>Metoprolol</i> <i>Symbicort</i>	Satisfied with marriage	I would buy them all if I had to pay. I go strictly by what Dr says. He won't let me go off.
	<i>Trandolapril</i>	Divorced	Buggars were trying to kill me.
Karen	<i>Celebrex</i>	Divorced	I was feeling terribly sick even when I came back from Europe on the plane. Well I just thought, well I will just get off those things.... And then I went back to doctor to see him, then he says try <i>Tylenol</i> ; for arthritis <i>Tylenol</i> ...I feel better. So I really don't need the <i>Celebrex</i> anymore.
	<i>Synthroid</i> & <i>Metformin</i>	Satisfied with marriage.	Well I would probably think...I never forget my <i>Synthroid</i> , I don't know why. I do it every morning, it's a routine. I don't know if I ever forget one, what would happen. I don't know.
	Drugs in general		"I keep my diabetes down, I prick myself. I'm really careful with what I do." I wonder if you just left everything alone, what would you feel like.
Arlene	<i>Atenolol</i>	Married and not seeking a divorce	And the doctor would like to put me on other medication but, I said, is there anything you can put me on that I could take half the dose? And so many of them are in capsule form; and he said, no, not really. So I stay with this. But I'm not totally satisfied with it.

Individual	Drug	Type of relationship	Example
Betty	<i>Didrocal</i>	Divorced	It was very disappointing. Because I had been exercising and walking and taking <i>Didrocal</i> faithfully. So he said well, he didn't really know whether it was going to work or not but it was the one that was covered by insurance. So I was a little bit annoyed, because I wouldn't have minded paying for one that was definitely going to work.
	<i>Flovent</i>	Divorced	Did not do what it was supposed to. It is advertised as...why did it not work?
	<i>Novo-Alendronate</i>	Married and not seeking a divorce	So now I've got to wait two years and see if this is going to work.
Carol	<i>Apotex</i>	Satisfied with marriage	I'm quite pleased with this one. Just take it once a day and that's it.
Sally	<i>Thyroxine</i>	Satisfied with marriage	Doesn't matter to me as long as it works More or less a little improvement is all I can say.
John	<i>Crestor</i>	Satisfied with marriage	Well, you know, by and large, I've got such faith in my doctor that I'm really not, aside from this one incident, had any reason to go look for information
	<i>Dilantin</i>	Divorced	So I was sick and just sittin kind'a stuck. But I was so turned off with it...I began to question the need to be even on the darn thing and they're weaning me off of it now the food is that it is coming back so..
	<i>Fluvoxin</i>	Satisfied with marriage	I don't have the emotional swings, don't get me wrong here it doesn't give me a high or anything like that, it's just that I know in my heart of hearts the way I should be conducting myself, and flying off the handle and lashing out at people for no reason at all isn't in my makeup.... normally. And that drug does that for me. So I'm very, very satisfied with it.

Individual	Drug	Type of relationship	Example
John	<i>Coumadin</i>	Divorced	Well I didn't blame it....So you're damned if you do then you're damned if you don't, and at that time, yeah I needed <i>Coumadin</i> and they monitored it and monitored it.... I did need to be on it. I didn't attach any blame to the <i>Coumadin</i> for causing a heart attack any more than I could blame those if I was ever diagnosed with lung cancer (points to cigarettes). And that's a little like pullin' the pin on a grenade and puttin' it in your back pocket, you know, you're praying that it doesn't go off but chances are it's gonna.... so yeah, the <i>Coumadin</i> . Though I needed to be on it, when I was on it and..... if being on it, combined with a preexisting condition I had, caused the stroke well, geewiz...
Jim	<i>Flomax</i>	Married and seeking a divorce.	Personally I don't really have a preference to take a brand name. I am quite open to taking generic brands. They contain the same thing, to me it doesn't matter who makes them. I think that these drug companies that advertise that their's the only one that works are full of a bunch of baloney. Because, if the product is the same, for my understanding, you know chemicals are chemicals, and if they are mixed the same and they do same thing then, who am I say different, and I don't think they can. I think that's a misleading thing when pharmaceutical companies say that their's the best.
	<i>Tagamet</i>	Divorced	So I have this disfigured corkscrew stomach that really wasn't doing that much good, and because I was taking certain drugs, the symptoms weren't there to alarm the doctor that there was something serious happening.

Individual	Drug	Type of relationship	Example
Mark	<i>Ticlid</i>	Divorced	<p>And I do know I was so sick that when I was vomiting I could not pass anything, because my stomach had just bulged out like that. And that's all I could taste was that, when I was vomiting, was that <i>Ticlid</i>. And it had become, to me it had just become just like poison at that time. But after I got back out of the hospital again I, they put me back on it again. And I went with that basically up till last year.</p>
	<i>Losec</i>	Married and seeking a divorce.	<p>My mental feeling towards it is; it is a powerful drug. But I wonder how good it is for you. Yet I also realize, on the other hand, that this is what I've been taking over the years and has basically kept my bleeding under control in my stomach. I think it's probably healed my stomach many times. At least I don't know if anything else, maybe there's something else out there that would help me, but this is what I, they have been giving me. And that's not just; I mean that was my doctor in (town).</p> <p>And that's when my doctor said to me, he said if you get your weight under control, and he said if you start getting exercise, maybe we can get you off everything.</p>

Appendix 2
Letter of Consent

2006/04/01

Dear...

I am asking you to participate in a study relating to older peoples' (55 +) pharmaceutical brand relationships. The study is for partial requirement of a university degree I am taking at the University of Lethbridge. The study involves people from Western Canada who are aged 55 + and taking a physician prescribed drug. This study will involve an interview concerning your physician prescribed pharmaceutical drug brands. It will involve discussing your feelings, actions, and thoughts about the drug brands. Your interview will be audio recorded. The interview will be transcribed in order to identify common responses and themes across all of the people that I interview. You will be identified in the study by your pseudonym, not your real name. Only I, Terry Evashkevich, Dr. Sameer Deshpande and, Dr. Samia Chreim will have access to the recordings and transcriptions, or be able to identify you. The recorded interviews will be destroyed after the data is published. If you wish to review the transcripts of your interview please sign at the bottom of this document. At the end of the Interview I will ask you to refer other people that you feel may also be able to provide information for this study.

If you decide to participate in this research you will be asked to respond to a series of brief questions posed by the interviewer. Your participation will last approximately 90 to 120 minutes for one interview session.

Although there is no direct benefit to you in participating in this study, the information you provide is very important to me in completing my research.

Your participation is completely voluntary. If you begin to participate and change your mind, you may end your participation at any time without incurring any prejudice, penalty or loss of benefits. Any data gathered from you will be destroyed if you decide to withdraw from the study before it's completion.

If you have any questions about the study, please call me at (Phone: 403-345-7786 or email: terry.evashkevich@uleth.ca). Questions of a more general nature may be addressed to the Office of Research Services, University of Lethbridge (Phone: 403-329-2747). Questions regarding your rights as a participant in this research may be addressed to the Office of Research Services, University of Lethbridge (Phone: 403-329-2747).

Terry Evashkevich
University of Lethbridge

-----⌚ Detach and Return Signed -----

Your signature indicates that you have read this consent form, had an opportunity to ask any questions about your participation in this research and voluntarily consent to participate. You will receive a copy of this form for your records.

I consent to participate in the study entitled, "A phenomenological/grounded theory inquiry into older consumers' brand relationships" as described in the letter dated 2006/04/01.

Printed name and signature

Date

I would like to review my transcript

Date

Appendix 3
Interview Questions

What is your name?

What is your age?

What education do you have?

What do/did you do for a living?

What are the brand names of the prescribed pharmaceuticals you take?

How long have you taken these pharmaceuticals?

During the course of a relationship, certain events happen and may produce some doubts about the brand. These may be turning points regarding a person's feelings towards a brand. Take a moment to reflect on the first time you had doubts about a brand. What happened?