

SOLVING PHARMA'S TOUGHEST MARKETING CHALLENGES WITH EMOTIONAL INSIGHTS

Understanding why healthcare professionals and patients behave as they do

Today's pharmaceutical brand marketers are under immense pressure. They are expected to increase sales despite budget cuts and regulatory oversight in markets saturated with competitive brands. Consequently, brand insight teams are being called upon to answer some of the marketing teams' most vexing questions. "How can we position our product during launch when its efficacy and safety profiles are no better than the incumbent drug?" "Why don't physicians prescribe our product more when it's clearly superior to the competitive brand?" "How can we encourage consumers to ask their doctors to prescribe our brand?"

To resolve these questions and arrive at decisions, the pharmaceutical industry relies heavily on data. While data can describe behavior, it is limited in its ability to explain behavior. Additionally, it is not uncommon for market research findings to be incongruent with actual behavior. For example, physicians who claim that efficacy and safety are the two most important considerations continue to prescribe an inferior product. Patients who say they'll adhere to lifesaving drugs are noncompliant. Consumers who state that an ad concept is convincing never try the product. There's often a disconnect between what is said in traditional research and real-life behavior—a disconnect that can be unraveled with a better understanding of the inner workings of the brain.

Understanding the nonconscious/emotional mind

Cognitive science, neuroscience, social science and psychology studies demonstrate that approximately 95 percent of thought, emotion and learning occur in the nonconscious mind.¹⁻³ Nonconscious thought often takes the form of what neuroscientists refer to as images.^{2,4} The neural activity that creates these images can be stimulated and expressed in a variety of ways—by touch, sound, sight, smell and emotion. Over a lifetime, the nonconscious mind stores an incomprehensible amount of information by cataloguing and categorizing memories according to the nature and intensity of the emotion associated with it. Whenever the brain processes new stimuli, the nonconscious brain responds by associating the emotion attached with related memories—something it

does before we make conscious, rational decisions. This has led behavioral scientists to realize that our attitudes, feelings, perceptions and behavior are governed primarily by our brain's nonconscious responses—not by conscious decisions.⁵⁻¹⁵ The work of prominent neurologists also confirms that there is often a discrepancy between our nonconscious and conscious responses.^{13, 16}

Obtaining a "true" read on our nonconscious response is itself a challenge. When we are asked a direct question, our conscious minds are provoked to give a "correct" answer. The conscious mind often supports this answer with a rationale that seems correct but that masks the underlying nonconscious emotions which actually drive feelings, preferences and behavior.¹⁶⁻¹⁸ Additionally, the answer that the conscious mind gives is often biased. It has been estimated that up to 80 percent of the messages and meanings we convey to one another are expressed in nonverbal ways, such as through gestures, body posture, intonation, distance, eye contact and pupil dilation.^{2,4} As a result, even a moderator's word choices, context and sequence of questions can prime the respondent about what the "correct" answer may be, without either being aware.^{16,19-22} Doctors are particularly susceptible to this phenomenon and often lapse into "scripted" responses that reflect the "correct" answer. These issues have profound implications for brand insight teams who rely on market research to understand physicians, caregivers and patients. Methodologies that do not misdirect or prime the nonconscious mind are needed to unearth insights into the underlying triggers of brand behavior.

Tapping into the nonconscious mind

A variety of research methods have been developed in an attempt to access the nonconscious mind, including Emotional Inquiry®, a form of research pioneered by Brandtrust. Interviewers probe rather than prompt, using visualization and relaxation techniques to access the nonconscious brain. Respondents are asked to describe what they see in their "mind's eye" relative to the topic instead of answering direct questions. The number of constructs generated within the course of an interview depends on the respondents level of involvement with the topic of interest. For example, in one study, it was estimated that each respondent mentioned between 21 to 43 ideas or mental constructs.^{2,4}

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Over the course of many individual interviews, a pattern of constructs and construct pairs emerges, enabling researchers to identify and characterize a mental model of nonconscious triggers of conscious feelings, attitudes and behaviors for a target audience relative to a particular brand, category or issue.

Because health and disease issues are deeply personal and influenced by psychological drivers, Emotional Inquiry® has been used to discover the underlying feelings and psychological processes that drive responses to many pharmaceutical brands. As a result, the methodology has been validated over thousands of physician interviews representing numerous specialties, including cardiologists, endocrinologists, orthopedic surgeons, neurologists, OB/GYNs and psychiatrists. Consequently, it is now recognized that physicians—despite their claims of objectivity—do not make decisions for rational reasons. Universally, there are deeper emotional, psychological reasons for their decisions and behaviors.

Emotional insights are the catalysts for resolving issues and developing an effective brand strategy

For over a decade, Emotional Inquiry® methodology has been used to provide brand insight teams with a foundational understanding of the nonconscious motivators for a target audience relative to a brand or therapeutic category. These insights are often useful when developing marketing strategies and messaging that will resonate with the target audience. Following are a few examples of how emotional insights enable brand teams to overcome marketing challenges to gain a competitive edge.

Uncovering why an HIV drug with the best clinical data suffered lackluster market share

The drug was better according to nearly every rational, clinical measure. Yet, it failed to capture market share from the competition. Brandtrust’s emotional research with physicians revealed the deeper nonconscious reasons why physicians were not prescribing this powerful drug more often—even though they agreed it was the most effective drug on the market. The brand’s launch positioning was driving prescribing behavior that was detrimental to the brand. By leveraging the insights gained from emotional research,

however, the brand team created new positioning/messaging that propelled the drug into market leadership within six months.

Positioning a mega brand for a successful launch

Introducing a treatment into a market with deeply entrenched competitors is a tough assignment. But with one company’s future riding heavily on the success of a launch, it was critical to gain an immediate and sustainable competitive advantage. Emotional research led to a strategy that aligned the monoclonal antibody with the most resonant psychological drivers for physicians and patients with rheumatoid arthritis, positioning the brand to become a multi-billion dollar drug.

Taking a brand from Rx to OTC

As an Rx to OTC conversion was rapidly approaching, our client realized the need to better understand the new space they were about to enter and uncover unarticulated needs along the path to purchase for OTC brands. Leveraging deeper insights uncovered through both Emotional and Shopper Inquiry methodologies, the team was able to make strategic decisions around the OTC brand equity and packaging communication. Likewise, they were able to gain clarity on where the OTC brand should live within the category shelf at retail and ultimately develop launch plans differentiated by retailer to grow the category.

Identifying key moments during the decision-making process

In anticipation of an important life-cycle stage, the brand team for a newly launched drug wished to breathe new life into the brand’s messaging and marketing strategies. To inform a new strategic brand position, Brandtrust uncovered the key emotional drivers of doctors, nurses and patients, influencing their decision to proceed with treatment. The insights enabled the brand team to reframe brand positioning and communications to align with these “moments of truth,” thus enabling the product to become the preferred treatment for patients initiating therapy.

Uncovering the emotional journey of cancer patients globally

All too often, convenience isn’t a sufficient, or true, motivator—as the product team for an oncology drug discovered. By conducting studies with oncologists, nurses

Emotional Inquiry® is used to discover the motivations that drive responses to pharmaceutical brands.

and patients, Brandtrust helped the brand team recognize the emotional journey each group traveled and identify the deeper drivers and motivations that existed beyond convenience. This knowledge helped the team reposition the brand for each audience to invigorate sales in domestic and international markets.

Creating a universal brand for multiple indications

How do you reposition a leading brand that just received multiple FDA approvals for diverse indications? By understanding the psychological landscape of various types of specialists and patient groups, Brandtrust was able to help one client come up with a universal brand positioning by identifying key emotional drivers that were relevant across the spectrum of disease states. The brand gained a competitive advantage by meeting the emotional needs of all the diverse groups it served.

Helping pharma understand and improve adherence

Getting patients to take their medications as their doctor prescribed is one of healthcare's greatest challenges. It requires a deep understanding of the nonconscious barriers and drivers for adherence and the therapeutic category. Key learnings from Emotional Inquiry® helped a client penetrate and crack the code on adherence to understand and address patients' underlying motivations for their behavior.

Conclusion

Nonconscious, emotional responses drive decisions about products and brands, including prescribing habits, treatment decisions and patient compliance. Emotional Inquiry® uses a methodology that effectively probes the nonconscious brain without "priming" the respondent. Because health and disease issues are deeply personal and influenced by psychological drivers, Emotional Inquiry® is an appropriate methodology for discovering, understanding and leveraging the underlying feelings and psychological processes that drive brand loyalty for pharmaceutical brands.

Brandtrust specializes in helping clients understand the emotional factors that drive people's choices, create trust in the marketplace and engage employees in the workplace. Privileged to work with many of the leading pharmaceutical companies

in the world, Brandtrust conducts research globally and has experience with the following audiences:

Therapeutic Categories

Alcohol Use Disorder
Alzheimer's
Anemic Cancer
Atherosclerosis
Arthritis
Cardiopulmonary Disease
Congestive Heart Disease
Chronic Pain
Depression/Bipolar Disorder
Diabetic Nephropathy
Diabetes (Types 1 and 2)
Fibromyalgia Syndrome
Flu
HIV/HCV
Knee Replacement
Major Depressive Disorder
Migraine/Headache
Muscular Aches/Pains
Multiple Sclerosis
Osteoporosis

Physician Specialties

Allergists
Anesthesiologists
Cardiologists (Interventional and Clinical)
Dermatologists
Emergency Medicine Physicians
Endocrinologists
Gastroenterologists
HCPs
Internists
Multiple Sclerosis Specialists
Neurologists
Neonatologists
Neuropsychiatrists
Neurosurgeons
Obstetricians/Gynecologists

Oncologists
Orthopedic Surgeons
Pain Management Specialists
PCPs
Pediatricians
Psychiatrists
Rheumatologists

Nurses/Caregivers

Oncology Nurses
Diabetes Caregivers
Nursing Home Nurses
Respiratory Therapists

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a disconnect that can be unraveled with a better understanding
of the inner workings of the brain.”

BIBLIOGRAPHY

1. Baumeister R, Bratslavsky E, Muraven M, Tice D. *Ego depletion: is the active self a limited resource?* J Pers Soc Psychol. 1998;74:1252-1265.
2. Zaltman G. *How Customers Think: Essential Insights Into the Mind of the Market*. Boston, MA: Harvard Business School Press; 2003.
3. Machin J, Fitzsimons G. *Marketing by mistake: the unintended consequences of consumer research*. In: *Applying Social Cognition to Consumer Focused Strategy*. Kardes F, Herr P, Nantel J, eds. Mahwah, NJ: Lawrence Erlbaum Associates; 2005.
4. Zaltman G, Coulter RH. *Seeing the voice of the customer: metaphor-based advertising research*. J Advertising Research. 1995;35-51.
5. Fazio R, Sanbonmatsu D, Powell M, Kardes F. *On the automatic activation of attitudes*. J Pers Soc Psychol. 1986;50:229-238.
6. Berridge K, Winkielman P. *What is an unconscious emotion? (the case for unconscious “liking”)*. Cognition and Emotion. 2003;17(2):181-211.
7. Chartrand T, Bargh J. *Automatic activation of impression formation and memorization goals: nonconscious goal priming reproduces effects of explicit task instructions*. J Pers Soc Psychol. 1996;71:464-478.
8. Chartrand T, Bargh J. *Nonconscious motivations: their activation, operation, and consequences*. In: *Self and Motivation: Emerging Psychological Perspectives*. Tesser A, Stapel D, Wood J, eds. Washington, DC: American Psychological Association Press; 2002:13-41.
9. Carlston D, Skowronski J. *Savings in the relearning of trait information as evidence for spontaneous inference generation*. J Pers Soc Psychol. 1994;66:840-856.
10. Bargh J. *What have we been priming all these years? On development, mechanisms, and ecology of nonconscious social behavior*. Eur J Soc Psychol. 2006;36:147-168.
11. Bargh J, Chartrand T. *The mind in the middle: a practical guide to priming and automaticity research*. In: *Handbook of Research Methods in Social and Personality Psychology*. Boston, MA: Cambridge University Press; 2003.
12. Hassin R, Uleman J, Bargh J. *The New Unconscious*. Oxford series in social cognition and social neuroscience. New York, NY: Oxford University Press; 2005.
13. LeDoux J. *The Emotional Brain: The Mysterious Underpinnings of Emotional Life*. New York, NY: Simon & Schuster; 1996.
14. Zaltman G. *Consumer researchers: take a hike!* J Consumer Research. 2000;26:423-428.
15. Damasio A. *Looking for Spinoza: Joy, Sorrow and the Feeling Brain*. New York, NY: Harcourt Books; 2003.
16. Bless H, Strack F, Schwarz N. *The informative functions of research procedures: bias and the logic of conversation*. Eur J Soc Psychol. 1993;23:149-165.
17. Wilson T. *Strangers to Ourselves: Discovering the Adaptive Unconscious*. Cambridge, MA: Belknap Press of Harvard University Press; 2002.
18. Nisbett RE, Wilson TD. *Telling more than we can know: verbal reports on mental processes*. Psychol Rev. 1977;84:231-259. Reprinted in: Hamilton DL, ed. *Social Cognition: Key Readings*. Psychology Press; 2005.
19. Kruglanski A. *The human subject in the psychology experiment: fact and artifact*. In: Berkowitz L, ed. *Advances in Experimental Social Psychology*. Academic Press; 1975.
20. Rosenthal R. *Experimenter Effects in Behavioral Research*. New York, NY: Appleton; 1966.
21. Rosenthal R. *Interpersonal expectations: effects of the experimenter’s hypothesis*. In: Rosenthal R, Rosnow R, eds. *Artifact in Behavioral Research*. New York, NY: Academic Press; 1969:181-277.
22. Feldman J, Lynch J. *Self-generated validity and other effects of measurement on belief, attitude, intention, and behavior*. J Applied Psychol. 1988;73:421-435.

SOME QUESTIONS TYPICALLY ANSWERED WITH BRANDTRUST EMOTIONAL INQUIRY

How do patients and physicians feel about your brand, your competitors’ brands, and why?

What is most emotionally resonant about your brand?

Which emotional drivers can you tap to attract more patients?

How can you insert your brand into the physician’s consideration set?

How can pharmaceutical companies realize higher margins on the basis of emotional benefits?

How can your brand be positioned to clearly differentiate it from competitors?

How can pharmaceutical companies change deeply ingrained physician behavior?

What memories and experiences create emotional needs and barriers for treatment decisions?

What are patients’ dissatisfied or unmet emotional needs in relation to the therapeutic category?

What communication materials can you create to increase sales rep effectiveness?