Brand Concept Maps:

Measuring What Your Brand Means to Consumers

Professors Barbara Loken and Deborah Roedder John, Carlson School of Management, University of Minnesota

CARLSON
SCHOOL OF MANAGEMENT
UNIVERSITY OF MINNESOTA

Existing Techniques for the Measurement of Brand Associations

When consumers think of a brand, they are likely to bring to mind a set of associations linked to it. Many methods are available for eliciting brand associations from consumers. These include free association, attribute rating scales, and qualitative methods such as collages. An example of a free association question is: "When you think of Disney, what comes to mind?" Typical responses may include a variety of associations, such as brand image attributes/benefits (e.g. fun for kids; entertaining) and products of the brand (e.g. Disneyland, Disney cartoons).

However, not many of the available methods elicit the *structure* of brand associations from consumers. For instance, a network map of brand associations would need to include both first-order associations, which are linked *directly* to the brand, and second-order associations, which are linked *indirectly* via the first-order associations. The distinction between these first-order and higher-order associations is not captured by most techniques. Two exceptions are the Zaltman Metaphor Elicitation Technique (ZMET, Zaltman & Coulter 1995) and network analysis (Henderson, Iacobucci, & Calder 1998). Yet these techniques also have their limitations.

A new technique, called Brand Concept Maps (BCM), is proposed, which elicits first and higherorder brand associations while overcoming the limitations of existing techniques. For example, the BCM technique requires no specially trained interviewers, can be used on large samples, and can be used to compare and contrast consumer segments. The BCM technique produces an aggregated map from a sample of individually-produced maps.

Brand Concept Maps: A New Technique to Measure Brand Associations

Brand network maps are important because they help answer the following questions with regard to brand assessment and protection:

- Which brand associations are more or less important?
- Which brand associations are directly linked to the brand and which are indirectly linked to the brand?
- How can stronger associations and inter-connections between associations be built?
- If a brand association changes in the network, how does it affect other associations?

Steps to Creating Brand Concept Maps

There are three stages in the creation of brand concept maps:

- Elicitation: The elicitation stage involves eliciting brand associations from consumers and answers the question: "What is the list of associations consumers have with the brand?" Responses are open-ended and retained if stated by at least fifty percent of respondents.
- Mapping: In the mapping stage, consumers use the set of brand associations to make a network map of how they see the brand. Respondents view a concept board which contains a separate card for each association culled from the elicitation stage and are

asked to select cards that, for them, represent the brand. Respondents are also able to add concepts that do not appear on the concept board by writing each additional association on a separate card. Respondents then connect the concepts, making a map of the set of concepts selected, using one, two, or three lines to indicate the perceived strength of that connection (where three lines indicate a very strong connection and one line a weaker one). Associations with direct connections to the brand (those that are physically and mentally seen as closest to the brand) are called *first-order associations*. Associations with indirect connections to the brand, less central to the brand mental map but nevertheless important, are called second-, third-, or fourth-order associations. Finally, respondents rate the brand on a 1-10 scale from very unfavorable to very favorable.

• **Aggregation:** The aggregation stage involves aggregating individual brand maps to produce a *consensus map* of how consumers see the brand. Two measures, in particular, are used to produce the consensus map: frequency of mention of each association and number of interconnections found between brand associations. Please see John, Loken, Kim, and Monga (2006, forthcoming) for more details.

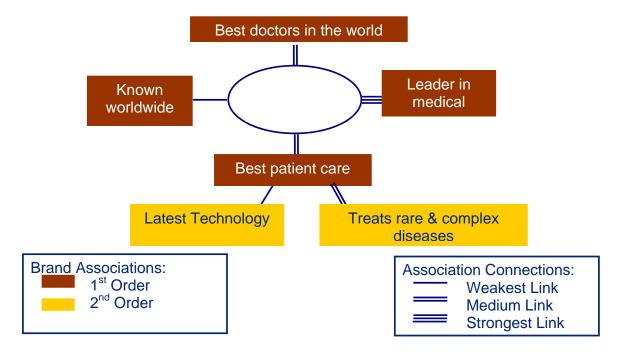
Application to the Mayo Clinic Brand

An ideal context for testing the brand concept map uses a complex brand with many salient brand associations. The Mayo Clinic brand meets these criteria and also has distinct user groups, allowing for comparison of aggregated maps between patients and non-patients. A Mayo Clinic study was conducted via 1:1 interviews with both patients (n=90) and non-patients (n=75) of the Mayo Clinic in Chicago and Minneapolis.

The first stage, elicitation, involved selecting, from open-ended research conducted previously by Mayo, and from discussions with the Mayo brand team, a set of 25 brand associations frequently mentioned by the population of interest. Selected brand associations were those that were frequently mentioned as being important to the brand, such as: "leader in medical research," "best doctors in the world," "known worldwide," "caring and compassionate," and "doctors work as a team."

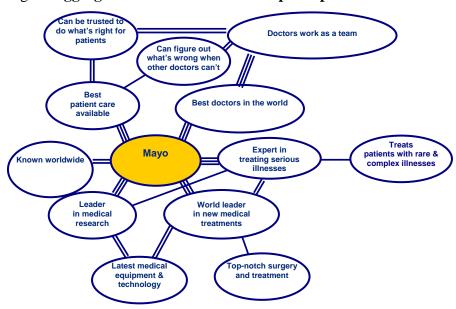
In the second stage, mapping, respondents were asked to build a concept map to reflect their own personal view of the brand. An example of a concept map was shown to respondents, and its elements were explained. Respondents were then given the set of selected brand associations to build their own brand map. Figure 1 is an example of a brand concept map created by one individual respondent.

Fig. 1 Individual Patient Brand Concept Map



In the third stage, aggregation, a consensus brand map was generated. Each individual brand concept map was coded to reflect presence of brand associations, connections between brand associations, and the strength of brand association connections. Figure 2 illustrates the aggregated patient brand concept map. Note that the map includes both first-order associations (e.g. "best doctors in the world", "leader in medical research") and second-order associations (e.g. "doctors work as a team" and "latest medical equipment and technology").

Fig. 2 Aggregated Patient Brand Concept Map



Conclusion

In conclusion, brand concept maps make important contributions to the area of brand measurement. First, they offer an alternative to existing methods of examining the structure of brand associations, creating a fuller picture than free association, rating scales, and collages by identifying the most important brand associations and showing how these associations are connected. Second, the connections revealed between attributes can provide a sense of what might happen if certain other attributes change. Finally, brand concept maps have advantages over other techniques such as ZMET in that they are easier and less costly to administer, do not require specially trained interviewers, can be used for different data collection settings, can be used on larger samples, and offer comparisons for different segments. As described in a forthcoming article (John, et al., 2006), brand concept maps are also demonstrated to offer a reliable and valid technique for brand measurement.

References

John, Deborah Roedder, Barbara Loken, Kyeongheui Kim, and Alokparna Basu Monga (in press), "Brand Concept Maps: A Methodology for Identifying Brand Association Networks", *Journal of Marketing Research*.

Zaltman, Gerald and Robin Higie Coulter (1995), "Seeing the Voice of the Customer: Metaphor-Based Advertising Research," *Journal of Advertising Research*, 35 (4), 35-51.

Henderson, Geraldine R., Dawn Iacobucci, and Bobby J. Calder (1998), "Brand Diagnostics: Mapping Branding Effects Using Consumer Associative Networks," *European Journal of Operational Research*, 111 (2), 306-27.

Summary prepared by Andrew Kaikati and Sunil Kishore, doctoral students, Carlson School of Management, University of Minnesota

Presented at the Institute for Research in Marketing's *Carlson on Branding* May 19-20, 2006

Institute for Research in Marketing Carlson School of Management University of Minnesota 321 Nineteenth Avenue South, Suite 3-150 Minneapolis, MN 55455-0438 (612) 624-5055, fax (612) 624-8804 carlsonschool.umn.edu/marketinginstitute marketinginstitute@csom.umn.edu