

Exploring charity brand relationships in a healthcare context

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Abstract

The brand relationship paradigm (Heding et al. 2009) has been applied extensively in the commercial consumer-brand context (Brezale and Fournier 2012) but there has been scant attention to the study of corporate brand relationships (Abratt and Kleyn 2010) and more specifically in the charity domain where there has been a growing interest in charity branding during recent years. Therefore, this study consisted of exploring brand relationships within a particular charity context in the UK whereby the host organisation was a national healthcare charity providing different types of services to people living with arthritis. The conceptual framework guiding this study was drawn from both corporate branding and brand relationship theory with a view to apply new approaches to the study of the charity brand. Due to the exploratory nature of this investigation, an inductive research methodology was adopted where data collection involved qualitative interviews with twenty-two participants including three extensive biographical interviews. Findings suggest the importance for charities to better understand the salient aspects of their corporate brand that effect brand-beneficiary relationships. Six aspects have been identified from the perspectives of beneficiaries and were labelled as follows: brand clarity, brand personality, brand communication, brand presence, brand experience, and brand ethics. Moreover, brand relationship were investigated from an interpersonal relationship metaphor perspective (Hinde 1997, Fournier 1998, Saledin 2012) resulting in the identification of four brand relationship roles (Mentor, Befriender, Entertainer, Enabler) and one desired brand relationship role (Medical Expert) from the perspectives of beneficiaries. This study therefore contributes to academic knowledge by providing new insights and perspectives on brand relationships between a healthcare charity brand and its beneficiaries. In addition, practical managerial recommendations are suggested to assist the host charity in its branding efforts.

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1. Introduction

“It’s a very competitive world out there where only the fit survive – very Darwinian!”

(Project initiator)

An increasing number of charities have been involved in branding initiatives during recent years (Stride 2006) and many have realised the importance of branding as a means to “communicating value and meaning” (Hankinson 2001a, p. 231). Several high-profile charities in the UK embarked on branding strategies in the 1990s, resulting in their brand image improving within the country (Bennett and Gabriel 2003), in addition to attracting more donor funding (Hankinson 2001b). Wootliff and Deri (2001) referred to non-profit brands as the “world’s super brands” (p.157) further to a study revealing that on issues related to the environment, human rights, and health, non-profits were more trusted than governments, corporations and the media. CharityComms, an organisation that networks charity communications professionals in the UK, recently released a free document entitled ‘Branding Inside Out: a Best Practice Guide’ which aims at promoting the importance of branding among charity professionals. CharityComms director Vicky Browning stated that “more than ever, charities must demonstrate how their cause is unique, effective, relevant and worthy of support. A charity’s brand is key to achieving this” (CharityComms 2012).

Research context

Branding is not new and has existed since ancient times (Farquhar 1990, Aaker 1991, Kapferer 2006), but its form has evolved over centuries (Mercer 2010). It can even be argued that branding in the charity sector is also not new, as many practices that are now used in the commercial sector under new terminologies have been used by charities in past. Griffiths (2005, p.121) states “odd as it may seem, modern consumer brands have borrowed the branding clothing of charities and not-for-profit organisations by basing their whole marketing approach on a foundation of vision,

mission and values". Balmer (2006) also posited that many charities have been carefully managing their brand over centuries and cited as examples centuries-old organisations, like the universities of Cambridge and Oxford, and the Catholic Church and its various denominations. Griffiths (2005, p.122) even argued that "enshrined in different global religions for whole millennia, charity was actively seeking to win our hearts and minds long before modern mass marketing was a glint in Henry Ford's eye". Hankinson (2004, p.92) shares a similar view and argued that the idea of organisational or brand mission stems from the non-profit sector; "indeed the idea of mission, so widely used now in profit making organisations, comes from the not-for-profit sector and especially from organisations with an overtly Christian origin and purpose". Olins (2003, p.22) also pointed out that many charities have been involved in brand creation for centuries citing examples like "the Red Cross and its Muslim equivalent the Red Crescent...[they] are amongst the world's best known and most readily recognised brands and have been for over a century". Haigh and Gilbert (2005) highlighted the fact that several well-known charity brands today came into existence along the same time as some of today's strong commercial brands, and argued the economic impact of both charity brands and commercial brands were similar, but that different terms were used: "only the vocabulary is different" (p. 110). However, while certain aspects of branding may have its roots in the charity sector, the active management of the charity as a brand is relatively new (Hankinson 2004) and there the term 'brand' itself has suffered from negative connotations, especially in the charity sector.

Olins (2002) observed that "for many the very word 'brand' seems to have trifling and superficial implications" (p. 241) with Anholt (2007) deploring the sense of mistrust that the word has among many people. In the early days of charity brand research, Ritchie et al. (1999, p.36) noted that "although most non-profits that use brands are motivated by noble intentions, they run the risk of appearing to have sold out - of having become 'too commercial'". A decade later, Stride and Lee (2007) suggested that such a situation was still prevailing; "branding terminology itself appears to deliver negative rather than positive associations across key recipient stakeholder groups" (p.113). Anti-brand and countercultural movements had also

contributed in demonizing the word (Anholt 2002, Holt 2002), where brands have been often portrayed as “the capitalists’ weapon of choice to prey upon anxieties and concoct false desires” (Holt 2006, p. 300).

During recent years, there seem to be a better understanding and acceptance of the term and many charities are using the term ‘brand’ and its associated terms publicly without any reservations. Table 1 illustrates a few examples of how the word ‘brand’ is clearly featured in charity communications of the country’s top five charity brands, according to the 2011 Charity Brand Index (Third Sector Research 2011).

Table 1. Use of the term ‘brand’ by UK’s top five charity brands

Ranking as per Charity Brand Index 2011	Examples of use of the term ‘brand’ on charity website
1. Cancer Research UK	Carolann Davidge, Cancer Research UK’s director of brand and PR, said: “We’ve worked hard over the last couple of years to really understand what the public think and feel about us.”
2. RSPCA	[...] working closely with Publications and Brand team and the Press team to maintain brand and message consistency across digital media initiatives.”
3. The Royal Legion	The poppy brand and all it represents makes The Royal British Legion an ideal charity partner for cause related marketing initiatives.
4. Help For Heroes	Brand guidelines summary: Fundraisers and Supporters
5. Macmillan Cancer Support	Macmillan launches new brand advertising campaign

Several high profile charities also have created the specific positioning of ‘brand manager’ within their organizational structure (e.g. Cancer Research UK, Macmillan Cancer Support, Shelter, Parkinson’s Diseases Society). Even charities which may be perceived as conservative are using the term openly; for example, a news release on the website of The Church of England in the Diocese of Durham was entitled “New branding for Spennymoor church” (The Church of England in the Diocese of Durham, 2011). John Pritchard, Bishop of Oxford and Chair of the Education Board

of the Church of England recently declared in The Guardian newspaper: “We've got the brand for producing good educational support services” (Wilby 2012) and even the Occupy movement leader Thomas Wehner recently declared: “I want to help turn Occupy into a global brand, and I am convinced it can be done” (Luyendijk 2012).

Such a trend might indicate that the term ‘brand’ is slowly being accepted and rehabilitated after many years of misunderstanding. Even Naomi Klein, the famous writer of *No Logo*, admits that she her aversion to brands had made her accidentally create a brand (Klein 2010). Although she purposely took different actions to avoid *No Logo* to be perceived as a brand, she did not have control on some of the audience’s perception of what a brand is: “ ‘But aren’t you your own brand?’ clever interviewers would ask me endlessly. ‘Probably,’ I would respond. ‘But I try to be a really crap one’ ” (Klein 2010, p. xvii).

Brand management is a long-term process and that “inevitably means that finances will be diverted from service provision” (Hankinson 2001a, p. 239) and therefore the issue of how much resources need to be put into branding at the expense of frontline operations has also been raised. Such decisions may give rise to ideological tensions within the organisation itself, as exemplified by a recent conflict between Amnesty International and its staff members. Staff went on strike due to disagreements with the policies adopted by senior management, which involved staff cuts, redundancy payments, decentralisation and also policies regarding managing the charity brand. British journalist Paul Vallely (2012) reporting on the issue through interviews with insiders describes the existence of a tension between the two sides within the charity:

“It points to an ideological rift. One side insists that Amnesty must physically position itself in solidarity with those whose causes it champions, who are mostly in the poor world. The other alleges diligent and effective human-rights research is being sacrificed by marketing managers who want to “build the Amnesty brand” to recruit more members and raise more funds.”

Hence as suggested by Ritchie et al. (1998, p.40), it is “up to each organisation to determine whether the benefits exceed the associated costs”. However brand building is a long-term process with potential long-term benefits as Robert-Wrays (1994) noted, “skilful brand positioning leads to enhanced success with fundraising and more successful fundraising can lead to the financing and adoption of new initiatives in service provision” (p. 370).

Overview of the charity sector in the UK

A charity in the United Kingdom is an organisation that takes “a distinctive legal form and has a special tax status” (Sargeant 2011). They can be described as independent non-profit making organisations set up for charitable purposes (Sargeant 2011). The term independent means they are “not a part of any governing department, local authority or any other statutory bodies” (Sargeant 2011), and the term non-profit refers to the fact that “any surplus they may make must be used only to further the organisation’s purposes” (Sargeant 2011). Charitable purposes are those meant for public interest as per guidelines set by the relevant legislations (The Charity Act 2006 for England and Wales, The Charities and Trustee Investment Act 2005 for Scotland, and the Charities Act 2008 for Northern Ireland). These charitable purposes are assessed by the relevant commissions to determine whether the organisation’s operations are beneficial to the public. While they can remove the legal charity status from organisations they deem unfit for charity status, the latter can still perceive that what they are doing is “charitable” and can continue to operate; however they cannot describe themselves as charities.

There is a gap between what the general public’s perception of what a charity is, and how it is defined in the legislation. The Oxford Dictionary defines a charity as “an organization set up to provide help and raise money for those in need” (Oxford Dictionaries 2012), but from a legal perspective, an organisation may be eligible to charity status even if it might not be perceived as helping those in need. For example, many private schools and amateur sports associations benefit from a charity status in

the UK, but they might not be perceived as being ‘charitable’ in the eyes of the public. In the late 19th century, there was an attempt by the tax authorities to narrow down the legal definition of a charity, but their decision was overruled in court hence maintaining the Victorian broad definition of charity which still prevails nowadays. Having said this, in 2006, the legislation was amended to better clarify the notion of public benefit (The Economist 2012). During recent years, there has been more effort from the relevant commissions to keep a closer eye on organisations benefiting from charity status, causing those organisations to adopt policies that would help them maintain their charity status.

There is a proud charity tradition in the UK (Alvey 1995) and this can be felt through the numerous charity activities organised at county, regional and national level. There are no exact references about when the first charities started to operate in the country, but it is known that, in the Middle Ages, most charities were managed by the Roman Catholic Church (Gray 1905, Alvey 1995). The word *charity* itself is derived from the Latin word *caritas* which refers to the notion of “Christian love of humankind” (Oxford Dictionaries 2012). This was an era where in England “the medieval church served as the social welfare institution” (Kurzman 1970, p. 496) where one-third of the income received by the Church where “set aside for the poor and the needy” (Kurzman 1970, p. 497). The Church would use donations received for the “betterment of religious institutions” (Alvey 1995, p.7) and also “paid for many public works and did much to relieve those in need” (Alvey 1995, p.7). During the early Middle Ages, monasteries run by the Roman Catholic Church where the most important institutions providing charitable support. Monasteries organised daily food distributions, and provided accommodation for needy travellers and basic healthcare for the sick (Kurzman 1970). In addition, the Church was involved in the operation of around 400 hospitals and almshouses in varying sizes which were available to support the poor and the needy (Kurzman 1970). According to The Almhouse Association (2011), “the oldest charity still in existence is thought to be the Hospital of St. Oswald in Worcester, founded circa 990”.

While monasteries have been acknowledged as having played an important role in providing charitable support to the population at a time where around one-third of the population was living in poverty (Alvey 1995), they have been later criticized for their unsystematic approach to tackling poverty (Kurzman 1975). Another issue during that period was that there were many donations given to the poor since charity was “seen as both an individual Christian responsibility, and a corporate duty of each Christian congregation and institution” (Kurzman 1975, p. 497), though “no serious or concerted efforts were made to tackle poverty, but thousands of indiscriminate gifts were made instead” (Alvey 1995, p. 6). The Church and its denominated institutions were given large sums of money and also inherited land from wealthy donors who believed in accomplishing their Christian charity duty; though many were not always interested in how the money was going to be spent, being “more concerned with their own salvation” (Alvey 1995, p.6).

During the Tudor period, secularly managed charities started to emerge as the Church’s influence in social welfare was decreasing and successive governments provided the necessary legislation to encourage and facilitate such initiatives. During that period, various secular trusts, associations and foundations were established for various charity purposes from small-scale activities like renting cows to poor farmers to the building of hospitals (Alvey 1995). The rise of evangelicalism from the late eighteenth century onwards “brought a new and vigorous emphasis to personal sacrifice and good works” (Prochaska 1988, p.22). The family was considered as a paramount social institution and religious rituals moved from the church to domestic homes with women playing an important role in that respect (Prochaska 1988). The evangelical missions were organising various activities at regional level, and the other main religious faiths also followed similar strategies and extended their welfare and missionary activities to local parishes. According to Prochaska (1998, p.23), “for Catholics and Jews they were necessary if only to combat the proselytism of innumerable Protestant charities”. This trend also encouraged a more active female involvement in charity work since they were actively participating in religious and charity activities at community level (Prochaska 1998). From organising mothers’ meetings to sitting on management boards of charities, women have played an

influential role in orienting charity work during that period (Prochaska 1998) and it can be argued, that “many of the voluntary traditions in modern Britain are deeply rooted in female culture” (Prochaska 1998, p.24).

Over the centuries, charities - both religious and secular - have played an important role in providing welfare services to the population. Moreover according to Rutherford (2010, p.1033), charities have historically played an important role in “innovating in the health and social care sectors, often able to respond to societies changing needs faster than the state”. In 1952, the Nathan Committee set up to investigate charitable trusts acknowledged the contribution of charities in providing essential services to the population: “by private effort universal services of schools, hospitals, dispensaries, almshouses, orphanages, pensions for the aged and relief for other categories of the ‘deserving’ poor” (as cited in Alvey 1995, p. 38). The twentieth century was characterised by more collaboration with the State, which was also funding charities that could complement services for the welfare of the citizens (Prochaska 1988). Despite the gradual establishment of the Welfare State in the country, charities have continued to play an important role in providing relief and welfare especially at regional and community level. Today, according to the figures released by the Charity Commission, there are around 160,000 registered charities in England and Wales with a combined annual income of around 50 billion pounds (Charity Commission 2011a). However, these figures exclude charities with an income of less than 5,000 pounds per annum and certain specific organisations which are granted charity status but for whom registration with the Commission is not required or is voluntary. In Scotland, all charities are required to register with the Office of the Scottish Charity Regulator since the latter defines a charity as “an organisation which is entered on the Scottish Charity Register” (Office of the Scottish Charity Regulator, 2011a). The OSCR currently regulates over 23,000 Scottish charities (Office of the Scottish Charity Regulator 2011b). The Charity Commission for Northern Ireland has not published any figures yet since the commission has recently been set up and “will soon begin the process of registering all organisations that operate for charitable purposes, and in time will begin the regulation of the entire sector” (Charity Commission for Northern Ireland 2011).

There are thousands of new charities being formed every year in the UK. For instance in 2010, the Charity Commission registered 6,261 charities in England and Wales (Charity Commission 2011b). There are also new types of organizational structures emerging. Since the 1990s, there have been a number of social enterprises created which are “organisations that use business practice in order to pursue a social or environmental goal” (Muñoz 2009). Organisations are entitled to a Social Enterprise Mark if “at least 50% of the company profits are spent on socially beneficial purposes” but to get a charity status, the totality of the profits should be reinvested in the business. Some notable social enterprises which have charity status in the UK are The Big Issue, Action For Children, The Eden Project, and Jamie Oliver’s restaurant Fifteen. Charities are operating in an increasingly competitive environment especially in those times of economic downturn. They are competing to get their voices heard, to get more funds, to attract volunteers, to be top-of-mind in their respective sectors, to lobby for their causes, and so on. Many charities are complaining about the Government’s austerity measures and research carried out by NVCO indicated that “according to the Government's own figures charities are facing nearly £3 billion in cuts over the spending review period (2011-2015)” (Kane and Allen 2011). In its Charity Forecast Survey conducted in late 2010, the National Council for Voluntary Organisation (NVCO) noted a growing pessimism about the future demonstrating “low confidence in their organization’s finances, the sector's economy and the UK economy as a whole” (NVCO 2010). The findings showed that “(69%) predicted that the financial situation of their organisation would worsen over the next twelve months” (NVCO 2010) causing a potential reduction in employment of paid staff (NVCO 2010).

The host organisation

The host organisation for this study was a national charity involved with helping people living with arthritis in the UK and will be referred to as “The Healthcare

Charity” in this study since managers expressed the wish that the name of the charity not to be explicitly mentioned in this study.

The organisation was founded decades ago with a view to provide support to people affected with arthritis in the UK. The founder of the charity was himself affected with ankylosing spondylitis (an inflammatory form of arthritis) since the age of nineteen, which forced him to have regular and lengthy stays in hospital. This is where he realised that there were many people like him affected with various forms of arthritis, and who were being faced with similar issues such as isolation and employment access. The idea of setting up a charity that would be run by and for people living with arthritis emerged, and he founded the charity at the age of twenty-five. This was at a time when there were no welfare facilities and where there was a scarcity of information available on arthritis as well as a very low awareness and understanding of this medical condition.

Arthritis refers to the inflammation of the joints and people affected with this condition will be experiencing some form of pain while moving around. According to Arthritis Research (2010a) more than 10 million adults (aged 15+ and consisting of 6 million women and 4 million men) consult their GP each year with arthritis and related conditions. Arthritis is a condition that cannot be cured up to now (except for gout) and there is no clear scientific evidence of the causes of the disease.

The organisation’s vision statement is *a society in which the needs of people living with arthritis are understood, respected and fully met* and its mission statement is *to support all people with arthritis directly, with high-quality services and information about other forms of support and indirectly, by influencing others who can make positive difference to their lives*. The organisation in 2010 employed 98 full-time staff and approximately 30 part-time employees. However, following a major restructuring in 2011, the charity reduced its staff considerably and as of 2012, the charity employs only 30 full-time paid staff and 28 part-time staff. There are currently around 190 branches across the UK and around 12,200 ‘paid up’ members

of the charity, split between members in branches and groups, and postal members (a term derived from the fact that the member traditionally sent their subscriptions fee by post and the charity newsletter was mailed to them by post). The charity's head office is currently based in London and there are four national directorates - one for each part of the UK with offices in Belfast, Glasgow and Cardiff. The England office is part of head office premises, which also houses the fundraising, finance, information/helplines, and human resources attached to the CEO's office.

Most of the charity's services, such as the phone helplines, ordering/downloading of booklets, and use of online forum, are available for free to the public hence it is not a prerequisite to become a member to be able to use the services. Table 2 summarises the services offered by the charity.

Table 2. Services provided by the host charity

Activity	Description
Information	<p>Provides relevant information about arthritis. A free confidential helpline service offers support and information by phone by letter and email.</p> <p>Publishes a wide variety of useful and relevant resources such as brochures, booklets and reports and a monthly magazine.</p> <p>Online presence through corporate website, YouTube channel and Facebook page.</p> <p>Online forum available to members of the public through the main website with different discussion rooms.</p>
Training	<p>Runs self-management training and personal development programmes with the aim of giving participants the confidence and skills to manage their conditions and improve their quality of life.</p>
Campaigning	<p>Campaigns for greater awareness of the needs of everyone with arthritis, improved services and an end to discrimination.</p> <p>A large network of local campaigners spread across the UK.</p>

Networking	<p>Puts people with arthritis in touch with each other through our network of over 250 branches and groups.</p> <p>Online networking through online forums and social networks such as Facebook, Twitter and YouTube.</p> <p>Closely working with health professionals and other arthritis organisations in the UK and internationally.</p>
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Within the past five-year strategic plan (2007-2012), seven strategic aims were set to be achieved, based on these main areas of intervention. Table 3 summarises the strategic aims and examples of activities conducted. Some of them have already been initiated, some are in progress and some have yet to be achieved. The purpose of including these below is to give an indication of the strategic orientation of the charity with regards to service provision.

Table 3. Strategic aims and actions to be taken (2007-2012)

Aim	Actions to be taken during period 2007-2012
<p>Everyone with arthritis has information about, and access to, the best possible services and support.</p>	<ul style="list-style-type: none"> • Initiate more powerful campaigns nationally and locally. • Provide accurate, relevant, up-to-date and easily accessible information about all types of arthritis and the services/support available to people with arthritis. • Identify the common issues that people with arthritis experience from services - highlighting best practice and campaigning for change where standards need to be improved. • Consult regularly with members and other people with arthritis to ensure the development and delivering services to meet their needs.
<p>People with arthritis get the best possible deal from government policies.</p>	<ul style="list-style-type: none"> • Ensure the charity and people with arthritis are involved at the outset in any new policy or service development. • Measure the outcomes of policies and services for people with arthritis, ensuring there is no negative impact.
<p>The impact of arthritis is better and more widely understood</p>	<ul style="list-style-type: none"> • Ensure the prevalence and severity of arthritis is reflected in its profile within the arena of long-term conditions. • Dispel the myths surrounding arthritis and promote the true experiences of those living with it. • Raise awareness of the barriers people with arthritis face and

	the action that society and professionals can take to reduce them.
People are aware that there are always positive steps they can take in living with arthritis	<ul style="list-style-type: none"> • People with arthritis will have access to the charity's information at the point of diagnosis. • Heighten awareness of the benefits of self-management techniques and ensure they are more widely available/ accessible. • People with arthritis will have access to new and updated information about managing their condition. • Give people with arthritis the confidence and information to have a more informed dialogue with their health professionals.
The charity is universally recognised as the voice of people with arthritis throughout the UK	<ul style="list-style-type: none"> • Raise awareness of the charity and the services offered so that people with all types of arthritis, at any age and at any point in their diagnosis, know they can turn to the charity for information and support. • Ensure the voice of people with arthritis is regularly heard and heeded. • Ensure people with arthritis are at the heart of the charity.
Professionals understand and value the unique role of the charity and 'prescribe' us to their patients	<ul style="list-style-type: none"> • Regularly evaluate and communicate the positive impact of the charity's services. • Heighten awareness among health professionals of the benefit of 'prescribing' the charity to people at the point of diagnosis and at other times of need.
The charity is clear, confident and professional in the delivery of these aims	<ul style="list-style-type: none"> • Strive for excellence in all aspects of service design and delivery. • Monitor, evaluate and report on activities ensuring best outcomes are being achieved for all involved in their delivery and all those who use them. • Continue to lead the way in developing innovative services and solutions for people with arthritis. • Become an expert employer which lives up to its public messages internally.

(Adapted from the host charity's strategic plan)

In recent years, there has been a growing interest among top management to explore the relevance of branding within the organisation's strategic management process. In 2008, a brand review proposal was made to the Board of Trustees, where there was a first attempt to distill the concept of brand within top management:

Our brand is our personality; it's the set of thoughts, perceptions and feelings that are brought to mind when people come into contact with us. It is shaped by everything we do, from how we provide services through to how we recruit staff. Importantly our brand should be reflected in every aspect of the way we present ourselves.

In 2010, the Director of Operations of the charity contacted Bournemouth University to explore the possibility of initiating an academic study at doctoral level that would relate to branding within the charity context. After several consultations with charity representatives, the present study was approved and was carried out in close collaboration and consultation with senior management at every step of the process. This project started during a period where the organisation was facing several challenges, especially with regards to income generation. In 2009, the CEO alarmed that the charity was being faced with financial pressures of a new magnitude due to the fact that the charity was noticing a decrease in the value of its reserves, bigger pension deficits, and decline in legacy incomes. Several managerial measures were taken to face these difficulties, and top management stressed the importance to communicate effectively. One of the immediate actions was the integration of the public affairs, marketing and fundraising departments. The support of external expertise for fundraising tactics was sought through the hiring of an external consultant. This current project was carried out during this state of flux within the organisation, where two CEOs resigned and half of the staff was made redundant between 2010-2012.

Problem statement

The intention of this research was to provide new perspectives to the host charity's management on how branding can assist them in enhancing the charity's identity and image as well as its relationship with its beneficiaries. Understanding how branding could be beneficial to the charity in these times of uncertainty and change was felt by management to be of crucial importance. It was agreed with management that an exploratory approach would be used in this investigation where specific research objectives would be formulated and refined throughout the research process.

2. Literature review

Conceptualising brand in the charity context

The objective of this first section of the literature review is to explore the conceptualisation of ‘brand’ in a charity context. The review includes academic papers where researchers have explicitly used the term ‘brand’ in studies which have focused mainly on understanding the role and applicability of branding in a charity context. A critical review of the charity branding literature as from the 1990s is proposed, with a view to explore how the notion of brand has been conceptualised within a charity context and whether a clear articulation of the ‘charity brand’ has been developed. The review revealed that while there exists different conceptualisations of brand within specific areas of the charity sector or within a specific case study context, there has not been a general consensus of what a ‘charity brand’ means and such a construct has not yet been articulated in a clear and robust manner. A conceptualisation of a ‘charity brand’ is therefore proposed at the end of this review, based on a combination of the different concepts introduced in the charity branding literature, gathered from both an academic and a practitioner perspective within the charity context.

A primer on the ‘brand’ concept

The English term ‘brand’ is not new. Some writers argue that it originates from the Old Norse word *brandr* meaning to burn (Blackett 2003, Adamson 2006), taken from the practice of burning animal skin as a mark of ownership. A historical analysis by Stern (2006, p.217) revealed that the term was used in English “for fifteen centuries before it entered in marketing in 1922”. As the science and art of marketing has evolved over the past century, the term brand has been given new meanings and interpretations (Mercer 2010). Nowadays there are different

interpretations of what 'brand' means. Ind (2001, p.18) observed that "there are almost as many definitions as there are books on the subject", Kapferer (2004) observed that different experts have their own definitions and interpretations of the term, and Anholt (2007, p.3) recently concluded that "nobody seems to agree on what the word really mean". However de Chernatony and Dall'Omo Riley (1998) reviewed over 100 academic articles to investigate how a brand is defined and found that definitions were proposed according to twelve broad notions (legal instrument, logo, company, shorthand, risk reducer, identity system, image, value system, personality, relationship, adding value, evolving entity), though admitted that differences in definitions and interpretations still remain. De Chernatony (2009) recently argued that different interpretations of the term exist because of the evolutionary nature of the branding discipline. Another reason for the diverging interpretations is that the term 'brand' in marketing is used essentially as a metaphor, and sometimes mixed with other metaphors, hence this gives way to various subjective definitions and interpretations (Davies and Chun 2003). Manning (2010, p.36) also raised an interesting observation from a semiotic perspective, arguing that "the definition of brand develops over time by a kind of mystical *via negativa*, defining itself not so much by saying what a brand is as what it is not: the product"; for instance, Ardvisson (2005, p.244) argued that "the brand refers not primarily to the product but to the *context of consumption*".

While there are still diverse definitions and interpretations of the term among experts and practitioners (Ind 2001, Kapferer 2004, Anholt 2007), there seem to be a general acknowledgement that the concept of brand is more than a logo; rather it is a combination of functional and symbolic elements of a particular entity which are deliberately managed to ensure differentiation and competitive advantage. Kornberger (2010) proposed the shorthand formula *brand = functionality + meaning* to reflect both the material and immaterial components of the brand, though there is a tendency to emphasise its immaterial form (Manning 2010).

The corporate brand concept

Charities are organisations and therefore before exploring what is specifically meant by a ‘charity brand’, it was important to review the literature which has focused on organisations as brands. The notion of the organisation as a brand has developed in the literature since the early 1990s (e.g. King 1991, Balmer 1998) and stems mainly from a convergence between marketing (product branding) with other disciplines, where extensive research has been made in the fields of corporate identity, corporate personality, corporate image and corporate reputation (Knox and Bickerton 2000).

The notion of ‘company as brand’ has gained increasing attention from academics and practitioners in past decades (Knox and Bickerton 2000, Schultz and de Chernatony 2002), with the term ‘corporate brand’ emerging as an umbrella term to refer to this notion. The English word ‘corporate’ has its roots in the Latin word *corpus*, meaning *body* (Kapferer 2002). The concept first originated from the idea of ‘company brand’ where scholars like King (1991) were advancing the idea of thinking of the company as a brand. Subsequently, the term ‘corporate brand’ started to appear in the literature (Balmer 1995, Macrae 1999, Kapferer 2002) and soon the term ‘company brand’ was replaced to give way to the notion of a corporate brand instead. According to Balmer and Grey (2003), the main reason for this shift in terminology was due to the fact that the word ‘company’ was restricted to one specific legal business structure, while the word ‘corporate’ has a broader circumference and could include the study of other organisational structures; that is, not only corporations and their subsidiaries, but also charities, governmental agencies, universities, religious bodies, and international non-profit agencies (Balmer 2006). Hence the notion of a corporate brand is now used more generally to refer to an organisation brand (Aaker 2004, Balmer 2006, Roper and Davies 2007).

However the notion of ‘corporate branding’ has been suffering from confusion since its introduction, as noted by some leading scholars in the field (King 1991, de Chernatony 2002, Balmer 2006). In many cases, the term ‘corporate brand’ has been

used (and maybe is still being used) as a synonymous term for corporate identity (King 1991, Balmer 1998, Balmer 2003, Kitchen et al. 2013). Moreover, the notion of corporate identity itself has suffered from diverging interpretations since its inception, due to the divergences in terminologies from diverse disciplines (Van Riel and Balmer 1997). These diverging terminologies and interpretations have created what Balmer (2001, p.249) metaphorically described as a fog in the field of “business identity”; a term he uses to encompass the notions of corporate identity, organisational identity and visual identity. He pointed out that the term ‘business identity’ refers not only to commercial organisations, but also to non-profit organisations (Balmer 2001), giving an indication that such studies could be relevant to non-profit organisations as well.

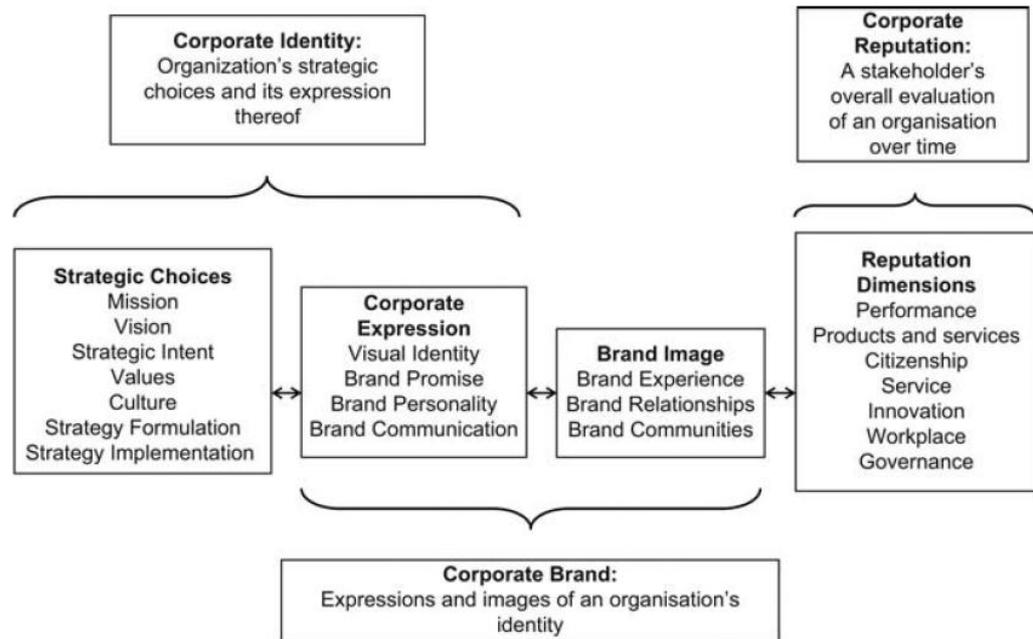
The fact remains that the nature of a corporate or organisational brand is such that it is both “complicated and nuanced” (Hatch and Schultz 2001, p. 130) hence the divergences in interpretations. De Chernatony (2002) argued that it was not necessary to have a separate definition for a ‘corporate brand’ and suggested a definition of ‘brand’ that could apply to any context. De Chernatony (2002) proposed the ‘brand triangle’ as a framework whereby the corporation would first identify its functional values, then its emotional values, and then combine both to propose a brand promise that would then be managed through external communication. De Chernatony (2002, p.118) suggested that this model could also be applied to non-profit organisations as well illustrating his point through the example of UNICEF:

The brand triangle is suitable for brands in different contexts. For example, in the non-for-profit sector, UNICEF link their corporate brand’s functional values (e.g. respecting children’s rights) with emotional values (e.g. integrity) to arrive at the brand’s promise of working worldwide so that every child can reach their full potential...

While such a model could be criticised for its simplistic articulation of the corporate brand, it nevertheless demonstrated the relevance of brand at organisational level, even in non-profit organisations. Balmer (2001) proposed an identity-based view to the corporate brand, where the corporate brand is conceptualised based on the notion of corporate identity; a viewpoint supported by scholars like Kapferer (1997) and

Urde (2013). Balmer (2001) postulated that while organisations are born with identities, they are not necessarily born with a brand; this can only be developed through a conscious effort of distilling the salient aspects of the corporate identity, with a view to create a covenant (promise) with key stakeholders (Balmer 2001). Leitch and Motion (2007) further elaborated on this principle stating that an organisation may choose to just have a corporate identity, and be concerned with only creating product brands and not necessarily creating a corporate brand. Kitchen et al. (2013) also argued that organisations are created with corporate identities, but do not necessarily need to have a corporate brand or as stated by Leitch and Motion (2007), they do not wish to make a conscious effort to distil their identity into a corporate brand. This viewpoint is however disputed by Abratt and Kleyn (2010, p.1053) who argue that all organisations have corporate brands from the point of their inception “whether they make explicit choices to communicate it to all stakeholder groups or not”. This viewpoint is also shared by many companies as illustrated by Kapferer (2002, p.175) who observed that “corporations have just recently realised that they are brands”. Abratt and Kleyn (2010) support this argument by explaining that the corporate brand is that of an expression of the corporate identity, and therefore this expression necessarily happens whether there is a conscious effort or not from management. It seems that this argument about whether organisations are born as brands or not, arises mainly due to the different perspectives of corporate identity and corporate branding in the literature and the lack of clarity in defining constructs (Gyrd-Jones 2013). In an attempt to clearly demarcate the notions of corporate identity and corporate branding Abratt and Kleyn (2010) proposed a conceptual framework of corporate identity, corporate brand and corporate reputation (Fig. 2) which “reflects the dimensions of these constructs, discriminates between them and represents their inter-relatedness” (p. 1048).

Figure 1. Elements of the corporate brand



Abratt and Kleyn (2010) postulate that organisations would first articulate their corporate identity, which is what the organisation is and what they want to achieve. Corporate identity is an internal conceptualisation from the perspective of internal stakeholders, but it is “expressed through the corporate brand in the form of visual identity, the brand promise, the brand personality as well as the interface between the organisation’s stakeholders and its identity” (Abratt and Kleyn 2010, p.1053). The corporate brand is therefore conceptualised as the combination of how the corporate identity is expressed (corporate expression) and how stakeholders perceive the corporate identity through this expression (brand image). Abratt and Kleyn (2010) posited that there have been different perspectives to analyse brand image; three of which are Brand Experience, Brand Relationship and Brand Communities. The above corporate brand framework derived from a recent review of the relevant literature provides a clear conceptualisation of the corporate brand, as well as the different areas on which an organisation could focus their attention. Irrespective of whether managers adopt the viewpoint that their organisations are born with a brand or whether they need to make a conscious effort to develop a brand, the above

framework provides a useful conceptualisation of the components of the corporate brand and it is likely to assist managers in their brand orientation efforts.

Branding in the charity context

This section is an overview of the literature specifically created to the introduction and development of the notion of branding in a charity context. It focuses upon studies that have explored the conceptualisation of the charity as brand, or the development of a charity's organisational or 'corporate' brand. The objective is mainly to gain an understanding of how the brand concept has been evolving, and whether the notion of charity brand has been clearly articulated and conceptualised with specific reference to the charity sector.

The notion of branding was introduced within the charity context during the 1990s with the first academic papers being published mainly by practitioners. Roberts-Wray (1994) seemed to be the first to propose the application of commercial branding concepts to the charity sector, arguing that the most successful charities in the future "will be those charities who successfully market themselves as brands" (p.366), but did not explicitly conceptualised what he mean by a charity brand. A former Brand Manager and Director of Fundraising with Marie Curie Cancer Care when producing this paper, Roberts-Wray (1994) made an attempt to demonstrate how the traditional 4Ps of marketing could be applied to market charities as brands. The approach proposed by Roberts-Wray (1994) placed much emphasis on the notion of brand personality, and his conceptualisation of brand was essentially based on building a brand personality, which he defined as "that vital ingredient which turns a one-time donor into a regular supporter who says, 'I support Marie Curie Cancer Care – not only do they do wonderful work, but I like them'." (p. 365). He focused on the tools to build a unique charity brand personality, but did not propose a clear explanation of a charity brand. Moreover, he also pointed out the oversimplification of his process, which was based on the creation of a charity brand, based on a product development commercial model.

Saxton (1994) criticised the model proposed by Roberts-Wray (1994) and posited that charities needed to have an adapted branding model that would suit the ethos of the charity sector. He introduced the notion of organisational beliefs in the brand component, suggesting a three-stage belief-based brand development model centered on the core beliefs and values of the charity. This involved selecting the charity's beliefs, packaging these beliefs, and then communicating these beliefs to the targeted audience. His argument was that the notion of beliefs should be an important component of the brand concept within the charity sector. The main issue with such a perspective is that it is still based on a product brand marketing process, but where beliefs are considered as products that can be handpicked by managers, then packaged and communicated to the public. Such an approach not only seems unbecoming for the ethos of the sector, but also provides a narrow conceptualisation of the creation of a charity brand. Despite these limitations, Saxton (1994) contributed to the advancement of the charity brand concept by adding the component of brand beliefs to the construct, emphasising their importance in that particular sector.

Tapp (1996a) was interested in Saxton's (1994) idea and explored further the concept of brand in the charity context. However, there was no clear articulation of what he meant by a charity brand, even though he argued that charities were "under using an incredibly powerful asset: their brand" (p. 400). He argued that people form images about a charity and its cause in their minds and that such imagery comes from the charity's brand. Although unable to provide a clear articulation of the concept, he rather focuses on how charities can develop their brand personalities. Through his discussion with fundraising managers and his analysis of charity communication materials, Tapp (1996a) observed that while charities were engaged in a functional form of branding, they were not devoting much effort in developing and differentiating their brand personalities; hence his perspective of the charity brand mainly focused on brand personality. While he argued that a brand is a

charity's powerful asset, he did not provide a clear conceptualisation of what was meant by the charity brand as an asset.

Dixon (1997, p.50) however made an attempt to provide a clear conceptualisation of a charity brand where he stated that "a brand is the identity and representation of the distinguishing factors of a 'product', with the product in this case being a charity or charitable service". Such a conceptualisation stems from the assumption of the charity being marketed as a product. This could explain why Dixon (1997, p.56) mentioned in her study related to the branding process within a UK national charity, that "none of this work has to be called by marketing terms". However, the process that she recommended involved that articulation of brand values, as well as the introduction of sub-brands for the distinct services offered by the charity; an innovative approach in the charity sector at that time.

While previous studies considered a charity brand as a 'product' that could be packaged and communicated by managers, Grounds and Harkness (1998, p.181) argued that charities were inherently brands: "all charities are brands". By using a UK charity as an example, they defined the charity brand as: "what a brand is, is the sets of ideas and feelings carried around in people's heads - in this case what Barnardo's means to them" (p.181). Such a conceptualisation was meant to explain that a brand was more than a logo, but they did not clearly articulate the notion of charity brand. However, they provided an account of the brand-building process within the charity, which gave an indication of what they thought would be the three main components of a charity brand: vision, values, and visual identity. They also introduced for the first time in the charity brand literature, the concept of the 'internal brand'; this referred to the importance of having the internal staff and volunteers understand the brand building process so that the charity's brand "is reflected in everything it does" (p. 183). However, there was also no clear conceptualisation of what they meant by an internal brand, apart from mentioning the importance of staff involvement in a charity's brand development process.

Ind and Bell (1999) used the term ‘corporate brand’ explicitly for the first time in the academic literature in relation to a charity, through their account of how they successfully used a participatory approach in the development of a corporate brand within a voluntary organisation. However they did not provide a robust conceptualisation of what they meant by a corporate brand in a charity context. They described their intervention with the charity as helping the organisation to define what they stand for, what the values were and what the set of characteristics that would be selected to define the organisation would be. The visual identity aspect was also reviewed and a brand book which included the different facets of the brand. However, there was no articulation of either a corporate brand, or a charity brand concept that could be generalised to the whole charity branding domain. Their central idea was that the creation of a charity brand meant the generation of a core “brand idea that employees could believe in and would be relevant to their day to day lives” (Ind and Bell, 1999, p.201).

Ritchie et al. (1999) attempted to propose a conceptual framework that could be applied to the whole non-profit sector and introduced the notion of the ‘non-profit brand’ without operationally defining this construct. They tended to focus on how the brand concept could be beneficial to the non-profit sector, without providing a clear articulation of what the actually meant by a non-profit brand: “brands provide a number of benefits that can make them a powerful tool for the non-profit sector” (p. 26). However, they helped in advancing the understanding of branding in a non-profit context by not only demonstrating the various positive aspects of branding for the sector, but also pointed out that branding may not necessarily have positive outcomes, since the brand “can become a symbol around which opponents of the cause may rally” (p.38). However, the main issue with their conceptualisation is that they refer to the “organisation using the brand” (p.38) implying that the brand is just a managerial tool.

Tapp et al. (1999) proposed a brand development model meant to assist charity managers to manage and promote their charities as brands, but did not clearly define

what was meant by a charity as brand. It was postulated that charities went through three stages of orientation during their organisational life cycle (cause, funding and need orientation). The authors proposed branding strategies that they felt would be most appropriate at each stage of their development. At the first stage of cause orientation, the charity comes into existence because of the immediate need to support a cause. At this stage, there is usually a sense of urgency and the priority will be more on communicating the cause, conveying the sense of urgency and immediate need (Tapp et al., 1999). Branding will be essentially functional at this stage and the emphasis is more on the cause than on the charity. The next stage is the funding stage, where the charity feels the need to maintain and sometimes expand its operations hence management focus shifts to attracting more funds. Tapp et al. (1999) argue that branding can help the charity to develop and maintain strong relationship with donors, and that any aspect of the brand can contribute to gaining a better positioning in the donor's mind. They argue that at this stage the charity needs to move from a functional approach to branding, towards a mix of both functional and emotional approaches through the development of a strong and distinct personality that would appeal to donors. Tapp et al. (1999) suggest that the more the donor relates to the brand personality of the charity, the stronger the relationship developed with the brand will be. The need orientation stage follows the fund orientation stage and is characterized by the charity having a clear vision shared by all stakeholders. Here emphasis is placed on the symbolic aspect of the brand based on well-articulated beliefs and values. The functional aspects of the charity brand will still be communicated but presented in a broader perspective: "the charity's everyday work is put into a wider context – the branding emphasis is on how each project is contributing to the ultimate aim" (p.47).

With the growing popularity of cause-related marketing programmes developed by for-profit brands, Polonsky and Macdonald (2000, p.46) investigated "the implications for causes of linking their brands with the brands of for-profit organisations via cause-related marketing (CRM)". In their study, they referred to charities as 'causes' and argued that they were "brands in their own right" (p.49) which needed to be as carefully managed as their for-profit counterparts. They noted

that causes were not usually discussed as brands in the academic literature, and that the focus in the CRM literature was more related to the implications for the for-profit brand. Polonsky and Macdonald (2000) recommended that charities (causes) need to realise that they are themselves powerful brands and needed to have a proper brand management strategy. They also argued that those charities “that understand and have strategies in place that develop their brand most likely will be in a position to communicate the benefits they can provide to for-profits” (p.54). However there was again no clear conceptualisation of what they meant by charities being brands in their own right.

In her study of brand orientation in charity organisations, Hankinson (2000) made an attempt to apply the notion of brand in the charity context. Basing herself on what she calls a more analytical approach to conceptualising brand, where functional attributes are separated from symbolic values, she argued that a charity brand could be defined as a combination of the functional attributes related to the charity’s cause with the symbolic values related to the charity’s beliefs. In a later study, Hankinson (2004, p.87) also investigated how brand was understood by charity managers and found that in the charity context, the brand was perceived as a “means of bringing people together behind a common purpose”, allowing management to simplify and better communicate complex messages. Hankinson (2004) also observed that senior management teams understood the importance of “living by the values of the brand” (p. 88) and that the brand has to be lived and owned by the whole organisation. Based on insights gathered from this study, Hankinson (2004) introduced the notion of the internal brand in a charity context, composed of four main components: functional (e.g. mission), symbolic (e.g. values and beliefs), behavioural (e.g. employee behaviour and managerial practice) and experiential (e.g. the general feel in the working environment). This study was a major development in the conceptualisation of the charity brand where components of an internal charity brand framework was inductively derived, based on a charity manager’s perspective though these components could have been better articulated in terms of operational definitions.

Venable et al. (2003, p.298) proposed a conception of a non-profit brand, based on the notion of brand personality arguing that while “many non-profit organizations practice various components of branding”, a key component of the non-profit brand is its personality. Their study contributed in first confirming that people could ascribe human personality traits to charity brands, hence their study was the first to explore the notion of brand personality within the non-profit context even though their conceptualisation of brand was narrowly focused on the notion of personality. In a later study, Venable et al. (2005) also explored whether donors ascribe personality traits to charities and their study revealed that not only “current and potential donors ascribe personality traits to non-profit organizations but they also perceive differences in personalities across various types of non-profits” (p. 308). Certain distinct personality traits related to integrity and nurturance were identified as characteristic to the sector. Venable et al. (2005) posited that while there were various personality dimensions that were similar to that identified by Aaker (1997) in the for-profit context, there were new dimensions that emerged which were particular to the non-profit context. This notion of brand personality will be further explored in different geographical contexts [see for example Sargeant et al. (2008a) in the UK; Voeth and Herbst (2008) in Germany; Hou et al. (2009) in China] in later studies indicating growing interest in exploring the personality dimension of the charity brand. However none of these studies provided a clear conceptualisation of the charity brand, even though they focused on the personality construct of the charity brand.

Stride (2006) adopted a working definition of a brand based on de Chernatony and Dall’Olmo Riley (1998) definition of the brand construct as “a multidimensional construct, matching a firm's functional and emotional values with the performance and psychosocial needs of consumers” (p. 417). She suggested the articulation of a brand as a cyclical process “by which the firm imbues the brand with organisational values and values that are unique to the brand whilst continuously monitoring and responding to the needs (and values) of the consumer” (p. 117). While such an articulation of the charity brand served the purpose for her study, where she was trying to demonstrate that a charity needed to be based on non-negotiable core

values, it did not really provide a robust and clear conceptualisation of the brand. Stride and Lee (2007) later explored how brand was understood in the charity context by interviewing eight charity executives and three communication consultants involved with the sector. They found that the notion of brand was conceptualised by charity executives in a narrow manner, mainly in terms of visual identity, while the communication consultants had a much broader conceptualisation of brand in terms of positioning. This raises issues about the extent to which these consultants were being able to help charities to articulate the brand in a broader sense beyond the visual identity conceptualisation. Though the sample frame used by Stride and Lee (2007) is limited and refers only to the UK context, it does reveal the tensions and difficulties in conceptualising brand in the charity context, is also explained due to the lack or the non-adaptation of appropriate branding frameworks that could assist managers better understand and articulate the charity brand at an organisational level.

Kylander and Stone (2012) recently argued that the “the strategic frameworks and management tools” that could assist non-profits to apply branding at a strategic level have not kept up. They argued that the non-profit sector could not import models developed in the for-profit context since those were mainly developed to “boost name recognition and raise revenue.” Instead, they needed a conceptual framework that would “serve their mission, and staying true to their organization’s values.” With that argument in mind, they suggested the Non-profit Brand IDEA framework based on data gathered from charity practitioners, that consisted of four components: brand integrity, brand democracy, brand ethics and brand affinity. Brand integrity refers to the alignment of the charity’s internal identity with its external image; both aligned with the mission of the organisation. Kylander and Stone (2012) pointed out that the word integrity is used to refer to structural integrity and not moral integrity. However the principle of aligning identity with image captured in the concept of brand integrity is not new; earlier branding frameworks from the for-profit sector had already emphasized on brand identity and image alignment, such as the Identity-Reputation Gap Model proposed by de Chernatony (1999) or the Corporate Brand Toolkit developed by Hatch and Schultz (2000). The second component postulated

by Laidler-Kylander and Stone (2012) is brand democracy, which “means that the organization trusts its members, staff, participants, and volunteers to communicate their own understanding of the organization’s core identity.” They argued that in a non-profit context, organisations should not try to police their brands and but should “strive instead to implement a participatory form of brand management.” This notion of participatory brand management is not a new concept and has been promoted by corporate brand experts, such as Ind and Bell (1999) who based on their experience with a non-profit organisation postulated that for-profit organisations should also adopt a democratic approach to brand management. The third component proposed by Laidler-Kylander and Stone (2012) is the notion of brand ethics which is about an ethical management and communication of the brand: “brand ethics means that the brand itself and the way it is deployed reflect the core values of the organization...this is about more than being known as an ethical organisation, but extends to the organisation’s use of its brand in ways that convey its values”. This notion has also been already marshalled in the for-profit literature where for instance Urde (2009) surmised, after studying four for-profit brands, that an organisation needed to “respect, believe and adhere” (p.630) to the core brand values that have been identified. The fourth element of the framework proposed by Laidler-Kylander and Stone (2012) principle is brand affinity which “means that the brand is a good team player, working well alongside other brands, sharing space and credit generously, and promoting collective over individual interests”. The authors argue that in a non-profit environment, though highly competitive, non-profit brands have more to gain if they know how to work with other non-profit brands. This would allow them to be invited into more collaborative projects, as well as building a very good organisational reputation, since the brand will be known as valuing collaboration over competition. Laidler-Kylander and Stone (2012) argued “an organization with strong brand affinity attracts partners and collaborators because it lends value to the partnerships without exploiting them.” This is a new notion very specific to the non-profit context, but there have also been studies related to the benefits and risks of brand alliances and collaborations in the for-profit context (e.g. Uggla and Asberg, 2010) from which non-profits could benefit from. The merits of the framework proposed by Laidler-Kylander and Stone (2012) are that firstly, it is a

framework developed through consultations with practitioners and is not just an academic conceptual exercise; secondly, it provides components that emphasize aspects that are very specific to the sector; and thirdly, the terminologies proposed might be more appropriate for the non-profit context. However, the framework in itself needs to be articulated in a more robust way and could benefit from previous studies in the for-profit context. The claim that Laidler-Kylander and Stone (2012) make about branding frameworks developed in a for-profit context are just meant to “boost name recognition and raise revenue” is debatable and it can be argued that non-profits could instead benefit from branding frameworks developed in a commercial context, more specifically in the area of corporate branding.

This quasi-chronological overview of the literature related to branding within the specific charity or non-profit context, has indicated that so far a clear and integrated conceptualisation of the charity brand that could be applied by charity managers in a real-life setting has not been developed yet. Several studies have focussed on specific areas of the charity brand such as beliefs, values, or personality, but there has not been an integrated framework developed. Scholars explored how charity managers understood the concept of brand and how the functions of branding within the charity context. There have been frameworks suggested which focus on specific components, but which lack robustness since they seem to have been developed from scratch whilst there was a potential to develop frameworks based on advances made in the general corporate branding literature. There seem to have been a reticence from the part of some researchers to relate their work to the field of corporate branding, while on the other hand, several corporate branding researchers have used non-profit organisations as instruments of analysis to advance theory in the field of corporate branding (see for example Ind and Bell 1999, Knox and Bickerton 2003, Merrilees et al. 2005, Golant 2012).

The brand relationship paradigm

In their study of the evolution of brand management science, Heding et al. (2009, p.172) consider the relational approach as “the one approach leading brand management into the twenty-first century”, arguing that the relational approach to branding marked a consequential shift from the traditional positivist perspective to an interpretive approach grounded in phenomenology. They also noted that the early period was dominated by a positivist school of thought with the assumption of the “brand being ‘owned’ by the marketer, who controls the communication to a passive recipient/consumer” (p.21). This has “led to a focus on managerial models of brand ‘effects’ driven by quantitative analysis” (Brodie and de Chernatonay 2009, p.95). A paradigm shift however happened in the 1990s with a growing interest in an interpretivist outlook to brand research, where more importance is given to “the nature of the brand and the value of the brand equity as something created in the interaction between marketer and an active consumer” (Heding et al. 2009, p.21); hence research shifted to a micro-marketing perspective with further explorations into the emotional and relational aspects of branding (Roper and Parker, 2006) through qualitative research methodologies. The use of the interpersonal relationship metaphor in exploring consumer-brand relationships is one area within the interpretivist brand research school of thought, which has received growing attention during the past decade. The relational approach to brand management is “meaning-based, and it emphasizes understand of the life worlds of consumers rather than measuring the mere brand-consumer transactions” (Heding et al., 2009, p.176). Brand relationship theory is still evolving, but is likely to assist organisations in their relationship marketing and customer management strategies through a better understanding of the customer-brand relationship paradigm and a better understanding of “the meanings that help consumers live their lives” (Fournier 2009, p.20). However, the study of brand relationships through the lens of the interpersonal metaphor has not been explored within the charity context, hence the elaboration of this present study.

A primer on the ‘relationship’ metaphor

The field of marketing abounds with metaphorical constructs borrowed from different fields of study; for instance, metaphorical transfers have been made from disciplines of military science, sports, biology, and sociology (Hunt and Menon 1995). Metaphors and metaphoric transfer have been used extensively in marketing theory (Hunt and Menon 1995) and it has acknowledged that this has helped in communicating complex issues (O’Malley and Tynan 1999), hence playing “an important role in marketing knowledge development by stimulating creativity through metaphoric transfers” (Hunt and Menon 1995, p.8). While such metaphoric transfer has contributed to new and creative ways of analysing marketing exchanges (O’Malley et al. 2008), it has also been argued that use of relationship metaphors in marketing might have created more confusion than clarity in the field (O’Malley and Tynan 1999).

The ‘marketing as relationship’ metaphor is a central theme in contemporary marketing theory stemming from the transfer of metaphors from the source domain of interpersonal theory (O’Malley et al. 2008). The ‘relationship’ marketing perspective has provided new ways of approaching marketing and developing marketing frameworks that favour considering the consumer as a relationship. Theories from social psychology have been used as conceptual foundations in several studies related to relationship marketing, where much emphasis was being placed upon relationship notions: “relationships are built on the foundation of mutual commitment” (Berry and Parasuraman 1991, p.139).

The concept of ‘relationship’ in marketing research is also not new and ‘relationship marketing’ became a popular topic of discussion and study in the early 1990s (Payne, 2000; Egan, 2008); though the term ‘relationship marketing’ itself has been used to “reflect a variety of themes and perspectives” (Nevin 1995 as cited in Parvatiyar and Sheth 2000, p.4) which has remained “illusive, fragmented, and dominated by isolated theoretical frameworks” (Oliver 2006, p., 81). In an attempt to

integrate several notions of relationship marketing proposed by academics Parvatiyar and Sheth (2000, p.9) suggested that “relationship marketing refers to the on-going process of engaging in cooperative and collaborative activities and programs with immediate and end-user customers to create or enhance mutual economic value at reduced cost.”

There seem to be a general agreement that relationship marketing tends to focus on the managerial and marketing tools for building and maintaining positive and effective customer relationships in a cost-effective way (Butle 1996, Bruhn 2003, Parvatiyar and Sheth 2000, Oliver, 2006). From that perspective, ‘brand relationship’ tends to be more focused on exploring the nature of the relationships formed between consumers and brands (Fournier 1998, O’Malley et al. 2008). Palmer (1996) observed that relationship marketing and branding theories have traditionally been located between separate streams of research in academia, but argued that a synthesis of both would “contribute to the development of functional and emotional bonds between buyer and seller” (p.251). Dall’Olmo Riley and de Chernatony (1998) demonstrated that while there were theoretical and conceptual similarities between these two constructs in a broad sense, they argued that ‘the brand’ was the support on which relationship marketing could pivot, and emphasized the important role of the corporate brand specifically in a service context. The ‘brand relationship’ metaphor seems to have contributed to bridging the gap between these two constructs.

The ‘brand relationship’ metaphor

The ‘brand relationship’ metaphor lies on the assumption that people perceive the relationship that they have with brands as analogous to that formed with human beings (Fournier 1998). The ‘brand as a partner’ assumption is based on the notion of brands being anthropomorphised by consumers who perceive them as having personalities; that is “the set of human characteristics associated with a brand” (p.347). This notion of brand personality has also been explored in the non-profit context and several studies have demonstrated that people ascribe personality traits

to charities as well (Venable et al. 2003, Sargeant et al. 2008a, Voeth and Herbst 2008, Hou et al. 2009). Brand relationship theory development was considered a logical extension to the idea of brand personality by Blackston (1992) who argued that there was a need to understand how consumers perceive the 'relationship' developed with the 'brand as a person', and more specifically to explore consumer perceptions on how the brand thinks of him/her as with any relationship developed with another person. The brand personality construct therefore triggered the extension of the human metaphor to interpersonal relationship metaphoric transfer: "if brands have personalities we can treat them as people; if they are people then we can have relationships with them" (Patterson and O'Malley 2006, p.10). Blackston (1992) was the first to use a simplistic doctor/patient relationship analogy to demonstrate his argument that brand personality traits might not necessarily help us understand consumer's attitudes about the brand, and therefore there was a need to investigate and explore the nature of relationships formed with brands. While Blackston (1992) did not provide any theoretical framework for such an investigation, he mentioned that through his consultancy work with companies using a relationship metaphor approach, constructs like 'trust' and 'intimacy' emerged as important components of a successful relationship.

Fournier (1998, p.343) was the first to provide a "framework for characterizing and better understanding the types of relationships consumers form with brands", basing it on the works of social psychologist Robert Hinde, who has been studying different aspects of interpersonal relationships and proposed frameworks for describing relationships (Hinde 1997). The main reason why Fournier (1998) used Hinde's works as basis for her theoretical framework is possibly because he was the first to postulate for the integration of the various definitions of 'relationship' within the social sciences, since he felt that there was "a diversity of theoretical and methodological approaches"(p.1) towards defining the notion of relationship. While his work has been subject to criticism, it has also been acknowledged that he had taken a "bold step forward" (Joynson 1981, p.279) by providing a more integrated and inclusive conceptual view of the notion of personal relationship (Duck 1980).

Before Fournier’s (1998) theory of consumer-brand relationship is reviewed, we shall first probe into the ‘relationship’ construct from Hinde’s perspective.

Hinde et al. (2001) argued that while relationships can be very complex in nature, it “does not mean that understanding is impossible” (Hinde 1995, p.1). In his seminal paper calling for a scientific description of the notion of ‘relationship’, Hinde (1976, p.3) posited that “a relationship involves a series of interactions in time”. An interaction involves a limited span of time while a relationship involves a longer time span consisting of a series of interactions. Hinde (1976, p.4) therefore posited “in order to describe a relationship, it is necessary to describe the interactions that occur – that is, their content and their quality”. Hinde (1995) identified ten important dimensions of relationships which are summarised in Table 4 below.

Table 4. Dimensions of interpersonal relationships

1	Content of interactions	The things that the participants do together.
2	Diversity of types of interactions within the relationship	The more things two individuals do together, the more facets of their personalities are exposed; the more experience is shared.
3	Qualities of the interactions	This relates to the way participants communicate with each other.
4	Relative frequency and pattern of interactions	The extent to which interactions of different sorts of qualities are jointly present.
5	Reciprocity vs. complementarity nature of interactions	Reciprocal interactions are those in which the two partners do similar things; complementary interactions are those in which they do different but complementary things. Most close relationships involve a mix of both.
6	Power and autonomy	Issues of power and autonomy are a particular aspect of complementarity. Lack of agreement or acceptance of where power lies leads to conflict.
7	Intimacy	The extent to which the participants reveal themselves (emotionally, cognitively, and physically) to each other. Dependent on trust.
8	Interpersonal perception	Partners feeling mutually understood. Close relationships depend on a shared perception of reality.
9	Commitment	Do both partners strive to ensure continuation of the relationship or improve its quality?
10	Satisfaction	How satisfied are both partners about the relationship?

Adapted from Hinde (1995)

Hinde (1995) suggested that these ten categories are in no way exhaustive, but could be useful for researchers when studying close interpersonal relationships, allowing them to identify and focus on certain dimensions of the relationship under investigation. Hinde (1995) also pointed out that for a proper understanding of a dyadic relationship between two or more individuals, the socio-cultural structure also needed to be taken into consideration: “relationships both affect and are affected by the sociocultural structure—that is, the system of values, norms, stereotypes, myths, institutions, and so on of the group” (p.4). Moreover, different levels of social complexity have an impact on the interactions occurring in a relationship: “for instance, the behaviour of a couple to each other will be influenced in part by local cultural conventions and values concerning how couples ought to behave; and how couples actually behave affects cultural conventions about how they should behave” (p.11).

The brand as a relationship partner

Fournier (1998, p.344) based her study on four core principles which determine the existence of a relationship derived from the works of Hinde (1995): “(1) relationships involve reciprocal exchange between active and interdependent relationship partners; (2) relationships are purposive involving at their core the provision of meanings to the persons who engage them; (3) relationships are multiplex phenomena: they range across several dimensions and take many forms, providing a range of possible benefits for their participants; and (4) relationships are process phenomena: they evolve and change over a series of interactions and in response to the fluctuations in the contextual environment”. The study investigated consumer-brand relationships “at the level of felt experiences” (Fournier, 1998, p.347) and consequently a typology of brand relationship forms was proposed consisting of 15 relationship types: arranged marriages, casual friendships/buddies, marriages of convenience, committed partnerships, best friendships, compartmentalized friendships, kinships, rebounds/avoidance-driven relationships, childhood friendships, courtships, dependencies, flings, enmities, secret affairs, and

enslavements. Table 5 below is extracted from Fournier's (1998) original study and depicts the operational definitions of these interpersonal metaphors.

Table 5. Typology of consumer-brand relationships

Relationship form	Definition	Case examples
Arranged Marriages	Non-voluntary union imposed by preferences of third party. Intended for long-term, exclusive commitment, although at low levels of affective attachment. Characterised by consumer playing subordinate role.	"Mop and Glo? That was my ex-husband Jim. I never really did like that...Palmolive? That was Jim...The Dove started with him... Mayonnaise? I just brought the brand Jim told me...Cereals? I just buy what is demanded of me." (Karen)
Casual friends/buddies	Friendship low in affect and intimacy, characterized by infrequent or sporadic engagement, and few expectations for reciprocity or reward.	"I used to always buy Tide. To get the kid dirt out. But now I'll use Tide, Cheer, Surf. Whatever is on sale. The big brands are all alike." (Karen)
Marriages of convenience	Long-term, committed relationship precipitated by environmental influence versus deliberate choice, and governed by satisficing rules.	"When we moved (here), it really bothered me that they didn't sell BandM Bake Beans. They had Friends, whatever the hell that is. So I buy those, but I miss BandM." (Vicki)
Compartmentalized friendships	Highly specialised, situationally confined, enduring friendships characterized by lower intimacy than other friendship forms but higher socio-emotional rewards and interdependence. Easy entry and exit attained.	"Me, I have different perfumers that I have, like different labels for them for when I want to wear them. They say different things about me. You know, like, I wear Opium, it is my night time seductive scent. And my friendly everyday Vicki scent is Intimate Musk." (Vicki)
Kinships	Non-voluntary union with lineage ties	"This is the first box of tea bags that I have ever bought on my own. That was a dilemma! I bought Tetley. Those were the kind that my mother had sent me originally that I had just finished." (Vicki)
Rebounds/avoidance-driven relationships	Union precipitated by desire to move away from prior or available partner, as opposed to attraction to chosen partner per se. Consumer plays dominant role.	"Well we were using the Hellman's because that was the brand Jim wanted. He hated the Miracle Whip. It seems people usually like one and hate the other. Anyway, I didn't care much but now that I am alone, we're back with the Miracle Whip. No more Hellman's" (Karen)
Childhood friendships	Infrequently engaged, affectively laden relation reminiscent of earlier times. Yields comfort and security of past.	"My aunt's daughter, Paula, gave me some Estée Lauder for Christmas one year after my mother passed away, oh that was so bad, and I thought 'Oh!'. It reminded me of her so much. I kept that bottle and have been buying it

		ever since” (Jean) When we moved (here), ...No more Friendly’s (ice-cream)! Its like I had to abandon them! I felt really bad. I go to Friendly’s every time I go back. I love that place.” (Vicki)
Courtships	Interim relationship state on the road to committed partnership.	After a lot of thinking and looking around I decided I wanted to wear musk. So for Christmas, we went looking for musk scent, me and my Mom. So we went and tried on so many. And the ones that were nicest were the Intimate Musk by Revlon and the Jordache Love Musk and I remember that year they bought me a bottle of each. And eventually Intimate Musk became the absolute favourite and I have gotten that every year since.” (Vicki)
Committed partnerships	Long-term, voluntarily imposed, socially supported union high in love, intimacy, trust, and a commitment to stay together despite adverse circumstances. Adherence to exclusivity rules expected.	<p>“Pastene tomatoes, I always buy those, they are the best. They make the best sauce. You can tell the difference ... Electrolux is the best vacuum. It’s expensive, yeah, but...” (Jean)</p> <p>“Now I drink Gatorade all the time. I have it every morning after I come in from my run. I drink it after I clean the house. I always have a glass of it in my hand. That’s me. I am very loyal to Gatorade.” (Karen)</p>
Best friendships	Voluntary union based on reciprocity principle, the endurance of which is ensured through continued provision of positive rewards. Characterised by revelation of true self, honesty and intimacy. Congruity in partner images and personal interests common.	“I went through a stage once where I used Ivory everything. Ivory soap, Ivory shampoo, Ivory conditioner. I was the biggest Ivory girl that could have possibly been walking.” (Vicki)
Dependencies	Obsessive, highly emotional, selfish attractions cemented by feeling that the other is irreplaceable. Separation from other yields anxiety. High tolerance of other’s transgressions results.	<p>“I use Mary Kay everything. Makeup, lipstick, moisturizer, toner. I think Mary Kay is responsible for how my skin looks now.” (Karen)</p> <p>“... The night before my speech for the junior high vice-president position. I slept over (at a friend’s) house the night before and left my Soft ‘n Dry there so I didn’t have it at school. Did I freak! She brought it to school for me in a brown paper bag. I had to have it. I thought I would die without it.” (Vicki)</p>
Secret Affairs	Highly emotive, privately held relationship considered risky if exposed to others.	Karen sneaks Tootsie Pops to work.
Flings	Short-term, time-bounded engagements of high emotional	“Look in my shower here. Look! Seven bottles of shampoo and

	reward, but devoid of commitment and reciprocity demands.	six conditioners and I use them all! And in here (the closet); this whole box is full of trial sizes that I pull from. Why? Because each one is different. It depends on my mood and what kind of a person I want to be." (Vicki)
Enmities	Intensely involving relationship characterized by negative effect and desire to avoid or inflict pain on the other.	"They said, 'Buy the Kohler stainless steel sink, it is the best.' So I did. But I hate it. Never buy a stainless steel sink, it's too hard to keep clean..." (Jean) "I think that I am one of the last people that still drinks Coke. Everyone I know wants a Diet Coke all the time. It's always diet something. Everyone knows I drink regular Coke." (Karen)
Enslavements	Non-voluntary union governed entirely by desires of the relationship partner. Involves negative feelings but persists because of circumstances. Consumer plays subordinate role.	Karen uses Southern Bell and Cable Vision because she has no other choice. (Note that this was the example given, despite it not relating to supermarket goods.

Adapted from Fournier (1998, p.362)

Based on this approach, other researchers have explored consumer-brand relationships and introduced new relationship types as a result. For instance, in her study exploring relationships that children develop with brands, Ji (2002) used relationship metaphors to describe nine brand relationship types that she identified: first love, true love, secret admirer, good friend, fun buddy, old buddy, acquaintance, one night stand and enmity. Similarly Saledin (2012) introduced six new relationship types in his study on how teenagers perceive their relationships with brands. Metaphors used were meant to reflect the specific social context of that particular age group and were labelled as: social filter, match maker, mature friend, reputation wrecker, a shoulder to lean on and mood sensor. While the appropriateness and relevance of these relationship metaphors could be questioned (discussed later), they nevertheless provide a new way of looking at relationships that specific consumer groups form with brands allowing marketers to better understand the emotional dimension of brand relationships.

Sweeney and Chew (2002) used the brand relationship lens to investigate consumers' relationships with service brands. They found that in certain service contexts (e.g.

professional and high-contact service brands), the relationship was developed with the individual rather than the brand. They suggested that future research in the service sector needed to probe more in clarifying the nature of relationships developed, and since their study used a case study approach with a qualitative method consisting of interviews with six respondents only, there is a need to replicate this study in other contexts to further our understanding of relationships developed with service brands.

Kim and Kwon (2011, p.67) explored college students' relationships with retailer brands through interpersonal relationship metaphors of soulmates, best friends and casual buddies and concluded that "even though college students' relationships with retailer brands do not necessarily share the same richness and depth as their relationships with human partners, they sometimes do behave with retailer brands as if they have a relationship with them". This conclusion indicates that while the interpersonal relationship is relevant to gain a better understanding of the types of relationships existing with a brand, there is also a need to be cautious about interpretations and to not confuse a metaphoric analogy with a real interpersonal relationship taking place between the two parties.

Fournier (1998) also introduced a preliminary model for Brand Relationship Quality (BRQ) with the aim of diagnosing, evaluating and measuring relationship strength. She identified six main relationship factors that are likely to influence the durability and quality of the relationships as follows: love/passion, self-connection, interdependence, commitment, intimacy and brand partner quality. Fournier (1998, p.363) argued that the love/passion construct was at the core of strong relationships "reminiscent of concepts of love in the interpersonal domain", which ranged from warmth to infatuation, to obsessive dependency. The notion of self-connection reflected "the degree to which the brand delivers on important identity concerns, tasks, or themes, thereby expressing a significant aspect of self" (p. 364). Consumers identified with brands in a variety of ways at different periods on their life, which impacted on the strength of their relationships with brands. Interdependence was

characterised by the frequency and diversity of interactions sometimes characterised by consumer rituals. Fournier (1998) also found that consumers having strong relationships with certain brands demonstrated a high level of commitment with such brands and even openly expressed their loyalty through “brand pledges” (p. 365). The next facet identified was intimacy; Fournier (1998) deduced that strong brand relationships also involved high levels of intimacy with brands. The intimacy metaphor is used by Fournier (1998) to refer to the extent of closeness developed with the brand over time, where sometimes consumers even give nicknames to the brands with which they have a close connection. The last component identified by Fournier (1998) is the notion of brand partner quality, which refers to how the consumer evaluates the brand’s behaviour in its marital partnership role. These interpersonal relationship components are used as analogies by Fournier (1998); however such metaphoric transfers have been subject to criticism subsequently, even though there has been acknowledgement that her perspective has contributed in the advancement of brand theory (Keller 2003, Keller and Lehmann 2006, Aggarwal 2004, Heding et al. 2009).

Critique of the brand relationship theory

The brand relationship theoretical framework has been criticised on various grounds. Fournier (2009, p.9) herself has critically re-examined her original study and acknowledged the fact that she might have been “myopically fixated on the one type of relationship capable of delivering firm value: the highly committed and affectively laden “marital” relationship ideal”. The approach has also been criticized for its focus on positive relationships and overlooking the existence of negative and neutral relationships (Keller and Lehman 2006). Fournier (2009, p.11) later acknowledged this fact and stated “a fully-enabled perspective on consumer-brand relationship behaviour must lose its false optimism and incorporate dysfunctional relationship forms”. Bengtsson (2003, p.157) also pointed out the limitations of the relationship metaphor, arguing that there is no concrete evidence to suggest that “consumers

really want them or believe that they have relationships with companies and brands whose products and services they consume.”

Recently, Avis et al. (2012) also argued about the lack of clarity in how the personality and relationship metaphorical constructs are being applied in the development of brand relationship theory. They argued that researchers needed to be clear about whether they are assuming that consumers actually perceive brands as human-like, or whether they were using such metaphors to “help *them* (the researchers) understand the way consumers perceive the world” (p.315), or whether consumers are using a metaphorical language to describe their relationships with brands, but in fact do not actually think of brands as human-like. In their literature review analysing both practitioners’ and academics’ perspectives on the matter, they found that there was a “basic disagreement on the question of whether consumers actually see a brand as humanlike” (p.320). Given the lack of agreement in the literature and the lack of clarity on the conceptual foundations in certain cases, Avis et al. (2012) suggest that researchers using the brand personality or brand relationship approach needed to more be explicit on the foundations of the theory.

The brand relationship approach has also been criticised in the sense that it focuses too much on the individual-brand dyadic relationship, without taking into consideration the social and cultural factors around this relationship (Askegaard, 2006). Muniz and O’Guinn (2009) deplored the consumer-brand centric research approach as there is “very little discussion of collective action, thought, memory, or even the role of institutions, society or collectivity in general. There are just the individual consumers and their minds” (p.173). On that same line of thought, Patterson and O’Malley (2006) suggested that a focus on the dyadic relationship between the consumer and the brand tend to obscure the role of networks in influencing the relationship, and argue that a more appropriate way would be to look at such relationships from a brand community perspective; this could also prevent “the pitfall of stretching the interpersonal relationship metaphor too far” (p.17). Aggarwal (2004), who also used the same relationship metaphor approach in a series

of studies focusing on relationship norms (Aggarwal, 2004, Aggarwal and Law, 2005, Aggarwal, 2009), also believed that consumer-brand relationships cannot be treated as identical to interpersonal relationships, warning that “it is important for researchers to not overextend the relationship metaphor when studying consumer behavior” (Aggarwal 2004, p.89).

Corporate brand relationships

While there have been a series of studies looking into consumer-brand relationships at a product level, there have been fewer studies exploring the nature of relationships with customers from a brand relationship perspective; that is, exploring consumer relationships using the interpersonal metaphoric transfer with corporate brands. However, there has been an interest to explore the nature of relationships that consumers have with companies. For instance, around the mid-1990s, marketing guru James Barnes (1994, p.568) raised the issue of whether a ‘relationship’ really existed between a company and its customers or is the relationship really with the company’s employees?” or “do they even think of their interactions with businesses as relationships?”. In a later study, Barnes (2003) argued that companies may not think of having relationships with consumers but consumers may think differently and hence it was important to explore these interrogations from a consumer’s perspective. He posited that consumers could perceive a relationship with a company as analogous to some extent to a person-to-person relationship form: “meaning is also created in the minds of customers to the extent that the firm or brand is seen as someone or something to which a consumer can relate” (p.183). Recently Suvatjis and de Chernatony (2012, p.554) also argued that metaphorical anthropomorphisation of the organisation can also “emphasize the conveyance of not only human qualities but of all tangible and intangible attributes intended to be shared in a relationship” reinforcing the fact that a relational approach to branding may also apply to corporate brands.

Blackston (1992) argued an interpersonal relationship metaphoric approach could be useful in studying corporate brand relationships, but did not present any empirical findings or develop any robust construct for the advancement of corporate brand relationship. Kelley and Richey (2006, p.74) recently recommended that “a successful 21st century firm must carefully manage its corporate brand personality” which leads to the argument that given the fact that organisations have personalities then it makes sense to explore the nature of the different relationships formed with this organisation from an interpersonal relationship perspective. Recently, Balmer and Liao (2007) explored students’ relationships with their universities through a corporate brand relationship lens because they noticed that in this particular sector “senior managers are beginning to examine their institutions through the corporate branding lens” (p. 357). Moreover Roper and Davies (2007) also investigated stakeholders’ emotional attachment to a non-profit corporate brand using interpersonal metaphoric transfer and argued that the corporate branding lens could be “a more appropriate perspective for organisations whose main objectives may not be profits i.e. charities, healthcare organisations and universities” (p. 23).

Silver and Breggen (2010, p.289) used the brand relationship analogy between a corporate brand (bank) and its corporate customers (SMEs) to propose a “framework for understanding how banks can achieve customer loyalty and develop their brands by focusing on important aspects of the relationship with their SME customers”. Using the interpersonal relationship metaphor, they argued that banks could employ “The Close Relationship Strategy” with their customers which would imply the corporate brand “being more active in the relationship” (p.289). In the luxury context, So et al. (2013) also used the brand relationship analogy in an attempt to understand the role of the corporate brand in a luxury context. They found that the corporate brand had a limited role in “building customer emotional attachment and loyalty towards luxury brands” (p. 403); however they also pointed out that this was the first study that examined the relationship between the corporate brand, emotional attachment and brand loyalty in the luxury fashion context, with the limitations of a limited sample frame in Malaysia and not necessarily representative of luxury fashion buyers in other cultural contexts. This was though another study where the

interpersonal relationship metaphor was used to explore relationships that consumers had with a corporate brand that markets luxury brands. Roper and Davies (2007) investigated the emotional responses of three types of stakeholders towards a non-profit business school operated by a British university through a corporate branding lens. Their methodology consisted of using the 'brand as person' metaphoric transfer to investigate the brand 'character' of the business school. Respondents were explicitly asked to imagine the organisation as a human being and the data collected was analysed "in a similar way to that used to measure human personality" (p. 86). One interesting finding that emerged was of a corporate brand "having different aspects to satisfy different stakeholders" (p. 88), and the authors postulated that if similar observations are made in future research, then that would mean that the corporate brand would need to be managed in a more complex way with "sensitivities towards these differences" (p. 88) especially in terms of marketing communication strategies. It is to be noted that research in corporate brand relationships is still at its infancy stage and Abratt and Kleyn (2010) have argued that so far there has been scant attention on "relationships that consumers form with a corporate brand" (p. 1056).

Charity brand relationships

Relationships between charities and their various stakeholders have received attention from marketing scholars during the past decades, though there seem to have been less attention on the beneficiaries (customers), and more on donors and volunteers. However these studies have also used a relationship metaphoric transfer approach to a certain extent and hence provided some new insights on the nature of the relationships between the charity and its stakeholders. For instance, Bussell and Forbes (2006) adopted a relationship marketing approach to explore issues faced with volunteer recruitment and retention within the UK charity sector. They found that there were "a variety of relationships, which must be managed effectively to create a committed and loyal volunteer" (p.151). They suggested that given the competition faced within the sector to attract and retain volunteers, charities need to

realise the importance of managing these relationships in the long run. They proposed a volunteer life-cycle model, where they postulate that volunteers seek different types of relationships at different stages of interaction with the organisation. Their study focused more on the type of relationships existing between the volunteer and different related organisations and did not probe further in the nature of these relationships.

Donor-charity relationships within the charity context have been another stream of research emerging during the past decade. For instance, Sargeant and Lee (2004) investigated donor relationship commitment in the UK charity sector, but their notion of a committed relationship was measured only in terms of patterns of donations given over a period of time. In another study exploring the motivations behind non-profit giving, Sargeant et al. (2006, p.162) noted that “where giving makes a donor feel good about themselves and where there is a family connection to the cause, it would appear that individual bonds to the organization are strengthened”. However, the study explores the relationship from a donor perspective only and the researchers appeared to be unsure about the nature of the commitment itself, since they also concluded that “it is possible that emotional utility and familial utility build commitment to the cause rather than to the specific organization” (p.163). Bennett and Barkensjo (2005) analysed donor perceptions of the quality of relationship marketing activities of charities, with their study focussing only on “relationship advertising, direct marketing, and ‘two-way marketing contacts’ (public relations events, open days, and other two-way marketing communications)” (p.122). Here again, only the communication aspect of the dyadic relationship is investigated and again from a donor perspective. Moreover, studies mentioned above have not been approached using a branding lens, where emphasis is placed upon the brand and not the organisation.

Another stream of research borrowing constructs from social identity theory has explored the nature of relationships that members have with non-profit organisations. Bhattacharya et al. (1995) defined identification as “perceived oneness with or

belongingness to an organization” (p. 46) and found evidence for identification between members of an art museum with the organisation and what it represents. They therefore suggested non-profits that operate in a similar environment, where members are also customers of the organisation, to develop various relationships marketing tactics to enhance opportunities for identification such as social events. Similar studies have been carried out in an education context, where there was evidence for strong identification between alumni and the organisation (e.g. Mael and Ashforth 1992). Battacharya and Sen (2003) proposed and tested a more generic conceptual framework of consumer-company identification that could apply to any type of for-profit or non-profit organisation: “we use the term company in its broadest sense to refer to any organization (both profit and non-profit) that operates in the marketplace and makes product offerings” (p.76). They postulated that consumers can identify strongly with an organisation to satisfy their own self-concept needs, therefore there is a need for these organisations to “articulate and communicate their identities clearly, coherently, and in a persuasive manner” (p.86);

Synthesis of literature

The first part of the literature concentrated on the conceptualisation of brand at an organisational level. Firstly, it was found that many studies in the charity context refer to ‘brand’ as necessarily being a corporate or organisational brand (Saxton 1994, Hankinson 2000, Griffiths 2005, Keller et al. 2010, Stebbins and Hartman 2013). This trend can be quite misleading since charities can also be involved in developing branded product and/or service brands. Moreover regular events organised by charities or a group of charities can also be branded. There is therefore a need for researchers to clarify whether they are referring to the brand at a corporate/organisational level or at a product/service/events level and draw on the rich literature on corporate branding to provide a clear conceptualisation of the charity a corporate brand.

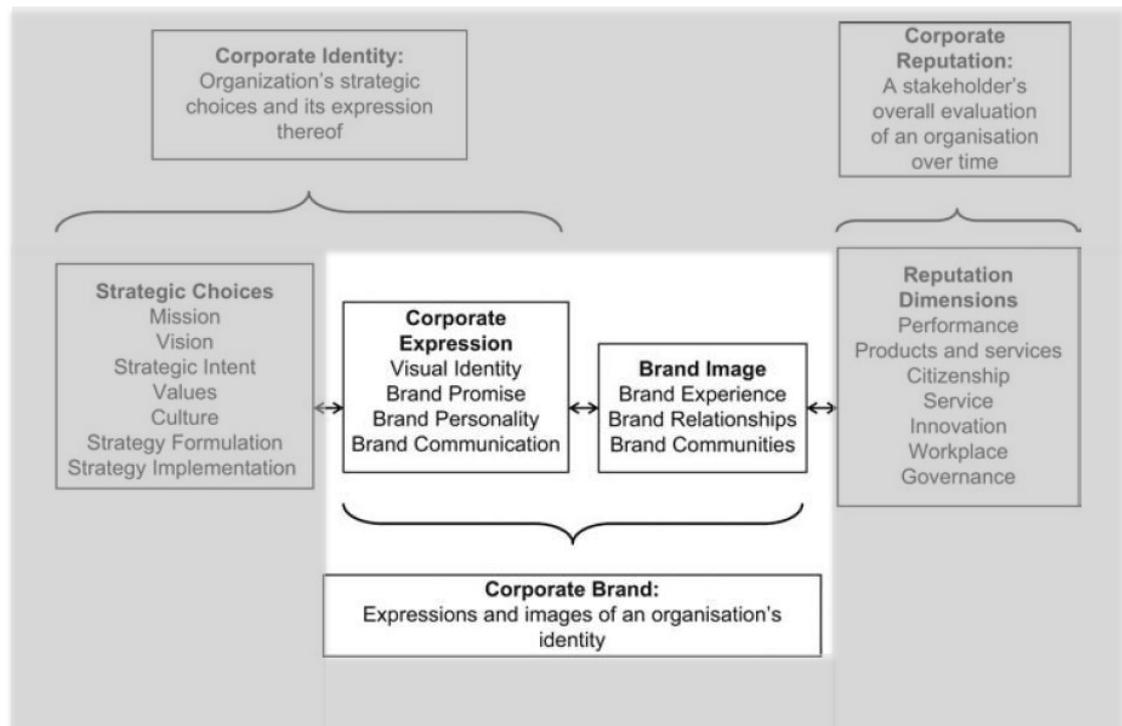
The review of the literature related to brand relationships revealed several issues related to the use of interpersonal relationship metaphors in the fields of marketing and branding (Davies and Chun 2003, Avis et al., 2012). It was also found that brand relationship conceptual foundations as postulated originally by Fournier (1998) has been criticised by various scholars for its lack of clarity and rigour, though there has been an acknowledgement that the relationship metaphor in the study of consumer-brand relationships has also provided new ways of understanding the phenomenon. There have also been various studies that have used the relational analogy to explore relationships that people have corporate brands but it was found that this particular area of this study that was still in its infancy stage and there was a call for more research in that domain (Abratt and Kleyn 2010).

Conceptual framework

This section provides the conceptual framework that guided this study. It provides a conceptualisation of the charity brand for the purpose of this study as well an indication of the areas of investigation. It is proposed in both a narrative and graphic form to indicate the main aspects to be explored (Miles and Huberman 1994).

The charity brand is conceptualised for the purpose of the as “the expressions and images of the organisation’s identity” Abratt and Kleyn (2010, p.1053). The charity brand is therefore seen as combination of the organisation’s corporate identity expressed through the different aspects of the corporate expression (visual identity, brand promise, brand personality, brand communication) with the perceptions that stakeholders create in their minds about the organisation. This study focussed on only one category of stakeholders which are people living with arthritis benefitting directly from the services provided by the charity, henceforth referred to as beneficiaries for the purpose of this study.

Figure 2. Brand conceptualisation and initial parameters of investigation



(Adapted from Abratt and Kleyn 2010)

The focus of this study would be to gain insights on how beneficiaries perceive the corporate expression of the corporate brand (referred as 'charity brand' in this study) with a view to identify aspects that could effect 'brand relationships' with beneficiaries from their own perspectives. To probe more into the area of 'brand relationships', interpersonal relationship metaphoric transfer would be considered as in the study of consumer-brand relationships. However, given the concerns raised in the literature about the use of relationship metaphors in brand research, a clarification on how such metaphorical transfer would be used in this study will be provided. This is discussed in the following chapter.

3. Methodology

Philosophical foundations

This study is approached from a social constructionist perspective under the main tenet that “all meaningful accounts of the real world are mediated by the social contexts in which such accounts are constructed” (Pfohl 2008, p.645). This implies that the meaning that people have of their life worlds are influenced by the social relationships that they have, hence “the individual’s cultural milieu and group affiliations provide them with lenses through which they view relationships, themselves, and others and endow them meaning” (Koro-Ljunberg 2008, p.434). Hence a social constructionist perspective to research implies an understanding of the social context of the individual, as well as an acknowledgement that meaning is also created through the researcher’s interaction with the participant in his/her milieu.

This study’s philosophical foundations are based on the notions that participants “actively construct the world of everyday life and its constituent elements” (Gubrium and Holstein 2008, p.3) and that “reality is constructed by individuals involved in the research situation” (Creswell 1998, p.76); thus there are multiple realities to be discovered and interpreted (Creswell 1998, Denzin and Lincoln 2003). This social constructionist approach lays emphasis on understanding (*verstehen*) the participant’s perspective of reality. Foster and Bochner (2008) identified several assumptions and characteristics share by social constructionist researchers in the field of communications studies which has also influenced the approach and orientation of this present study. These are presented in Table 6 below.

Table 6. Social constructionist assumptions

1	Language, embedded and exchanged through communicative action and performance, is central to the construction of social worlds. We live by metaphors (Lakoff and Johnson, 1980), and our relationships evolve and are constituted through conversational interaction
2	Many social realities exist. We live in a world of multiple and divergent rationalities (Shewder, 1986)
3	Meanings are the products of understandings negotiated in and through relational communication.
4	Contexts matter. The terms by which we understand the world are socially, historically, and culturally situated; once in place, they enable and constrain meanings and actions.
5	In the world of social inquiry, where we live within what we study, we must demonstrate heightened awareness not only that we affect what we study but also that what we study, in turn, affects us.
6	Social constructionist inquiry is necessary moral, ethical, critical and political inquiry. The idea that we should preserve a complex, nuanced understanding of the social world is itself a moral and ethical stance.

Adapted from Foster and Bochner (2008)

As indicated by Foster and Bochner (2008), the above assumptions will influence the methodology employed as well as the methods of data collection used; for this study a qualitative and interpretive methodology has been privileged with data collection methods that would help capture the different social realities in existence, and better understand the cultural and social context in which these realities are uncovered and interpreted.

Methodology

A qualitative methodology was adopted which involved an “interpretive, naturalistic approach to the world” (Denzin and Lincoln 2003, p.5) where the researcher attempted “to make sense of, or to interpret, phenomena in terms of the meanings people bring to them” (Denzin and Lincoln 2003, p.5). Such an approach implies that the study is conducted in a natural setting, which as explained by Denzin and Lincoln (2003, p.39), is a setting where “everyday experiences take place” as opposed to an experimental or laboratory setting (Denzin and Lincoln 2003). The qualitative

researcher seeks “to uncover the views and meanings held by participants, to understand the world in their terms and therefore take account of the many, changing ways of understanding what it means to be involved in communicating as a member of a stakeholder group or as a practitioner” (Daymon and Holloway 2011, p.7). It takes the reader into the multiple dimensions of a problem or issue and displays it in all its complexity (Creswell 1998). Some of the main features of qualitative research as laid out by Daymon and Holloway (2011) therefore include (i) flexibility, diversity and creativity in the approach and processes being adopted, (ii) the generation of meanings through an on-going cooperation dialogue between the researcher and participants, (iii) the contextualization of phenomena, and (iv) the acknowledgement of the subjectivity of the researcher. Due to certain limitations identified with the qualitative approach as compared to a quantitative approach such as issues of subjectivity, replication, generalization and transparency (Daymon and Holloway 2011), several techniques of research evaluation have been used which are specifically suited for a qualitative approach of inquiry (Lincoln and Guba 1985, Guba and Lincoln 1989). The strategy of inquiry used by the researcher was that of an interpretive *bricoleur* (Denzin and Lincoln 2003) where specific data collection techniques were modified as research progressed on the field and were adapted to the context of the study.

An inductive approach was mainly adopted for this study which allowed for flexibility and creativity (Daymon and Holloway, 2011). The researcher avoided to be bound by a rigid conceptual framework or being influenced too much by the literature to avoid having conceptual blinkers hindering a wider-angle view on the phenomena. However, the process was not purely inductive because upon consultation of the literature prior to data collection, some knowledge was being acquired so “we are never completely uninformed about prior work” (Gioia et al., 2013, p.21); however the researcher made what Gioia et al. (2013) called a “willing suspension of belief” on some knowledge acquired through the literature to allow for better discovery though “without reinventing the well-ridden wheels” (p.21). Emphasis was placed on giving voice to participants, who were considered as what Gioia et al. (2013, p.17) referred to as “knowledge agents”; that is, people who

“know what they are trying to do and can explain their thoughts, intentions and actions” (p.17). The inductive approach also allowed for a co-creation of meaning to happen through the researcher-participant interaction (Kvale 1996).

While the relational metaphor provides a way to explore phenomena in a creative way (Fillis and Rentschler 2008), there is a call for caution on over-extending the relational metaphor (Aggarwal 2004) and there is also a need for researchers to clarify the basis of such metaphorical transfer (Avis et al. 2012). The researcher encouraged participants to use interpersonal metaphors to express themselves, and sometimes the researcher used such metaphors in discussions hence adopting both the researcher metaphor and consumer metaphor approaches (Avis et al. 2012). Therefore metaphors were proposed as a heuristic to facilitate understanding and explanation of relationship dimensions identified (Avis et al. 2012) based on insights gathered from the perspective of beneficiaries.

Research objectives

Due to the inductive nature of this study, research objectives were refined as research progressed resulting in the following formulation:

- Explore why and how people living with arthritis relate to charity brands in the UK and understand the social context in which these relationships take place.
- Gain insights from beneficiaries’ perspectives on the aspects of the charity brand that effect brand-beneficiary relationships in a healthcare charity context.
- Prospect the manifestation of brand relationship roles from the perspective of beneficiaries through an interpersonal relationship metaphoric lens.

Methods of data collection

In-depth qualitative interviewing was chosen as a means to dig into the feelings, emotions and perceptions of the individual. In qualitative research, in-depth interviewing has been regarded as suitable “when seeking information on individual, personal experiences from people about a specific issue or topic” (Hennink et al. 2011, p.109) and allows the researcher to “enter into the other person’s perspective” (Patton 2002, p.341). Further to this study’s ontological position that “reality is constructed by individuals involved in the research situation” (Creswell 1998, p.76), in-depth interviewing has been found to be most appropriate, since it has been argued that “all interviews are interpretively active, implicating meaning-making practices on the part of both interviewers and respondents” (Holstein and Gubrium 1995, p.4). While there are different approaches to in-depth interviewing depending on the focus and depth of the investigation (Rubin and Rubin 2012), I decided to first explore the use of an adapted version of the Zaltman Metaphor Elicitation Technique (ZMET) of in-depth interviewing, which focuses on uncovering the deep metaphors and emotions located in the consumers’ minds (Zaltman 1997, 2003). However, after I conducted the first five ZMET interviews, I realised the limitations of such a method in my particular research context, and therefore decided to switch to a more dramaturgical approach to in-depth interviewing (Kvale 1996); this is where the use of projective techniques were used only when deemed necessary. In-depth interviews were conducted face-to-face as well as by phone and through Skype video calls. Hence, interview methods were modified as the research progressed in the field and were adapted to the context of the study (Denzin and Lincoln 2003).

ZMET Interviews

The Zaltman Metaphor Elicitation Technique (ZMET) is a process that combines several qualitative methods of interviewing from the realm of psychology such as photo and art therapy, repertory grids, laddering techniques, and storytelling. The idea is to combine several techniques to uncover the deep metaphors from the

audience's mind and to "dig deeply into the mind of the market by taking new approaches as well as improving upon old ones" (Zaltman, 2003, p.74). ZMET is a patented marketing research technique in the United States owned by Orson Zaltman Associates which has over fifteen years been conducting "some twelve thousand in-depth interviews for more than a hundred clients in over thirty countries" (Zaltman and Zaltman 2008, p.17). This technique has also been used in academic research pertaining to consumer behaviour and marketing (see for example Coulter and Zaltman 1994, Coulter et al. 2001, Christensen and Olson 2002, Lee et al. 2003, I-Ling Ling et al. 2009). The different qualitative techniques used in the ZMET are not new, but the technique provides a methodological process which has been tested and applied extensively both in academia and in the industry, and which allows for adaption as per the requirements and the context of the study.

In his seminal article on ZMET in the *Journal of Marketing Research*, Zaltman (1997, p.428) declared that the technique "is available for use without restriction for academic purposes by teaching faculty" and also pointed out that the "technique is patented and non-academic use requires prior authorisation". In order to confirm the current policy of the patent holders, I contacted both Prof. Zaltman and Lindsay Zaltman (Managing Director of Orson Zaltman Associates) in January 2012 and they were agreeable to the use and adaption of the technique by a PhD student as indicated by personal email correspondence with Lindsay Zaltman: "if you want to use tenets of ZMET that you can piece together from published articles on the technique, you can do so as you see fit" and Gerald Zaltman in a personal mail communication: "I understand that Lindsay has explained our company position and that you will be following up with your own version drawing on some of the intellectual foundations that we use and have described in various sources or otherwise have referenced."

The main reason behind why I decided to utilise the ZMET interview process was because given the fact that I was exploring brand relationships using an interpersonal metaphor, I felt that an interview technique that focuses on metaphor elicitation

would be most appropriate. The first published academic paper introducing ZMET presented by Coulter and Zaltman (1994) was about using ZMET to “understand brand images” (p.501) where they demonstrated how this mix-method qualitative approach helped in “eliciting and understanding the sensory metaphors associated with brand images” (p.507). Moreover, based on insights they gathered after over 400 ZMET interviews, they found that most participants engage in a successful way with the process finding it “enjoyable, interesting and involving” (p.507). The hybrid nature of the ZMET borrowing from different techniques of qualitative interviewing used traditionally in psychology enables a process to uncover deep insights from the unconscious mind of the respondent, that traditional techniques like questionnaire surveys and focus groups would not be able to capture. Zaltman and Zaltman (2008) argue that such a process allows the uncovering of certain deep metaphors, which enables researchers to better delve into the minds of the consumers. The idea is to combine several techniques to uncover the deep metaphors from the audience’s mind and to “dig deeply into the mind of the market by taking new approaches as well as improving upon old ones” (Zaltman, 2003, p.74). Participants selected for a particular project are firstly given instructions to collect a series of pictures/images based on a theme/question provided to them, and are asked to bring them to the face-to-face interview session of two hours scheduled around 7-10 days later. The ZMET interview procedure proposed by Zaltman (1997) involves eight steps, but these can be adapted and modified depending on the nature of the project (Zaltman, 1997). These eight steps as laid out by Zaltman (1997) are summarised in the following table.

Table 7. The typical ZMET interview procedure

1	Storytelling	Participant is asked to describe the salient content of each picture they bring to the interview.
2	Missed mages	Participant is asked to describe pictures they wanted to find but could not.
3	Sorting	Participant is asked to sort images into meaningful sets if they have brought more than 15 images.
4	Construct elicitation	A modified version of the Kelly Repertory Grid is used where participant is asked to randomly select 3 pictures, and asked to explain how any two are similar and yet different from the third. Laddering on the constructs elicited continues until the constructs that surface become redundant.
5	Metaphor elaboration	Techniques from art therapy are used in this stage. The interviewer selects several pictures and asks participant to widen the frame of the picture in any direction or

		dimension, and to describe what would enter the picture that would reinforce (or sometimes contradict) its meaning.
6	Sensory images	Participant is asked to use non-visual senses to convey what is and is not representative of the concept being explored.
7	The vignette	Participant is asked to imagine a short movie that describes their thoughts and feelings about the topic.
8	The digital image	The participant creates a summary image or montage that expresses the topic under study.

Adapted from Zaltman (1997, p. 429-430)

Five ZMET interviews were conducted for this study and prior to the interview date, participants were asked to collect pictures/visuals that represent their thoughts and feelings about the charity and the relationship that they have with the charity. A brief account of each session is provided in Appendix A. Interview sessions had to be adapted according to the response of the participant; several limitations were encountered with the ZMET procedure which prompted for an alternative method of interviewing more suitable to the context of this study. The first limitation was the reliance on face-to-face interviewing. ZMET can only be conducted face-to-face and given time and cost constraints to reach participants in geographically distant areas such as Scotland, Wales or Cornwall, an alternative mode of interviewing had to be considered. The second limitation was the reliance on pictures that needed to be collected by the participant around a week before the date of the interview. Based on my first interviews, I felt that such a task could prove to be a challenging task for some participants and I could not take the risk of having such reliance of pictures collected. While the ZMET procedure can be adapted, it still remains an interview procedure with steps that need to be followed. In my five attempted ZMET interviews, I found it very challenging to follow the procedures as laid out on paper for two main reasons. The first reason was that each respondent was different and was in a different state of mind during the interview and it was their mood that guided the interview. As an interviewer, I felt that I should adapt the process to their state of mind instead on trying to impose a procedure on them which they might find strenuous. This is particularly due to the fact that participants are people living with arthritis, and they may be in a particular mood at the time of the interview and due care had to be taken not to trigger upsetting or highly charged emotional feelings. Zaltman (2003) also observed that participants could get emotional during the process since one thought can unexpectedly trigger another more intimate one with

the risk of upsetting the participant. He suggested that “in these instances, even if the upsetting thought is relevant to the study, the interviewer should avoid pushing the participant to explore it further” (p. 109). The interview should be carried out and managed in such a way that the researcher respects the comfort level and the psychological state of the informant at this particular moment (Zaltman 2003). Moreover, some participants found it difficult to engage with projective techniques like sensory images, vignette or art therapy. I had to adapt these techniques several times and sometimes I felt that it was not as obvious as it sounds on paper for an individual to engage in projective techniques. Lastly, in usual ZMET interviews, the interviewer would have the assistance of a digital artist to construct the digital image with the participant, but in my case I had to do it myself after the interview session; this extended the contact time and in one case I had to schedule another session just to devote to the construction of the digital image.

Dramaturgical interviews

Given the limitation faced with the ZMET method of interviewing in the context of this study, I had to “determine what type of interview is practical and will net the most useful information to answer research questions” (Creswell 1998, p.124). I decided to switch to a more flexible approach to in-depth interviewing that I felt would be most suitable to this study. I decided to conduct a dramaturgical type of qualitative interviewing which is “intended to convey the notion of a very fluid and flexible format for conducted research interviews” (Berg 2007, p. 116) based on a conversational model of interviewing (Kvale 1996). I decided to add a projective technique to the interviews, where I gave the option for participants to express their thoughts visually. At the beginning of each session, I placed an A4 sketchpad and a set of 25 oil pastel colouring pencils near the participant, explaining that if they felt the need they could express their thoughts and feelings visually. Given the constraints and limitations I identified during the first ZMET interviews, I felt that this option was the most adequate one to allow for visual expressions. Deacon (2000) argued that such a method could allow participants to engage more actively in the

interview process, while Kearney and Hyle (2004) felt participant-produced drawings had various advantages such as allowing for an alternative route to probe into participants' thoughts and feelings leading to "a more succinct presentation of participant experience" (p.361) and "help to create triangulation of study data" (p.361). However, I felt I would not impose such method on participants since Kearney and Hyle (2004) also noted that participant-produced drawings could be "unpredictable as a tool for encouraging participation in the research" (p.361). In order to compare ZMET with the new approach to interviewing, I decided to interview the last person I interviewed using ZMET again (Participant F), but this time using the new flexible approach. I contacted participant F again and she accepted to have another interview session. The interview was conducted in a public house in the centre of London. Participant F engaged very well with the new approach and also actively engaged with the drawing exercise. This time I used the approach proposed by Berg (2007) for conducting dramaturgical interviews:

You and the interviewee are constantly in the process of performing and evaluating your own and each other's performance. Using these assessments, both participants are able to adjust scripts and movements in response to messages sent and received throughout the interview" (p.122-123).

I found that this new approach allowed for more flexibility where each interview session would be more adapted to each participant. Moreover, given the fact that I was not required to meet participants face-to-face anymore as required with the ZMET interview style, I decided to also consider the use of phone interviewing. A review of the literature on in-depth phone interviewing gave me the confidence to proceed in that direction and consider phone interviewing as an alternative option to face-to-face interviewing. Miller (1995) found that phone interviewing was increasingly being used as an alternative to face-to-face interviewing and could not only be considered as "as a viable alternative to face-to-face encounters" (p.29), but also could also "contribute to the extension of opportunities to groups under-represented in research" (p.29). Sturges and Hanrahan (2004) also shifted to phone interviews in their study due to "contingencies of fieldwork" (p.107) and found that "interview transcripts revealed no significant differences in the interviews"; they concluded that "telephone interviews can be used productively in qualitative

research” (p.107). Novick (2008) deplored the negligence of telephone interviews in qualitative research and posited that “evidence is lacking that they produce lower quality data” (p.391), arguing that on the contrary, “telephones may allow respondents to feel relaxed and able to disclose sensitive information” (p.391). In the context of this study, the only limitation of phone interviews would be that they would not allow the use of certain projective techniques, but since these were optional techniques used as and when necessary, I felt that these should not hinder the possibility of interviewing participants that would not be reachable face-to-face. I also thought that in that case, instead of asking them to draw things visually, I would ask them to ‘think’ visually and to describe the scenes that come to their mind. I also explored the use of Skype video interviewing. For Skype video calls, my idea was that prior to the Skype video call, I would ask them to have pens/pencils and paper at their disposal so that they could indulge in any visual projective exercises during the interview. Any drawings made were shown to me on the screen and I did a screen capture. However, I decided to place more emphasis on the conversational approach, which I felt would work better with this particular audience profile (Kvale 1996). One advantage of phone and Skype interviews was that when the participant made reference to a charity I was not aware of, I could google the name and browse the website while discussing. This enhanced the level of discussion I had with the participant. All interviews were digitally recorded and subsequently transcribed.

Given the unstructured approach to the dramaturgical interviews, there was not a set interview guide or questions prepared in advance, but the general discussion theme was about participants’ thoughts and feelings about the healthcare charity brand and the relationship that they have with the charity. Much emphasis was placed on listening to the participant’s voice, and interview questions changed during as fieldwork progressed so as to “follow wherever the informants lead us in the investigation of our guiding research question” (Gioia et al. 2012, p.20). An interview transcript is provided in Appendix B to give an idea of the interview style and the flow of interview, though I wish to point out that no two interviews were similar to each other and each was unique in its tone, style and process which was guided by the personality and response of the participant. There were also sometimes

new topics of discussion emerging from the participant due to the inductive nature of the process. In some cases, participants generated drawings to express their thoughts and some samples have been included in Appendix C.

Life story interviews

Inspired by Fournier's (1998) study where brand relationships were explored through three women, I decided to conduct life story interviews with three women from the sample of participants who demonstrated characteristics of distinctiveness with the potentiality of shedding "light on a specific phenomenon or issue being explored" (Creswell 1998, p.111). The biographical interviews allowed for an in-depth exploration of the social and cultural context of the relationships in which these three individuals develop relationships with charities and other non-profit organisations throughout their lives. As observed by Fournier et al. (2012, p.10) "brand relationships are founded on meanings that resonate personally and culturally; they service identity, functional, and social goals"; therefore it was felt necessary to go deeper into understanding the lives of people living with arthritis in the UK. This data collection method was chosen because "in the telling of a life story, we get a good sense of how and why the various parts of life are connected and what gives the person meaning in life" (Atkinson 1998, p.20). The interview style was that of a conversational one where biographical topics were discussed in a quasi-chronological order. I influenced the narrative in setting the agenda by asking focused questions (Barbour 2008), but I left it to the participant to "choose aspects of their story to emphasize and which to leave out" (Barbour 2008, p.123). There was much emphasis placed on the participant telling her story in her own pace and voice. This allowed me to get a "clearer perspective on personal experiences and feelings" (Atkinson 1998, p.25) but also allowed participants the opportunity to share some of their "cherished experiences and insights" (Atkinson 1998, p.25).

Sampling

A non-probability purposive and snowballing sampling procedure was used to ensure that “certain types of individuals or persons displaying certain attributes are included in the study” (Berg 2007, p.51). Due to the qualitative approach to the study, a small sample size selected purposively was found to be adequate. Twenty-two participants (people living with arthritis) were retained for this study. These were people living with arthritis who have been or are still in contact with the charity. Creswell (1998) stated that in most qualitative studies, sample populations could be as small as one participant and that the quantity of persons interviewed did not matter much because the “important point is to describe the meaning of a small number of individuals who have experienced the phenomenon” (p.122). Participants recruited were those living with arthritis and who were benefitting in one way or the other from their connections and relationships with the charity. This definition is in line with the concept of ‘beneficiary’ postulated by Bruce (1995), who argued that a beneficiary is a more appropriate term than ‘client’ or ‘user’ in a charity context. The researcher originally assumed that recruitment of participants would not be problematic given the nature and context of the study, but during the process I realised that “meaningful human research is impossible without the full understanding and cooperation of the respondents” (Lincoln and Guba 1985, p.105). The first strategy used therefore was to have an official letter sent to a selection of branches by the charity’s director to the branch chairs informing them of the study, and my wish to come to one of their monthly meetings to present the study to their members and then try to recruit participants for the study. I also wanted to attend these branch meetings not only to recruit participants, but also to get a feel of the social and cultural milieu of the users who were members of regional branches. Branch visits also allowed me to discuss informally with different people helping at grassroots level. I succeeded in visiting five branches and managed to canvass several participants. The presentation and informal discussions afterwards allowed attendees to better understand the nature of the research and my role as an independent academic researcher. The second strategy was to recruit participants from the charity’s Facebook page. I posted several public status updates and sent private messages to members who seemed engaged with the

charity on the Facebook page. However, responses were not as good as I expected, and I decided to contact the charity CEO by email to express my concerns about difficulties in recruiting participants. She suggested that I tried Facebook, Twitter and the charity’s forum and this time post will be made via the charity’s web manager. This time I got a few positive responses from people seeing the posts on the forum. We continued to have regular posts on the forum and on the Facebook page. As I was conducting interviews, I also had several participants referring me to someone they felt would be appropriate and willing to engage with such type of research. A snowballing approach was hence also used as interviews were being carried out.

Table 8. Sample profile and interview contact times

N o.	Code	Region	Age	Interview method	Approximate contact time	Estimated Recorded time
1	A	London	60s	ZMET	1 hr 15 mins	1 hr
2	B	London	60s	ZMET	1 hr 40 mins	1 hr 24 mins
3	C	London	60s	ZMET	3 hrs	2 hrs 37 mins
4	F	London	40s	ZMET	1 hr 45 mins	1 hr 30 mins
	F	London	40s	Face-to-face	1 hr 30 mins	1 hr 19 mins
5	E	London	60s	Face-to-face	2 hrs 20 mins	1 hr 57 mins
6	G	London	70s	Face-to-face	2 hrs 10 mins	1 hr 28 mins
7	H	Midlands	60s	Video Skype	1 hr 10 mins	1 hr
8	I	Wales	60s	Phone	1 hr	1 hr
9	J	South	40s	Face-to-face	1 hr 45 mins	1 hr 25 mins
10	L	North	70s	Phone	1 hr 35 mins	1 hr 30 mins
11	M	Midlands	40s	Video Skype	1 hr 05 mins	1 hr
12	N	London	60s	Face-to-face	1 hr 45 mins	1 hr 15 mins
13	O	London	50s	Face-to-face	1 hr 20 mins	1 hr 05 mins
14	Q	London	80s	Face-to-face	1 hr 20 mins	1 hr 05 mins
15	R	South	50s	Phone	1 hr 30 mins	1 hr 18 mins
16	S	Midlands	40s	Face-to-face	2 hr 20 mins	2 hr 11 mins
17	T	South	50s	Phone	1 hr 40 mins	1 hr 30 mins
18	U	Cornwall	50s	Phone	1 hr 45 mins	1hr 36 mins
19	V	Scotland	60s	Video Skype	1 hrs 25 mins	1 hr 16 mins
20	W	London	70s	Face-to-face	1 hr 45 mins	1 hr 14 mins

Biographical interviews were in addition conducted with three of the above participants (G, H, J). Three hours of interviews (in two sessions) were conducted with each of them (two interviews by Skype video and one interview by phone). In total, data collected consisted of around 13 hours of contact time of all three women.

Pilot study

A pilot study was conducted in an informal manner with someone affected a degenerative form arthritis of the hand to better understand the impact of such a chronic condition on somebody's life as well. I met that person in an informal party and when I said that my PhD research was related to arthritis, she showed me her hands and said that she was affected with this condition. She accepted to have an informal chat about her condition afterwards and I was particularly interested to get her insights, since she was a well-educated person with experience in qualitative research who could give me some advice on how to approach my future fieldwork interviews with that particularly target audience. This first pilot interview proved to be very insightful both in understanding the emotional impact of such a condition, but also in reframing my approach to data collection. Claire (fictitious name) explained to me how the condition affects her in her daily life. Firstly, she showed me her hands to give me an idea of how gradually the inflammation of the joints causes a deformation of the fingers. She has been trying various kinds of treatments including non-allopathic ones to try limiting the damage, since there is no way to cure the condition. The pain is sometimes quite severe and this prevents her from doing her everyday tasks. The psychological impact is also very strong and sometimes she is just not in a positive mood. While I was discussing with her, my first reaction was to 'try to help' and was telling her about stuff that I read, charities that could help, things that she should do, etc. Hopefully, being a mature and well-educated lady with experience in research, she gave me the advice of not trying to give advice and avoid talking in a way that the interviewee might feel patronized. She also told me that I might encounter people who might be in a very low mood at the time of the interview, and that I would have to know how to deal with that kind of situation. At some point during the interview, I also felt that it was hard for her to relate how this condition is affecting her life and she was making efforts not to be too emotional with me so as not to embarrass me. This interview with Claire also affected me emotionally and I decided that I needed to be well prepared before undertaking my formal fieldwork assignments. I later followed a 10-week workshop in counselling conducted for university staff, which I found very helpful not only at a

personal level, but also for my research work since the course allowed me to better understand how to interact with people who might be in a particular mood or state because of a condition affecting them in their lives. I also discovered that some of the qualitative projective techniques I researched about were also used in counselling therapy.

Data analysis

Data was analysed using a thematic analysis approach adapted from the approach postulated by Braun and Clarke (2006). Materials gathered from interviews consisted of interview audio files, participant-generated drawings and ZMET digital images. I first browsed “through all collected information to get a sense of the overall data” (Creswell 1998, p.140). I then listened to each audio file and edited the files to make them suitable for transcription. After audio files were transcribed, I started the data analysis by reading through the transcripts while listening to the audio files and consulting the participant-generated drawings (where applicable) several times to familiarize myself with the data. The qualitative data analysis software Deedoose was first used as an assistance for coding, but then I decided to use Microsoft Excel as a tool for data reduction in a further re-analysis of the data.

Coding

Initial codes were generated across the entire data set (Braun and Clarke 2006). The consideration of a relevant theme was not “dependent on quantifiable measures” (Braun and Clarke 2006, p.82), but was based on “whether it captures something important in relation to the overall research question”. An on-going analysis was carried out to define and generate themes (Braun and Clarke 2006). An example of data reduction procedure is shown in Figure 4.

Figure 3. Data reduction procedure

9	V	I think a support group, I suppose for me it would be helpful to physically meet with people. It's not about sharing or having a moan about how you are. It's really about helping each other, about support and about raising awareness. I think that's really important because there are a lot of people who struggle with arthritis and are perhaps not getting advice and support and help that really they're entitled to.	Need for a support group	Brand promise
10	V	So I think there is a message to be given about access to treatments and what is possibly available rather than people having to struggle to find out the information. I suppose it's about having a one-stop shop to provide information about Arthritis Care locally. That, I think would be very helpful.	AC as a one-stop-shop	Brand Promise

Trustworthiness and authenticity

The notions of trustworthiness (Lincoln and Guba 1985) and authenticity (Guba and Lincoln 1989) are being used in this study as alternative terms for the positivist notions of data validity and reliability (Creswell 1998).

Trustworthiness

Creswell (1998) identified eight procedures that are usually used by qualitative researchers to ensure trustworthiness (prolonged engagement, triangulation, peer review/debriefing, negative case analysis, clarifying researcher bias, member checks, thick description, external audits) and posited that qualitative researchers “engage in at least two of them in any given study” (p.203). Given the context of this study, I engaged in four of the above-mentioned procedures, which are described in more detail below.

Prolonged engagement

According to Creswell (1998, p.201), prolonged engagement allows for “building trust with participants, learning the culture, and checking for misinformation that stems from distortions introduced by the researcher or informants”. During the

fieldwork in the context of this study, I had several consultations with senior management and staff to discuss and verify certain facts brought up during the interviews with participants. I also personally attended five branch meetings, two volunteer-related activities at head-office, and participated in a charity walk in Portsmouth. During such activities, I had the opportunity to explain to interested stakeholders the purpose of my study, canvass potential volunteers to collaborate on the study, but also get my own personal feel of the social and cultural milieu of the charity which supplemented the data collected through the interviews.

Triangulation

Triangulation involves the use of multiple and different sources of data (Creswell 1998). To supplement and verify data collected in interviews, I sometimes had to crosscheck certain claims and facts through a review of relevant charity documentation (offline and online) and/or discuss with a relevant senior staff at the charity's head-office. As part of a data verification process, I also decided to interview a few senior managers to make sure that certain claims made during the interviews with participants were accurate and true. Prolonged engagement activities such as branch visits also contributed to the triangulation of data collected.

Member checks

Transcripts of the three life-stories were sent for review to all of the three women with whom extensive interviews were conducted. All three of them responded by providing certain factual corrections and additional comments. The part on the analysis and findings that were related to the interpretation of the insights gathered from people living with arthritis, were also communicated to participants for their opinion and feedback. For those having access to the Internet and who provided their email addresses, an invitation was sent to them to access a private blog where the information was available, and where they had the ability to post comments on the

private blog itself [<http://arthritis-care-brand-research.blogspot.co.uk/>]. Findings related to the manager's perspectives were also sent by the personal work email of each manager except for two managers who had resigned since.

Thick description

Life-stories of three participants living with arthritis have been included in this study to enable readers to get a thorough understanding of the context of people living with arthritis in the UK, and the role that charities have in their lives. Though not a prerequisite in qualitative research, it is nevertheless worth pointing out that the demographic profile of the three women selected was representative of the majority of members of the charity at the time of study. The narrative provided in these three stories is believed to be sufficiently descriptive to enable readers make their own judgments about transferability (Daymon and Holloway 2011).

Authenticity

While the notion of trustworthiness is primarily related to data collection methods (Guba and Lincoln 1989), the notion of authenticity is both inherent to the research process itself (Guba and Lincoln 1989). The 'authenticity' criteria developed by Guba and Lincoln (1989) was developed in the context of proposing a different approach to evaluation where "claims, concerns and issues of stakeholders serve as organizational foci" (p.50). However, the same concept can be applied to marketing research to ensure that the qualitative study conducted "is authentic when the strategies you have used are appropriate for the 'true' reporting of participants' ideas, when the study is fair and when it helps participants and similar groups to understand their world and improve it" (Damon and Holloway 2011, p. 84).

In the context of this study, several strategies were used to ensure authenticity, apart from those inherent in the research process, that have already been discussed in the previous sections. The charity's senior management has been involved since the inception of the research and was consulted at different steps of the research phases, where work-in-progress has been evaluated and sometimes modified after consultations and negotiations. There were several meetings with the Director of Finance and Operations (project initiator and facilitator), and several meetings with the two CEOs that were in office during this study. Methodological approaches and conceptual frameworks were presented and discussed with the CEOs and their suggestions taken into consideration. I attended one activity held for volunteers at head-office, where I had a presentation session and Q&A on the research project; volunteers in attendance had an opportunity to understand the notion of branding in the charity context, why this research was been conducted and the potential benefits for the charity. Similar presentations were conducted during my five regional branch visits, where again participants had an opportunity to better understand the notion of branding in the charity sector and its potential benefits, but also were able to share their own views about how the organisation could improve its marketing communications. In many cases during both presentations and interviews, participants saw it as an opportunity to voice out their opinions and provide feedback to senior management about salient issues affecting them at grassroots level and on their perception of head-office operations.

Research ethics

This study was carried out in line with the Research Ethics Code of Practice of Bournemouth University (BUREC) referring to “the moral principles guiding research including inception, aims, completion, and publication of results and beyond” (BUREC 2009). Further to these guidelines, I took all reasonable steps to ensure that participants were fully informed as possible “about the purpose, methods and intended possible uses of the research” (BUREC 2009) and that “confidentiality and anonymity of the information supplied by participants” was respected. I also

made sure to clarify my role as an independent academic researcher when introducing myself to participants, so that I was not regarded as someone appointed by management. Moreover, since some of the participants interviewed could be considered as vulnerable groups (Russell 2000), there were several additional ethical aspects that have been taken into consideration and are discussed below.

Beneficence and non-maleficence

Given the profile of participants, I personally made sure that due care was taken not to indirectly cause harm to anyone through the interview process through probing the recollection of certain issues that could be distressing for the participant (Walker 2007). The techniques of listening and interacting during a counselling learned from my 10-week counselling workshop helped me a lot in dealing with this issue. On two occasions, I had participants who became emotional on recollecting past memories. On the first occasion, the participant started to sob when she started to talk about how she had to resign from her job due to her arthritic condition, and that it was a very difficult moment in her life since she was not married and was totally dedicated to her job. This job was her life. On another occasion, the participant became emotional several times during the interview, while relating her bad experiences on the charity's forum. In that particular case again my training in counselling allowed me to listen properly and react in a way that made the participant feel at ease; at the end of the interview, she thanked me for not only listening but also managing to get her in a better mood. It was the first time ever that she was sharing these stories with another person. This indicates that the participant felt that there was a safe place provided for her to share her untold story (Dickson-Swift et al. 2007).

Self-disclosure and rapport

Developing rapport has been acknowledged as a sensible issue in qualitative research and researchers need to “initiate a rapport-building process from their first encounter with a participant in order to build a research relationship that will allow the researcher to access the person’s story” (Dickson-Swift et al. 2007, p.331). I also felt that it was important for me to develop a connection with the participant first before probing into the main themes to be discussed. In that respect, I had no issue in responding to some personal questions that were asked by participants, since similar to the researchers interviewed by Dickson et al. (2007), I felt that “self-disclosure could enhance rapport, show respect for the participants, and validate the participant’s stories” (p.332). Self-disclosure and sharing of my personal experiences allowed for a better conversation and created an environment that lessened the “hierarchical nature of the research process” (Dickson-Shift et al. 2007, p.334).

Interview process

As a qualitative researcher trying to access the personal lived experiences of vulnerable human beings, it was important for me to “remember the human side of the work” (Dickson-Swift et al. 2007, p.334). The interview was therefore conducted in a way where particular attention was taken to make the participant at ease, and I did my best to be “caring, empathetic, patient and compassionate” (Dickson-Swift et al. 2007). Listening techniques and body postures learned in my counselling course, also helped to create an atmosphere of care throughout the interview process.

Fieldwork limitations

The recruitment of participants proved to be a very challenging task and nothing to what I expected initially. I thought that given the fact that the research was done for the charity and on behalf of the charity, people already involved within the charity would be keen to participate. However, my first experiences were unfortunately with those who had an adverse relationship with the charity, and the response was quite shocking to me. I remember one of the first phone calls I had with a branch chairperson who expressed in a very harsh tone on how she and her fellow branch members were angry with the charity. I also encountered similar remarks with a few other people during that first week of recruitment and I had to take a few days to reconsider my approach. On the other hand, I was also fortunate to meet some people at grassroots who were willing to collaborate and a few participants asked their friends to contact me because they enjoyed the interview process. One participant contacted me because she saw someone posting something post over about her interview experience on Twitter. I also contacted people via charity's forum through the forum administrator and several participants were recruited in this way. There were a few participants who expressed their interests to collaborate but they were geographically too far for a face-to-face interview and therefore I suggested the use of Skype video call. There were two participants who never used this software before and they did it for the first time for this interview. Given the problems encountered in participant recruitment and the time and cost constraints, I had to manage with the amount of participants that were possible to be interviewed during that period. While the number of participants was deemed adequate for this study, the sample size and profile of participants can be seen as a limitation and with more time and resources available, I would have explored the possibility of recruiting and interviewing a greater number and more diverse audience.

The interview formats used also had some limitations. The limitations of ZMET in the context of this study have already been discussed previously. The other forms of dramaturgical interviews and qualitative interviews were conducted in an

unstructured and flexible format, and hence it can be argued that data collected has been done in a less systematic way as it would have been in a more structure interview. However, despite this limitation which made the data analysis more challenging, such an approach also allowed for the emergence of certain new themes not included in the initial conceptual framework.

I also encountered some problems with the use of participant-generated drawings as a projective technique complementing the interviews. I assumed that participants would not have any problems engaging with this technique and that such techniques would help dig more into the feelings and emotions of participants. However, I noted that in several cases, participants were reluctant to engage with drawing despite the fact that I told them that they are not going to be judged on the quality of their drawings.

Reflections on fieldwork

When I was in the initial phase of fieldwork planning, I was somewhat excited about the range of innovative projective techniques I would be able to use with participants and was particularly keen on applying the ZMET methodology. However, I realised the constraints of such a technique during the first interview itself and realised that I would need to adapt my techniques to each participant. In the end, I realised that the most important aspect of the research was to be able to initiate a conversation with the participant and to adapt accordingly. The Skype interviews were particularly interesting, because not only were participants excited about the medium, but also the medium allowed for a connection within the first few minutes itself and was a good substitute for face-to-face interviews. In some cases, participants even moved the camera around to show me their natural environment. It was another way of getting into the intimacy of the participant, without physically being there. I believe that Skype video can be a very powerful tool for qualitative interviews and I will definitely consider its use in the future. There might also be a preconception about the ‘elderly’ not being comfortable with technology, but I also found out that most of

them are keen to learn and with a little patience, they engage really well with this new medium. One of my participants never used Skype video before and I was the first person ever with whom she talked on Skype. I could sense her excitement and I learned that she even posted something about her experience on the charity's forum.

As far as possible, I tried to conduct face-to-face interviews in the houses of the participants. However on a few cases, interviews were conducted at the location that was chosen by the respondent. One interview was conducted in a pub, one in a museum café, and one in a bookshop café. I realised that given the age range of the participants, some of them might be reticent to have a 'stranger' in their house so when I initiate contact with them, I did not impose that the interview needed to take place in their houses. I gave them the option to choose the place of interview – a place where *they* would feel comfortable. This approach concurs with the perspective shared by many qualitative researchers that “the interviewer must be flexible and willing to adapt him or herself to the preferences of the participant” (Herzog 2005, p.27). Locations were selected in mutual consultation whereby participants were told to choose a place where recordings could be made without too much ambient sound. When on location, both parties looked for a quiet spot so as not to be disturbed during the interview.

I also realised that a qualitative approach to research allows for a much deeper immersion of the researcher in the social and cultural context. I had to attend charity activities to recruit participants, and also had to physically move to the participants' location of choice to conduct the interviews. The process of travelling to these places and observing the neighbourhood and the houses where respondents lived was a discovery in itself. This would not have been possible if for instance a quantitative approach was adopted using an online questionnaire survey data collection method. Most of the participants lived on their own, and the more I was immersing into the research, the more I started to think about how disconnected some elderly people are with respect to the younger age groups – as if we lived in parallel worlds. The

connections that I made through interviews and attendance to branch meetings were gratifying at both an emotional and intellectual level.

4. Findings

Section I: The social context of charity brand relationships

Introduction

Given the social constructionist philosophical foundation of this study and the interpretive approach used, it was important to gain deep insights on the social and cultural milieu of people living with arthritis in the UK, and more importantly, on how they relate to charities and other non-profit organisations, as well as the impact of these relationships in their lives. This first research objective was meant to immerse in the social and cultural context through the lives of three British women in their 40s, 60s and 80s respectively. In this section, a thick description of each life-story is firstly provided, where raw data has been reduced in the form of three life narratives. Names are fictitious to preserve anonymity of participants.

Jessica's story

Jessica is 40 years old and lives in Oxford. I got interested in finding more about her life-story, because when I met her, I felt she was passionate about activism and charity work and that she was representative of this breed of activists, who are always involved in defending a cause and supporting charity work. Throughout her lifetime, she has developed various types of relationships with various charities and other non-profit organisations, and her itinerary provides an interesting perspective of the cultural milieu in which she evolved and the issues she had to deal with as someone having non-mainstream views in the society she is living within. She currently works part-time for a charity and has worked for a leading national UK charity before (Oxfam) as a paid staff member. She is also directly involved with several charities and activist organisations, and also financially supports several

charities. The following is an account of her life-story which places emphasis on the relationships that she has developed with charities and other non-profit organisations, as well as on how her arthritic condition impacts her life and her involvement with these organisations.

Childhood charity brand relationships

Jessica was born in 1971 in London. Her father was a civil engineer and her mother was a nurse at that time. Her parents had planned to immigrate to Australia when they were married in 1968, but when the mother became pregnant with Jessica, they moved back to the UK. The main reason for moving back to the UK was because of the racism prevailing in Australia at that time. When her parents moved there, Aboriginal Australians had just been enfranchised, and there was a racist immigration policy prevailing where preference was given to white people from overseas. Her parents did not feel comfortable living in such an environment and decided to move back to the UK:

They lived there for four years and I think it was when my mother became pregnant, she just said, “I can’t bring my children up in a place like this, that tells them they’re better than other people. That’s wrong.”

Back in the UK, Jessica’s father carried on being a civil engineer but his specialty was public transport, transit networks and also roads. Her mother did not work since she was pregnant. Around two years later after the birth of Jessica’s sister, her parents decided to live in Hong-Kong. Jessica explains that her parents were wanderlusts and that the reason why her mother trained as a nurse was because she thought this would always allow her to travel the world. Her father got a position in civil engineering in Hong-Kong, since there was a need at that time in Southeast Asia for civil engineers – as a result of the economic boom in the region, governments were investing heavily in public infrastructure. Hence, Jessica spent her childhood in Hong-Kong and has good memories of that period of her life:

It was idyllic in many ways. It was beautiful, it was warm, it was sunny, and we were privileged. We only needed the salary of one adult to support us all

in a nice lifestyle. We went to nice schools, we had friends, we were happy in lots of ways.

Jessica's parents had their own set of beliefs and values which were to a certain extent transmitted to her since her early childhood. Her parents were not religious, being cynical about Christianity or any religion professing the need to believe in some kind of external agent. They described themselves as spiritual humanists at that time. Jessica recalls that although her parents never brought her to church, there was a sort of spiritual awareness transmitted to her since her early childhood. She also explains that since her childhood, her parents also made her aware of the inequality issues prevailing at that time:

Before they'd got married, they'd had some low-level involvement in the anti-Apartheid movement. So growing up in Hong Kong, it was something that my parents always made us aware of, all the time, and we were always aware that we lived in this privileged colonial class. Although we didn't have that political language for it, nonetheless, it was always there.

When she heard about apartheid in South Africa for the first time through a school project her friends were doing about Nelson Mandela, she discussed it with her parents and they explained to her why apartheid was wrong and that it needed to be abolished. Hence Jessica feels that since her childhood, she always had an awareness of social and political issues and the need to take action to change the world for the better: "so I guess I always had that awareness. It was always around me. It wasn't a totally foreign thing to engage with trying to change the world in some way." Jessica's mother was also always involved in several forms of charity work during her childhood. When they moved to Hong-Kong, her mother worked part-time as a nurse, but also trained as a listening counsellor with the Samaritans. When in Hong-Kong, her parents fostered a Chinese baby girl and later adopted a Korean boy. They were therefore a family of three children – Jessica, her sister and her adopted brother. Her mother subsequently stopped working as a nurse, but was always involved in some form of charity work and continued her involvement as a Samaritans listener. She was also involved as a voluntary nurse in the "Walled City" project initiated by an English nurse called Jackie Pullinger, whose objective was to provide support and health advice to women and children living in the Kowloon Walled City area; a very densely populated deprived and dangerous urban area which was considered as a no-

go for foreigners since it was controlled by the Triads mafia at that time. Later, when there were many Vietnamese refugees coming into Hong Kong, she did reading clubs with children in refugee camps. Jessica thinks of her mother as someone who has always been involved in voluntary social action in some way.

Jessica's personal formal relationship with charities started when she joined the Girl Guides, as well as several private leisure clubs through her parents' membership. The Girl Guides was an organisation to which all her friends were joining in the private school she attended as a way to be involved in extra-curricular activities and so she followed the crowd. However, she remembers that her mother expressed a lot of reservations about her joining the Girl Guides, but since she felt that it was the only opportunity available to be involved in extra-curricular activities, she allowed her to be involved with them:

She expressed a lot of reservation because she felt it was too establishment. You know, you sing the National Anthem all the time and it's all about rules and regulations. The whole Scouting movement and the Girl Guide movement are kind of pseudo-militaristic in some ways. Without using that language, she let me know that if there had been an alternative, she would have suggested that.

Jessica spent several years within the Girl Guides and attended the weekly meetings regularly, but she says that towards the end, "natural rebellion got the better of me and I ended up deciding to leave. You leave at a certain age and I left early because I didn't like having to wear a uniform all the time and singing the National Anthem." Through her parents, Jessica was also a member of various private clubs which were more part of the lifestyle of the privileged class:

In Hong Kong, it's a normal part of life – there are public swimming pools but then there are also private members' clubs. They're like the American concept of country clubs but it's slightly different culture. There are restaurants there and tennis courts and swimming pools and things like that. We were just members of those things.

Teenage charity brand relationships

In 1982, the family came back to the UK and settled in London again. Jessica was eleven years old at that time. She had already done a term in a mixed gender high school in Hong-Kong and in January 1983, she started her new all-girls private high school in London. Jessica explains that the fact that she attended a private school made her aware that even when back in the UK, she was still among the privileged class of society, and that this has had an impact on her outlook on life and on her engagement in charitable causes:

I think it's quite important in my story for this reason. I have a very strong awareness of privilege and fortune and I haven't earned all the rewards that life's given me. A lot of it is to do with my birth, and to do with luck, and to do with the fact that my parents sent me to a private school. I have a very heavy social conscience and they're connected in the sense that I have a really strong feeling that I've got privilege that I was given and I have to give it away or I have to give back in some way. There's a loop, really, between privilege and social action for me. It's about conscience as well as consciousness.

Although she went to a private school, her school had a slightly broader and more diverse social mix than other typical private schools, mainly due to the fact that there were scholarships that allowed girls from lower income families to come to the school. The school held charity status, which allowed different rules around financial reporting and tax benefits. It was set up in the Middle Ages by merchants who wanted their girls to be educated so they could not only help in the business of the father, but also keep the business running within the family:

The guildsmen decided – and it was quite visionary at the time – they decide they needed to educate their daughters. Because it was no good just educating their sons. They'd educated their sons and their sons would go and set up their own businesses. If they wanted someone to work in their business, they needed educated daughters who, because of the culture, would be expected to stay at home but if they were educated, they would actually be useful to the businesses.

The first year in her new school was not very easy for her. Attending an all-girls school was a relief for her because she did not like going to the mixed high school: “I didn't like the big boys. I thought they were horrible so I was really glad.” However

she encountered a cultural shock and got bullied at school, because of the fact that she was different from the mainstream in a certain way:

It was also a horrible shock because I didn't understand the culture. I didn't know the names of any pop singers and for me, it's always important to belong and my internal security is validated by being part of understanding the culture around me and seeing where I fit into it. It might be a minority part of it but at least I understand my place. I had no place. I didn't understand anything...I got picked on a lot because I said things that were kind of – obviously made me seem naive or not understand.

Jessica emphasized the need she has to belong to a group, as it is something that is very important for her personally; but she found it difficult to fit into the mainstream group of girls at school. The first friend she made was “another misfit” like her and they are still best friends thirty years on. What she had in common with this other girl was the fact that they were both being teased because of their uniforms:

Because I was new and because my mother was new, she wanted me to wear exactly the right school uniform. My school uniform was new...I had my skirt the correct length and the correct colour of tights and I had sensible shoes and a sensible haircut...I met Catherine and her mother also made her wear everything absolutely according to the rules, and we both got teased for it, really badly, by these girls who used to make their skirts shorter by turning them up at the top...They just bent the rules and we got mercilessly teased and that was partly how we became friends. We just stuck together. We stuck together and decided to take pride in doing things our way but it took us a while to work out what was our way – a few years – but still we stuck together.

Hence instead of blending with the crowd, Jessica decided to take pride in doing things her own way. She also thinks that there was a culture prevailing in the school that could have also contributed to forging an attitude of not being afraid to state her opinions and live according to her beliefs and values, even if these were non-mainstream:

Another thing that's different about the culture of private schools that I've discussed with friends since, who are friends who went to state schools, is that I think in private schools, you get this – there's this culture of belief that you are capable of great things. You are capable of passing exams. You're capable of doing things that you set out to do. And if you aren't good at everything – I was no good at science and I was no good at sport – but they helped me find the thing I was good at which was English Literature and writing. Friends of mine who went to state school say they can see a

difference. Friends like me who were at private schools, they say we have a base-level of confidence in terms of not necessarily personal confidence but our belief that we have a right to be in the world and take action. We have a right to state our opinions. We have more belief and more confidence in that way. I suspect that might well be true. It's a bit of a broad generalisation but I suspect it's possibly true. But of course, whether that's because of the school or because we were already privileged and middle class and that's the culture of being privileged – that's part of the benefit of being privileged and middle class, I don't know.

Being a “misfit” at school, Jessica felt the need to look for a community with people she could feel a connection with. She acknowledged the fact that she was not like everyone and thought that there should be other outsiders like her. Her urge for belonging to a community, as well as her interest in spiritual exploration, caused her to join an evangelical church, but she quickly realised that the teachings were not compatible with her values: “I got fed up with being told what to believe all the time.” She left the evangelical church, but in order to sing in a choir continued attending a less evangelical, more traditional church. At the same time, she was also exploring Pagan spirituality and felt more attracted with the Pagan beliefs: “it's about the spirit in the earth and all of those things.”

At the age of thirteen, she decided to join the Campaign for Nuclear Disarmament (CND) because she felt that nuclear weapons were wrong. She paid her subscription as a member and started by going on marches and demonstrations. She soon met other young people in her local area and they started a regular group. When she was sixteen, she started go to a women's peace camp set up near an airbase in Berkshire during the school holidays. Her mother was supportive of her engagement and it was her mother that carried her friends and herself to the peace camps. She continued her engagement with the CND and helped to set up a Youth CND group in her area. She regarded the Youth CND as part of the radical edge of the organisation, where there was more emphasis on direct radical actions. Jessica enjoyed being involved at the radical edge of the organisation at that time. She wanted to be among those taking direct actions to sensitize the public about their cause:

We campaigned to raise awareness about the way that trains were being used to transport nuclear waste through suburbs of London. We went to the local

train stations in the mornings at peak times and would lie in front of the station so that people would have to step over you to get on the trains... We could take radical action but we could also learn to be quite articulate in a way that would allow us to engage with and speak to the mainstream, and also speak to our parents and other people about it. It wasn't like being Earth First or some kind of really radical direct action group that doesn't engage with the mainstream.

When she was in her final year at school, she got ill for six months and as a result, she had to repeat her year. During that last year, instead of going to the library in the afternoon, she found it more interesting and productive to use this time to be involved in charity work. She volunteered for a charity called War on Want which was campaigning to change the way aid was donated to the developing world. The charity also campaigned to raise awareness of famine; not just the existence of famine but why it happened because of the mal-distribution of resources. Jessica would go regularly to the head-office of the charity to volunteer and help out in minor administrative activities, like stuffing envelopes and sorting the mail. Though these were minor activities, Jessica felt drawn to the mission of the charity which had a different voice in development aid world at that time. It was militating against "the whole kind of patronising, imperialistic, colonialist sort of let's give the poor people in other countries, let's not just give them money but tell them how they have to spend it."

She also volunteered at an evening night shelter at St Booth's church. She felt emotionally engaged with the issue of homelessness and the general public's attitudes about it at that time. She was appalled by the way people were talking about the homeless and felt revolted by their attitudes: "the way people spoke about them as scum and a waste of space. I just felt it was inhumane so again, I was emotionally drawn to do that." She decided to volunteer at an evening drop-in for homeless people. She helped in various tasks like mopping the floor, making sandwiches, handing out the soup, and chatting to guys who came in. She also at times did the "bread run" which consisted of going round all the city bread shops and delicatessens at the end of the day, and collect all the sandwiches and bread that they had not used.

The idea of being actively involved at grassroots level was something very appealing to Jessica: “It was challenging, questioning the status quo, supporting grassroots action and that kind of thing.” For Jessica there is a distinction between volunteering and activism, though sometimes the two can be intermingled. She relates her involvement with the radical lesbian feminist magazine *Shocking Pink* as a form of activism: “I put in volunteer work on my application for university but in reality, it was activism. I think sometimes there’s not much dividing line but this time there was.” The magazine was run by a collective of lesbian teenagers in a squat in Brixton. It was outspoken, satirical, feminist and anti-capitalist. Jessica remembers the reaction of one of her female teachers who was helping her with her university application and who wanted to see a copy of the magazine to get an idea of the kind of volunteer work she was doing: “She was quite cool. She was very cool and when I brought her a copy, she just laughed and laughed. She said, ‘This is brilliant. Can I keep it? I’ll never tell anyone where I got it.’ So I let her keep it.”

Jessica thinks that her involvement with this group was also motivated by the fact that she was exploring her sexuality: “with *Shocking Pink*, that whole time, I was exploring my sexuality. That’s such a clichéd thing to say but at that time, I was realising that I was attracted to other women and I cannot remember how I heard about *Shocking Pink*, but I just got involved with that.”

Jessica explains that during that period of her life, her motives for engaging with charities and activist groups were mostly based on emotional, rather than rational feelings. The causes that she chose to support were related more to what she felt emotionally about the issue, rather than making objective judgments.

It’s emotional, really. Just a feeling that this is wrong...It’s slightly inarticulate and not very thought through. It was kind of like I trusted other people to do the thinking through. I’d read about it and agree with it but the initial attraction to the cause was emotional...So although I didn’t really understand it, I kind of emotionally picked up – identified with the need to raise those issues and then went and supported them. A little bit naive, I admit that, but then I was only 16, 17, 18 at the time.

Jessica’s choice of study at university would have to a certain extent an impact on her involvement with volunteering and activism. The orientation given by her school

influenced her university and study choice. She initially wanted to undertake a degree in social work, but her teacher advised her that it was not a degree profession. She then suggested her interest in studying journalism in a polytechnic university, but she was told by her “snobbish school” that she “should go to a proper university”. Her teacher suggested that she studied English because not only was she very good at it, but also because of her personality:

The thing is, you're someone who could be really easily distracted by the other things going on in your life and the outside world. If you do something you're already good at, you will still get a degree of some quality, whereas if you do something that's really a struggle and you get distracted by other things, you might fail.

Following this advice, Jessica went to study English at Glasgow University. She felt that she did not have to do a lot of work to pass and hence she could devote a lot of time in charity work and activism. Jessica got involved in campaigning against nuclear weapons in Scotland and other peace campaigning. The first Gulf war happened during that time and she did lots of campaigning around that. She also volunteered with a small women's arts project that later became the Glasgow Women's Library and now an established women's cultural organisation in Glasgow. She was also involved in education around AIDS awareness with young people.

While she was still at university, Jessica was diagnosed with arthritis. At first, she was not aware that she had rheumatoid arthritis. She was having frequent pain in her knee joints and the weather in Glasgow did not help much. However this did not attenuate her involvement in peace demonstrations, and it got to a point where Jessica's knees became notorious in the peace community in Glasgow. If anybody was organising a demonstration and they wanted to know if it was going to rain, they would just ask Jessica! Jessica would be able to say, “It's a good day for a demonstration, but I should warn you it might rain. My knees are hurting.” She was absolutely spot on, every single time; never failed. But she didn't think this was weird. She just thought it was the price you pay for your fighting for the cause. The pain dragged on, but she did not think much about it and continued. She was so busy

doing things outside college that at the same time, she started to realise that she was not studying enough.

Adult charity brand relationships

For her 21st birthday, she went on a boat trip with her parents in Hong-Kong along with her dad's new work colleague friend and suddenly, she could not move. She was in so much pain and she could not move. She could not stop making a noise and she just was crying and screaming. Of course, her poor parents were so embarrassed because this was her father's new work colleague friend and you have to show face and so on, but there was nothing she could do about it. Her mother being a nurse put her on a painkiller regime and the pain reduced for a week. Back in Glasgow after her holidays, she found out that she had failed her exams; this was not a surprise to her, so she went to get a job in a department store. After about three weeks in the department store, she could not keep the job anymore because she could not stand up for long periods of time. She went to the GP and she asked for some homeopathic remedies, but the GP refused to give her such treatment because he thought that she had rheumatoid arthritis and homeopathic remedy was not appropriate. She walked out of the GP surgery and the result of this was that it took her another three months with something that was so obvious, that when she finally walked into the hospital's outpatients department, they diagnosed her without a blood test, just on sight. This was an emotional shock to her. She spent two weeks crying. She felt lost: "I couldn't work out what was wrong. There was nothing wrong with my life. I'm happy, my relationships are good. And then I realised what it was. That was another milestone of that I had this thing." Her mother brought her to Hong-Kong because she could not take care of herself. In Hong-Kong despite being ill, Jessica volunteered with Amnesty International. She ran a youth project where she set up a writing competition and she went to English classes in Chinese schools and talked to teenagers about how the Brazilian government, for the Rio Earth Summit, had cleared all the street children off the streets of Rio and just dumped them in ghettos in shanty towns. She was also involved in a regular monthly poetry night and it was

how she met a guy whom she started to date and who will later become her husband. A year later she came back to Glasgow. There was at that point a lot of disability rights activism in the UK. Just at the point when the medics were saying to me, “You’ve got this chronic, progressive disease and you’ll have it all your life,” it was really depressing. But at the same time, there were lots of pictures in the paper of protests – disabled people in wheelchairs, chaining themselves to buses in a protest at in accessibility. Jessica thought that this was actually really quite a powerful thing. Just at the point where she was getting a hopeless message, she was also being shown pictures of a new kind of power that she could find in herself. When she saw a leaflet of The Healthcare Charity at the hospital, she called the charity and they put her in touch with a lady in Edinburgh:

She was young. She was in her 30s...They put me in touch with this lovely lady in Edinburgh and she was doing the training or she was organising the training for young people to go to. She was just great. Everybody was just great. The people in the office were helpful but I don’t remember them especially, but they were helpful. And then after that, everyone I met through the training and everything was incredible. Powerful, encouraging, brilliant....They made it seem like it was completely normal to be strong and active – and I don’t just mean active as in you can go walking and be physically active. I mean active as in passionately engaged with rights and empowerment and so on. They made that seem very normal but also very exciting.

This message was very appealing to Jessica. She was within a group that was not only supporting her with her condition, but who was also concerned with fighting the injustice faced by people with disabilities. She felt that people with chronic illnesses were sometimes even worse off than people with disabilities:

Disabilities, kind of it happens once and then the rest of your life, whereas a chronic illness that fluctuates, it’s a lot harder for policy makers to understand, for friends to understand, for everyone. It’s ongoing and sometimes it’s better and sometimes worse.

Jessica felt there was a kind of fight and she wanted to be in it. The fight, it was like an on-going fight on a daily basis. She knew that she also had to live with this condition for the rest of her life; however she knew she was not alone. She found The Healthcare Charity really supportive. She thought that the charity at that time was really innovative and exciting. They were promoting notions like patient

empowerment, user involvement, self-help or peer support; concepts which were not usually discussed in the healthcare charity sector at that time. She found that inspiring. She found the charity really hip, modern, exciting, innovative, and creative. Moreover, Jessica felt that she now had “a gang that I could be in. Something made me different from everybody else and now I had a gang I could be in. That was very important to me.” The notion of being part of a community – a gang – is further illustrated for the following drawing produced by Jessica:

Figure 4. Jessica’s perceived relationship with charity brand



In here, in the centre, there’s a flower with a halo. They’re the colours of life and warmth. In here, in the centre, there are two things. There’s a feeling of being closed up. If someone else is hugging you because you need a hug and you’re all closed up but at the same time, it’s also about being in tight-knit group. And then, this idea of this flower is like, the idea that I want to get across is the idea of a rose where the petals overlap. It’s going outwards from the centre but each layer of petals is overlapping the others, so it’s not just one simple – it’s not like a daisy where it’s one, simple radial pattern but you’ve got layers and layers and layers and layers going outwards. A dahlia or something like that. It’s incredibly beautiful. It’s incredibly sumptuous and luxurious to be in the centre, held in the centre of this thing. But at the same time as being held in the centre, you’re one of the holders. So everyone is held and then there’s a halo, radiating warmth and coming out from this group. Those are the ideas I’m trying to express. It’s a beautiful, loving thing, and this idea of being held, as well... You are all one. You’re all connected with each other. But of course, what I haven’t drawn is the whole ecosystem that this flower is a part of. It’s party of a plant, which is part of a garden, which is part of a neighbourhood, which is part of a region, which is part of a zone.

Jessica soon got actively involved with the charity. She set up a support group in Glasgow which reinforced even more her need for being part of a gang:

We were there for each other on the phone or somebody new who had just been diagnosed could call The Healthcare Charity in London and they would be given my

phone number and we could talk to each other. That kind of thing. It was a powerful feeling of inclusion, especially when you've just started to feel that maybe you are excluded from society.

The youth support group was important for young people living with arthritis like her. She did not want to join a local branch which was frequented by older people:

The branches were for older people. There was a branch in Glasgow and I didn't want to join because I felt really like, "What am I going to do? Go there and knit? No way." I was 21. I didn't want to knit things. I wanted to campaign. "I don't want to hang out with old people."

She also wanted people to understand that arthritis was not just an old person's disease: "there was the feeling that if you have an old person's disease, you might get forgotten like the old people." She believed that the youth support group was important, because young people have so many other issues that are really relevant to them. For example, a lot of drugs that were prescribed made it very difficult to have children and there were so many women in their 30s who were being prescribed these drugs. Young women had to make a decision of whether they would take these drugs or not given the consequences. Moreover, Young The Healthcare Charity was involved in supporting a campaign for people with disabilities to receive individual payments if they wanted them.

When she graduated from university, Jessica started to look for a job in Glasgow, but due to the recession, it was hard for her to find an adequate job in Scotland. There was a hard-hitting recession and for someone with disabilities and chronic sickness, it was even more difficult to find a job. She was put on Sickness Benefit and she decided to volunteer for a women's library in Glasgow. During that period, she got the visit of a guy she was dating in Hong-Kong with whom she had kept in touch by mail. She realised she was missing him a lot and they decided that they would get married that summer. Since he was working in Hong-Kong, they made an agreement that whoever was earning the least by June 1st would move to the other's country. Jessica realised by the end of April that there was no way she was going to get a job

earning enough, so she decided to go to Hong-Kong and they got married over there in August 1995. Jessica's American husband, born in Hong-Kong, was a freelance photographer at the time and was also managing a bar at the fringe arts venue: "It was an arts venue that did fringe events and fringe theatre and he managed the bar because it was a charity. That was how it got its income to subsidise alternative arts." It took Jessica a while after she got married to get a job. Her first job was within a public relations agency. This was an awful experience for her. It was an awful experience for two reasons: the first one was that she was not comfortable with the nature of the job: "I had to get magazines to write articles about how amazing IKEA was. They were my really big client, IKEA and I couldn't find any passion for that at all." The other reason was that she felt her boss was being horrible to her:

She kept telling me my hair looked awful, that I was dressed wrong. She had some kind of weird power thing and she was – we just didn't get on and then she tried to sack me for no good reason and didn't give me my full salary so I took her to tribunal and got her to pay up. That was quite good.

After that awful experience, she went to work for some trade magazines for human resources and then went to work for a Pan-Asia magazine about adventure travel. While there, she also had the opportunity to work on a few stories about controversial environmental issues in Asia that had an effect on tourism, which she enjoyed a lot. She also continued her involvement with a charity called Hong Kong Youth Arts, where she would do poetry workshops with kids in schools in their English classes. She would encourage them to write their own poetry and perform. She also used the experience within The Healthcare Charity to help young people set up sexual health peer support groups. After four years of living in Hong-Kong, Jessica felt the need to move on. She was adventurous and it was clear for her that she wanted to live in a place where she could be part of grassroots community action. After discussing various options with her husband, they finally decided to move back to the UK. One of the first things she did when back to UK was to call The Healthcare Charity to inquire about her support group in Glasgow. She was shocked to hear that the group did not exist anymore and that there were only mixed-aged groups now. Jessica felt that the charity with whom she felt strong bonds of loyalty with had let her down:

My hope had been there that it would be there for me when I needed it again and it had vanished. I felt like, “You let me down. You were my friend and now you’ve just kind of – I’m not important to you anymore.” A friend who you thought you were their best friend but you’re not their best friend anymore and you think, “Why?” It wasn’t, “What did I do?” It was, “Why have you dumped me?”

She considered that she was part of a gang that shared values of loyalty, but realised that the feelings were not mutual. She felt betrayed:

I felt really betrayed and I went and joined the National Rheumatoid Arthritis Society, which was just setting up at that time. I joined that instead.

She has since never been actively involved with The Healthcare Charity again, though she says that with time, the betrayal feeling had vanished, and now she feels more of a disappointment. There was also no proper explanation given to her about why the young support group did not exist anymore:

They just said, “Oh, we had a reorganisation.” It was that kind of language. Which, you know, I work in the voluntary sector. I understand that language but it wasn’t acceptable.

At that time, this separation had a strong impact on Jessica. The following drawing made by her sheds more light on how she felt at that time.

Figure 5. Jessica’s feelings of separation from charity brand



Jessica explains that the woman in the corner is feeling upset and alone. The graphic on the left illustrates sadness, but also something she contributed to build which fell apart, broken:

Yes, I think there's something about broken in there, yes. And those colours. It's not as simple as anger. It's not that simple. It's kind of upset but it's a kind of pissed off upset, not a guilt upset. It's not a defeated sadness. It's a pissed off, empowered sadness.

Though she joined the National Rheumatoid Arthritis Society which was just set up by people with rheumatoid arthritis for people with rheumatoid arthritis, she was still somewhat feeling a bit lost. She missed her Young The Healthcare Charity Support Group. She missed the friendship network, the friendship bond that one gets from being a small group of young people who meet regularly and who could share their personal feelings with mutual understanding:

Having a friendship network with someone else who knows exactly what you mean when you go, "Well he keeps talking to me about this drug and I don't want to take it and I don't know what to say to him," then it's like your friend is saying, "Yes, I know what that feels like. It's really horrible, isn't it?" It's a potentially – for some people, it's what they need and I think that's missing if you don't have those groups. And I miss that. I miss it now.

Jessica continued with her life in London. She was once encouraged by the hospital she attended in South London to participate in a Patient Empowerment Programme run through the NHS, but she said that it was something that she done years ago with The Healthcare Charity and she thought: "through all those years, they were the forerunners and now everybody's doing it. It's mainstreamed into the NHS and that's fantastic, really fantastic." Jessica continued to be a member of the National Rheumatoid Arthritis Society and lived for several years with her husband in London. After five years, the couple would split up and Jessica would move to Oxford where she still lives at present.

Jessica moved to Oxford in January 2007 having been offered a job with Oxfam. She had already been working on a project with Oxfam in London about promoting the voices of people living on low incomes around the UK to the government, and informing the government of their views on a variety of government policies. Another job opening came up in Oxford with Oxfam and she decided to move there. She had always wanted to live in an intentional community since such was a

teenager and a year later she got the opportunity to join one that was exactly what she was looking for.”

Jessica has been living in Oxford since then. She currently works on a part-time basis for a research charity in London, where she is mostly involved with training and communication. She lives within her intentional community which is a small group of five persons living in a suburban house, but which forms part of a network of radical environmental activist communities all around Britain. The principle of intentional community living is “to live together in equality, to control our own living situation so we don’t have a landlord who can change the rent at any time.” Being part of such a community, Jessica lives in a way that is environmentally sustainable, such as living on low incomes, having low consumption habits, eating a vegan diet and producing minimum waste. They share the vision where everybody would live equally with total control over their own housing. Jessica feels strongly a part of this community now: “I feel really strongly a part of that. That’s a lot about who I am, really.” Jessica also supports financially various charities without being involved with them. She has a monthly direct debit donation to Action for Street Kids, and also supports financially a local social centre which is set up on non-hierarchical organising principles, and is completely supported by members of the community through monthly donations to pay the rent. She also pays an annual membership fee to the Permaculture Association of Britain.

Jessica feels that charities therefore may face similar issues as for-profit companies and are sometimes managed like commercial enterprises. Hence she condemns the naïve perception that most people have about charities as being “lovely and nice” internally. Through the experience of dealing with charity brands, Jessica believes that when an organisation calls itself a charity or is legally registered as a charity, that does not necessarily imply that such an organisation is operating according to the ethos expected within that sector internally:

I just that I think that it’s really, really important to realise that it’s not – that it’s sector with a very wide variety of organisations in it and some are really,

really cutthroat businesses that deal with their staff in a really awful way and are quite single-minded. Others are really lovely, fluffy, gentle, community-minded organisations. Being a registered charity does not dictate the culture of your organisation and that's a misunderstanding amongst the general public, I think, that all charities share this lovely culture of niceness. And it's a very naive misunderstanding, but it's really not the case.

She personally knows many people who work for charity brands and who are not members of trade unions, because of the myth of loveliness and democracy around charities: "I work for a charity. They'll always be nice to me." Jessica has personally known charity employees suffer from management practices within charities that she felt were incompatible with the charity's values. She mentions when she was a union representative during the time when Oxfam was undertaking a major restructuring. Employees had to deal with a stressful situation and were having issues with management: "I was a union rep so I had a lot of people coming to me, going, "Ah, what are we going to do? The management won't listen."

Jessica has both a realistic and critical perspective of charity brands. While not being a part of the traditional charity culture, but more of the radical environmentalist culture, she does not have any problem building relationships and collaborating with charity brands: "We're not part of that culture. That doesn't mean that we can't work with organisations that are – and we do – but we're part of a culture that's much more about fluidity and flow." However she stresses the fact that charity brands need to adhere to their core values both in internal and external operations. She also acknowledges the importance of branding in the charity sector and expresses a reality faced by many people nowadays in terms of charity brand choice:

You know, you might want to go with Shelter but not with Crisis, or with Crisis but not with Broadway, or with Broadway but not with Thames Reach. There are all those sorts of things like that. That's something that charities should consider, too.

Jessica is still very involved in activism and volunteering, but due to her medical condition, there are certain activities that she cannot do anymore: "the constant issue for me that I can't go out and do all the protesting that I want to do. I have to do the

other kind. The support act. The legal advice. The writing the letters, etc.” She is currently involved with “something which brings together permaculture, activism and earth spirituality.” She is also involved in a community campaign, which she set up a few years ago to end violence against women, and works closely with the Oxford Sexual Abuse and Rape Crisis Centre to organise workshops, and also the Oxford “Reclaim the Marches” annual night march. She is also involved in a campaign to mobilise mass action with the aim of preventing the government from replacing the Trident nuclear weapons system when its life is over. Jessica does not separate her engagement with her life. It is life:

It is my life. It’s where I find my friendships – not exclusively – but I make friends, camaraderie, sense of purpose, sense of belonging. It’s just what I do. I sense that I am making the world different and more the way I want it to be. That’s to do with how. The how of the organising, the way that we organise. That’s how I want to live in the world, is to relate to people in these ways... So it’s not like dividing your life between work and life. It is life.

Heather’s story

Heather is in her 60s and is a jovial lady from Yorkshire with reduced mobility. Throughout her life she has been involved with different charities. She grew up with charity values inculcated from the Christian ethos and since her teenage years, she has engaged with charity organisations. She has volunteered for small charities informally as well as holding formal positions within others. She volunteered for almost a decade as a telephone operator for Samaritans and spent a similar amount of time with Riding for the Disabled. Her life-story provides another perspective of charity relations, whereby her relationships with charities are affected by the deterioration of her medical condition.

Childhood charity brand relationships

Heather was born in Huddersfield, Yorkshire in 1946. She forms part of the baby boom generation. Her father was a draughtsman and her mother was a hairdresser, but stopped working when she got married. She was the youngest of a family of three children, with herself and her twin brother and sister who were eight years older than her. Her parents were practicing Roman Catholics and the family would go to church every week. While not being overly religious, her parents were involved with the church and were involved in charity work through the church:

My mum and dad were always involved in doing things through the church for other people... They were very much of a generation – Catholics, at that time, very much looked after their own. That’s not the right phrase because my dad was involved in a Catholic housing charity and they didn’t restrict themselves to Catholics, but I think the things they got involved in were really through the church.

Heather felt that she was inculcated with the charity ethos since her childhood through her parents: “I had been brought up with that ethos that you help other people who are less fortunate than yourself.” Heather has good memories of the charity Flag Days during her childhood. These would usually be held on Saturdays and there would be representatives of the charity on Saturdays in town to raise funds and sensitize about issues. It was a normal feature of a Saturday out in town. The tradition during those days was to give a little flag to each person who had contributed, to show that s/he had donated so nobody would ask her again. She also remembers the poppies for Remembrance Day and there was a time when there were both red and white poppies, with the latter signifying non-violence: “red poppies commemorate the people who died and the white poppies were meant to commemorate a plea for non-violence and an end to wars and that sort of thing and I would always buy a white poppy along with the red one. But you don’t see many of those about now.” She says that there are still Flag Days nowadays, but not as many as during her childhood.

Teenage charity brand relationships

When she completed primary school, her parents wanted her to attend a Roman Catholic School secondary school; however as there were not any in her hometown, she used to travel forty minutes by bus to Bradford to attend her secondary school. This seemed normal to her since all Roman Catholic students from her town going to this college, did the same thing. She attended a direct-grant grammar school; a form of fee-paying school that received funds from the government in return for the admission of non-paying pupils nominated by the local authority. The school was run by nuns, although there were also a lot of lay teachers. Most of the staff were Roman Catholic, and there were no men. Quite a few members of staff were actually old girls of the school who went onto university and then came back again. Heather quite enjoyed her stay over there, though she got into trouble with the teachers quite a lot because she didn't always enjoy the subject taught and also due to other reasons, like doing her homework on the bus or just messing about in lessons. She was mostly attracted to the study of languages, especially Spanish. She had to study Latin first and when she reached the sixth form, she studied Spanish which she really enjoyed:

We also had two very inspiring Spanish teachers who arrived at that time. They were young and not like some of the others so I really got into Spanish and I really enjoyed it.

While at school, students were also encouraged to be involved in charity work and Heather thinks that this might have influenced her involvement with charities in the later years:

And when we were at school, we were encouraged, too. [...] It wasn't Children In Need but it was a similar kind of thing. And yes, you were encouraged just to do anything like that so I suppose I kind of drifted into it afterwards.

During her teenager years, Heather was part of the church youth club. She would be participating in the activities quite regularly. She has fond memories of the activities of the youth club:

Yes, it was fun. I enjoyed it [...] I think the idea was, it was where catholic girls and boys could meet catholic girls and boys so as we wouldn't end up marrying non-Catholic girls and boys. It was fun. There were all the pop records to dance to. Occasionally, there was a fight outside, like you get with youth clubs.

The youth club organised a lot of activities for the local catholic teenagers, including trips and fairs. It was a place for extra-curricular activities on Sunday evenings. At the age of fifteen, Heather was diagnosed with arthritis, but at that time, she was not very bothered with it and continued with her life; though at times, there were periods where she could not participate in certain activities: “at that time, there were periods when I could do stuff and periods when I could not. When I could, I did a lot of things and I enjoyed it.”

Heather stopped her involvement with the church youth club when she went to university in Leeds. She opted for a degree in Spanish. While at university, her first involvement in charity work was through the hall of residence she was living in. There was a scheme designed to visit elderly people in the locality once a week to give them some company. There was a girl running the scheme and when she asked Heather if she would be interested to volunteer, Heather agree to do so – not that she was enthusiastic about it, but she just could not say no to the invitation:

It was a small hall of residence and the girl who was running it, she basically asked anybody who didn't look totally self-centred and self-absorbed, if they would get involved. So I didn't like to say no. It wasn't that I wanted to do it [...] I think she asked a few of us. It might be that – I remember one or two of us being asked and I have a vague feeling that it was probably the people who were known to attend churches. Not necessarily Roman Catholic but Anglicans, Methodists – anyone who was probably defined as religious.

Heather was also a member of the Catholic Society at university. It was a small society in numbers which was based on campus, in a little terraced house with two rooms that were knocked through to make a chapel. There was a mass every day at lunchtime and on Sundays, and there were also meetings for various purposes. The Catholic Society itself met on a Sunday evening and there were other types of meetings like the medics used to have medical ethics meetings. It was within the Catholic Society that she met her husband.

Adult charity brand relationships

Heather got married aged 22 and started to teach Spanish, but after three years, she had to stop working because she became pregnant. During that same period, her husband completed his studies and started to work as a lecturer, which “worked out well” for the couple. At first, she did not miss her job much but when her eldest son was about nine months old, Heather had reached a point where she could not just stay at home. She wanted to do something else other than housework and looking after the baby. However, she could not go to work because she had arthritis and by then, her condition was not that good. She nevertheless wanted to do something: “I just felt I wanted to do a bit of something useful to society.” She pondered for some time about that idea and remembered that her sister was involved with the Samaritans at some point; she decided to get involved as well. She took an introductory course, passed the tests and became a “telephone Samaritan”. Heather has very good memories of her time with the Samaritans, not only because of the nature of the work itself, but also because of the people working for the charity:

You felt you were doing something really worthwhile, really necessary. You were meeting people right on the edge and you were also working with some terrific people. Some really good, kind, unselfish people. It was a terrific experience [...] You really did mix with people. There were all sorts of classes, all sorts of religions, no religion. And the one thing we all had in common was the coming together to try to help people who were really in a crisis, and it just worked really well. You always get the odd one that isn't very unselfish in any organisation, but it did work very well. People would always stay on longer if necessary or come in early if necessary and help each other out. It was a great organisation.

That relationship with the Samaritans would last for fifteen years, until her arthritis condition would prevent her from volunteering properly. Firstly, she could not use the stairs properly to go to the first floor where she was based, and secondly, just handling the phones became difficult because her arthritis prevented her from holding the phones properly: “They did go onto headphones but I couldn't reach to get the headphones. In the end, I thought, “This is just getting ridiculous,” so I gave it up.” When she stopped working there, she continued to keep in contact with the

people she used to work with but, the relationship with the organisation faded as the people she knew personally left:

You tended to work in days and you got to know people on your day. So my day was Thursday and for a long time, the Thursday people would have an annual get together and have a meal. I was always invited and I went for a long time until it reached the point where the people who I knew had either died or left.

Heather is passionate about cricket. Her son played at school and very soon started playing in local teams. She would regularly attend the matches her son played and soon ended up writing cricket reports for the team her son played in the local papers. She felt that there were cricket reports for the other teams and there were none for the team her son was playing: “Our team were doing very well and nobody was telling anyone about it and I thought the lads who were putting all that effort in deserved a bit of recognition, so I got on with it. I enjoyed it.” It was an initiative she took on her own: “I just find myself getting involved wherever I go.” She now describes herself as “an absolute cricket fanatic.”

While attending the cricket matches her son was playing, she would usually walk around the pitch to get some exercise. However, when her son left the area, she could not do this routine walk anymore and decided to look for another form of physical activity. This is how she started to get involved with Riding for the Disabled, a charity set up to give an opportunity for people with disabilities to ride horses and ponies, hence providing a form of therapy, achievement and enjoyment to people with disabilities. The reason why she decided to join the RDA was that she was feeling that she was not exercising enough and the riding option provided by the charity appealed. She always knew that the charity existed, but she thought that it probably existed for children only. She thought about it for a year and finally decided to phone them to ask them: “so I rang up. I got the number of a local one and I rang up to see if they did adults as well, and they did, so I joined.” She joined the charity based on egoistic motives, but soon she got involved as a volunteer with the charity:

I got involved with the RDA, purely for exercise for myself. Like every organisation, once defined you can actually hold a pen and write a sentence,

you find you're on the committee. So that's when I got involved with helping them and I carried on riding.

The riding was scary at first, but she soon started to enjoy the scary aspect of it: "it's a great feeling to be controlling a huge animal and getting exercise. It's scary. I suppose it's a bit like the rides at the funfair. It's fun being scared." While being just a member using the services provided by the charity, she was soon asked if she would be interested to volunteer:

I think at first, they asked me if I'd be secretary and I said I couldn't take notes at meetings because I couldn't write fast enough to take notes. They said, "Oh don't worry, someone else will take notes. If you could just type them up and everything." So at different times, I've been secretary, charities officer, publicity officer, I got the website going, I put out the newsletter and I did collections. We did regular collections outside supermarkets and things so I got quite involved with them as well.

She stayed with the RDA for about ten years. As a volunteer, she felt extremely useful and worked hard though it could be frustrating at times because "you never have enough money to do all that you want to do, so there's always a question of how are you going to use the money that you've got." They were always faced with the dilemma of either having policies to reach broader audiences or concentrating on giving a better experience to those already with the charity.

She finally had to leave charity because her health condition did not allow her to ride anymore. She tried to maintain contact with the charity since they suggested that she stayed as a volunteer: "Oh well you can still be a member of the committee and doing all the things etc.," but she found it very difficult to maintain a relationship because she did not have this regular weekly contact when she was riding: "You're not involved and so it's far harder, especially things like newsletters. So I said after a while, "It's not working," and I gave it up." Her relationship with the charity was motivated by the weekly riding which provided her with a lot of gratification. That was the main thing that she missed when she left the charity; it was not so much about the people she knew there or the charity brand itself:

The other people that I was friendly with there, I wouldn't have called them friends. I would have called them colleagues that I got on very well with, but I didn't particularly mind leaving them. I didn't miss it all that much.

After leaving the RDA, Heather started to look on the Internet for "something else that I could get involved in where I might be of some use" and she came across The Healthcare Charity while browsing. The charity was not new to her since she used to be in touch with the charity when in her younger adult life. However, she was not very active in that group, and the relationship was limited to receiving a newsletter about once a year or something like that. During her younger adult life, Heather was not interested in engaging actively with any arthritis-related charity, because she did not want to be associated with arthritis: "I never wanted to be involved in an arthritis charity because for years and years, I just didn't want to define myself by the arthritis...the less I had to do with arthritis, the better." She says that her husband now is in a similar situation and has the same mind-set:

Now my husband has dodgy knees and a dodgy hip, but he wouldn't want to be described as having arthritis because he sees himself as being a sportsman, still. He goes out on the golf course. So I suppose what I'm saying is, he has some mild arthritis, so he probably falls into the category of those 10 million who have arthritis but he doesn't see himself that way and he doesn't want to see himself that way, so he wouldn't want anything to do with an arthritis charity, you know. He just sees himself as being okay with a bit of a dodgy knee.

When she came across The Healthcare Charity again through the net, Heather thought: "I've a lot of experience with arthritis. I might be able to help some people on the forums." Hence she started to get involved with the forum and she joined The Healthcare Charity as a member because she was using the forums everyday: "I was getting a lot out of it for myself as well. I thought I really ought to join the organisation." The relationship that she has with the charity is mainly through the forum. She receives a magazine from time to time, and the occasional correspondence about voting for new people being appointed on the charity's committee:

I had no idea what half the stuff meant. Certainly, the people that they were talking about for getting on the committee, they gave you little potted histories of them but I'd never heard of any of them. I did vote but I'd not really much idea what I was voting for.

Occasionally she has had other forms of interaction and collaboration; for instance, sometimes someone from the charity would ask her to be interviewed for the magazine or sometimes write a letter for the magazine, because they were a bit short of letters that month. She never got interested to join a local branch because of the perception she has about an The Healthcare Charity branch:

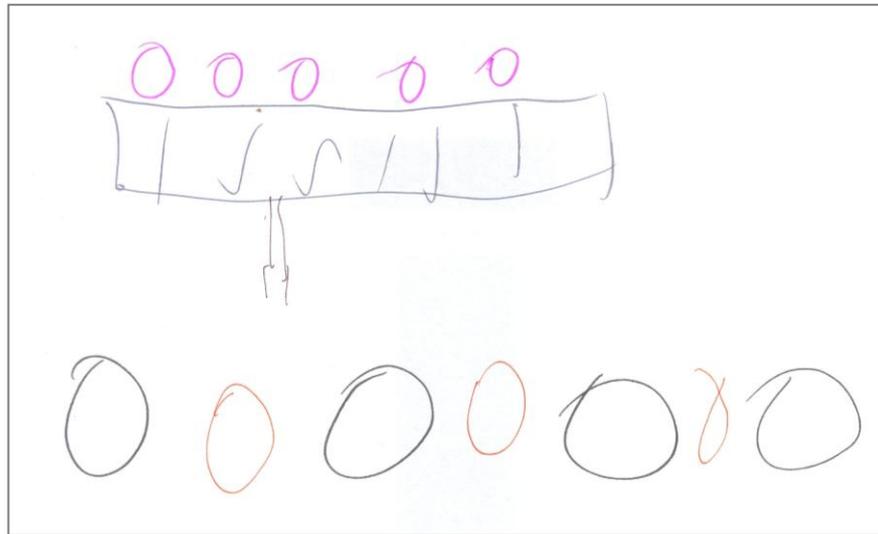
What perception do I have? Probably old people – maybe a bit older than me and probably sitting around, drinking cups of tea, maybe having talks which I wouldn't find interesting. I don't know. That's terrible, isn't it, to think of them like that when I've no idea what they do.

Heather is active on the charity's forum and helps people out with advice. Sometimes there are both young and old people coming on the forum looking for information, but they do not stay within the community (though older people tend to stay more). They are not much interested in associating themselves with the charity. She feels that the forum is a very important medium of communication which is not very well regarded by the charity. Apart from the young people coming there occasionally, there are some regulars who are at an elder age and who join mainly because they are feeling lonely at home. They are in a way dependent on the charity's forum to have some sort of social interaction. The forum is an outlet to overcome loneliness to them. Heather is willing to be more involved with the charity and help more, however she perceives the charity as being quite distant from people at grassroots level. She metaphorically describes the charity as a champagne socialist:

A champagne socialist is somebody who subscribes to socialism in that all men are equal but in actual fact, they drink their champagne with the people at the top. It's just a theory in their head and that's how I see them. They're hobnobbing with the people at the top but when it comes to the people that they're actually supposed to be helping, they're quite arrogant and ignorant of what's going on their own forum, their own commonplace.

Heather is mainly involved on the charity's forum hence her perception of the charity comes from her interaction through the forum. However, she feels that the charity seems to be out of focus and disconnected from the realities at grassroots level. This is further illustrated through a drawing generated by Heather during the interview:

Figure 6. Heather's perceived relationship with host charity



All these pink things at the top are the sort of top brass of the charity. The people in charge. This is a kind of a wall, this is a kind of little channel here and these are all the people on the forum. Some are very black and unhappy. I'm one of the red ones because I'm not black and unhappy. But there is a very narrow channel between the people in charge and the people on the forum and it's not very good and to me, that's where – the people on the forum are the arthritics that they are supposed to be helping but there seems to be no contact and they don't value the forum and I feel very strongly about this. I've told them this.

Heather explains she is willing and ready to be more involved with the charity, but they do not seem to value ideas from her and any other forum members and do not communicate much: “that's another aspect of their arrogance...there's no communication. There are people trying to communicate from the bottom but there's just this wall that you come up against as if they haven't got time for the little people.” Despite this stressed relationship situation, Heather continues to be involved on the forum because she gets a lot out of it herself.

Heather has been supporting financially several charities through regular donations and gift buying. She has been supporting for the past twenty years the Catholic Fund For Overseas Development (CAFOD). Heather recalls that when she decided to start giving donations, she researched to see if she could trust the charity and has continued supporting them since because “they're open about their accounts” and “they do keep up contact and they do tell you what they're doing, regularly.” The

other charity that she has been supporting for a long time is Send A Cow, a charity which started off “as a group of farmers in the Bath area and they decided to give some of their cows to somewhere in Africa.” She first got aware of the charity through a magazine and was attracted to the idea:

That was in a magazine or something like that, and it struck me as a good idea. At the very beginning, when these world gift things were starting, and it just struck me as a good idea and an interesting idea. A fun idea. For our 40th wedding anniversary my husband got me a cow. It’s different...

She has been supporting the charity for the past fifteen years and now the charity has expanded further: “The thing escalated from there to other animals, fruit trees, vegetables, things that they can sell. The families that receive the gifts have to, for example, if they get a cow, then the first calf that they get, they have to give that one away to someone else. So the charity propagates itself and that’s one that I give to.”

Heather also has a passion for poetry. She has entered a few competitions in the past organised by poetry societies, with her poems ending up in the anthology of the competition and sometimes won the odd prize. Sometimes these competitions were organised for charity and she remembers that when she was a charity officer for the RDA, she helped in organising one poetry competition. There are also poetry groups and societies who organise competitions annually in which she has participated in the past. She does not consider poetry societies as charities because they do not fit in her conception of what a charity stands for:

Well, I guess it has two meanings. I suppose, originally, I come to it from the Christian attitude. Something in the Bible that charity is – they often used the word charity in those days. Nowadays, people often use the translation – they would translate the same word as love. In those days, they often translated it as charity. And it was something that one should have and one should practice. Nowadays, charity is an organisation that gets money in order to help other people and the bona fide ones are all registered with the charity commission.

Heather has been in long relationships with various charity brands at different points in her life. Heather’s relationship with the Roman Catholic Church is the most

enduring one and she is still involved with church activities. She would normally never miss a Sunday mass in her parish church and on Wednesday afternoons, she takes part in a prayer group. However the totally exclusive relationship she had during her childhood and early adult life with the Roman Catholic Church has changed over the years:

I am still a Roman Catholic but I'm not the sort of Roman Catholic that my parents were. For example, I have a son – one of my sons is an Anglican vicar. If my brother had have said he was going to be an Anglican, I think my mother would have – she just couldn't have coped with it. That would have been absolutely terrible, whereas I find the fact that I've got a son who is an Anglican vicar, it really broadens my outlook and it's really interesting for us. I call myself a Roman Catholic but I'm – to be honest, I think a lot of Roman Catholics would say I'm not a very good one. But that's okay, I can live with it.

When Heather would visit her son in Edinburgh, she will have Sunday mass in the Anglican church where her son would be holding office. When she is travelling abroad, she will first look for a Roman Catholic church to attend the mass, but if there is none available, she would have no problem attending an Anglican church.

Heather is currently 66 years old. Because of her physical condition, her involvement with charities is very limited these days, but is quite active on the charity's forum and it forms part of her daily routine:

I get up somewhere between 7 and 8 o'clock. The alarm goes off at 7 and then goes off at 8. I have to be up by the time it goes off, otherwise I'll fall asleep again. I have breakfast and usually, while I'm having my breakfast, I'll check out emails and have a look on The Healthcare Charity forum. Then, if I see anything straight away, I might deal with it then in either emails or on the forum. After that, I get my washing in and then go and do some exercises. I do exercises every day.

She still has a lot of problems with her communication with the charity, but she has renewed her membership again this year because: "I feel I owe it to AC as I use the forum a lot but they really need to get their act together." She does not feel any strong attachment with the charity. If The Healthcare Charity ceases to exist tomorrow, she would miss the friends she made on the forum, but she would not miss the charity much and would go on with her life. This attitude forms a part of

who she is as a native of Yorkshire: “I tend to look forward rather than backwards but I think all Yorkshire people do, we’re very Yorkshire.” She is very proud of her Yorkshire identity:

We see ourselves, which isn’t necessarily how other people see us, we see ourselves as being friendly, down to earth. We tell things as they are. We don’t dress things up in fancy ways. And we have the best cricket team. Even if the tables don’t show it, we still do. I think there’s a certain amount of defiance because people who don’t know Yorkshire, when they think of it, they think about the industry but actually, there is an awful lot of very beautiful countryside in Yorkshire, so we’re proud of that, as well.

She mentions the perceived divide existing between the North and the South in the country. She says it is sometimes a subject of banter with her friends from the South. She also mentions the perceived image that people from the South have about Yorkshire people: “They don’t spend money very easily. Not generous. Blunt to the point of rudeness. I don’t know, there used to be this image, certainly when I was growing up.” Heather is very protective of her Yorkshire identity and has always lived in Yorkshire, though she married “a Lancastrian.” Her two sons both live outside Yorkshire. Her eldest son lives in Los Angeles and has a cricket business and the other son is an Anglican vicar in Edinburgh. They have a child each. Her mobility is reduced now because of her arthritic condition. She currently lives with her husband in Huddersfield and says she is very lucky to have him: “I’m his charity now.”

Gina’s story

Gina forms part of the pre-war generation. She has always lived in London and her story provides another perspective of relationships with charities, as she never been married and has spent most of her life volunteering for the Air Cadets principally, and afterwards, for different types of organisations including The Healthcare Charity. At 81 years old with a mild form of arthritis, Gina is still very active in helping different charities in her locality; she is also a fundraiser for the Liberal

Democrats. She drives her own car and lives independently in her own apartment in the Kingston area of London. She considers herself as a people's person.

Childhood charity brand relationships

Gina was born in 1931 in Sussex. Her father was an army pilot and was killed during the Second World War when she was eight. Her mother trained as a nurse and a midwife, but when she married, she stopped working because in those days, a married woman could not work. However when her father died, she started to work in the local hospital and she looked after two children of the family: Gina the eldest and her son who was eight and a half years younger. Gina's parents were Anglicans but when her father passed away, her mother converted to Catholicism but she never forced her children to convert as well: "she was a very, what I would call, sensible lady. I mean we chatted about it because we used to sit and chat but she didn't put any pressure on me." She gave her children a Christian upbringing, but never imposed anything on them. Her mother would go to church on a regular basis if she was not nursing, and Gina would accompany her mother; but the latter never forced them to do so since her mind-set was: "You don't need to go into a church to pray." They did not overtly display their Christian faith and till this day Gina has followed her mother's example: "My mother, I would say was a Christian lady but she didn't shout it from the rooftops, if that's the right word to say. I would say I'm the same thing and so is my brother. We go quietly."

Gina and her brother never converted to Roman Catholicism, but she attended a Catholic Grammar school which she describes as very forward-looking in those days. For instance, if there was anything of a Roman Catholic nature, Anglican students would be informed in advance and they could choose to participate or not. Sometimes she would attend Roman Catholic service out of her own will, but there was never any pressure of any kind:

They were very good like that. They were very forward thinking then and that was years ago. I used to occasionally go into the school for a service if it was

something special but you weren't forced to. I think that was very good considering how long it was and the attitude of some people towards religion. I think the school was very forward thinking.

Her school was partly run by nuns and partly by teachers from outside. The nuns resided in the actual building next door to the school hall. The Catholic Church was straight across the road. It was ideal for everyone at the school, if they wished to go there but there was also a little chapel in the school as well. Gina was not particularly brilliant at school. She did not dislike school, but the annoying aspect of school for her, was that the older kids bullied the smaller ones. Hence with another boy of her age, she used to defend and protect the younger ones:

We used to watch these little ones and these bigger boys used to attack and strangely enough, the young boy and I used to look after them and we then became friends when we were older, when we'd left that school. It was very local.

Having a "Church of England upbringing" and attending Catholic school during her childhood allowed Gina to explore both sides of the Christian denominations. She remembers that at school there were regular discussion on different religions, which allowed her to broaden her perspective; she has remained since then quite broad-minded in terms of religion whilst keeping a Christian outlook.

Teenage charity brand relationships

During her teenage years, Gina spent most of her secondary education at the Sisters' School of Gumley, a convent grammar school partly run by nuns and partly by normal teachers. Gina's mother wanted her to also join the Girl Guides to have the opportunity to be involved in other extra-curricular activities outside school. She attended a Girl Guides meeting only once and told her mother she would not go anymore:

I can remember going home and telling my mother – I must have been 11 – and she said, "You've left the Guides?"

I said, "Yes."

She said, "You only joined last week."

I said, "Be that as it may, I find them a lot of silly little girls, running around in the hall there, and not doing very much. I want something different."

So I left. I was only there for two sessions. That was all. They met once a week on a Friday evening. My mother took me the first night and the second night, I went up there on the Friday evening on my bicycle and I told the Guide captain, "I'm sorry, I'm not coming anymore."

She said, "Why?"

I said, "Because I just think you're not doing the thing that I want to do," and with that, I left. And my mother was amazed.

Gina believes that she was maybe in a tomboy phase at this period in her life, and thus she did not feel comfortable within the Girl Guides: "I think I went through what I call a tomboy phase where I had to compete with a brother, I had to compete with everybody. I drove my mother a bit mad." Gina joined the Air Cadets instead. Every year on St. George's Day, there was a special activity at the school where everyone forming part of a youth organisation that involved wearing a uniform, were encouraged to wear their uniforms at school on that day. Gina remembers that when she saw three girls roaming around in their Air Cadets resplendent grey uniform, she became interested to know more about them:

"Where do you go? What do you do?"

"We belong to the Air Cadets in Heston."

I said, "Oh, really. Can anybody join?"

"As long as you're over 14, you can join."

I said to my mother, "Can I go and join the Air Cadets and see what it's like?"

She said, "Yes, of course you can."

Gina found the Air Cadets more in line with her personality: "I suppose it was a bit tomboyish but I thought it was lovely...I liked it from the moment I walked in." There was a meeting twice a week where the girls were given aviation courses and there were various activities such as camping and rambling. There was also the opportunity a few times a year to have flying sessions in the aircraft owned by the organisation. She joined the organisation in 1950 and would stay there for almost twenty years. She was also lucky to have joined a very good unit, which had a good name throughout the country:

The Air Cadets I was in had a good name throughout the country. They were known in the north of England and in the south of England you see, because they were so good. They were good. They were always well-dressed, behaved properly, did well in exams. If they went in for swimming competitions or anything like that, running about on tracks and all this sort of thing, they were good and they were well organised.

Gina's mother was also happy to see that Gina had found an organisation she felt comfortable with and which was developing her personality:

My mother would say to her friends, "My daughter has been in the Air Cadets for two years and you would never credit, she's making up for lost time. All this talking she does." It's quite true. I was quite quiet, which my brother could never understand.

She started as a junior Air Cadet and climbed up the hierarchy over the years to become a Regional Commandant – the highest position one could get apart from being in charge of the whole country. She has always said if she had ever been appointed Regional Commandant, she would not have stayed for more than five years, since she believed that everyone should have the opportunity to serve at that position: "You have to give other people a chance to do what you have been doing and I had the good fortune to have a very good time in the Air Cadets."

When she left secondary school, Gina wanted to have a career in aviation and was considering applying to become a flight attendant. However her mother was not approving that career choice: "my mother hated me taking my feet off the ground" but she would not impose anything on her. Gina's plan was to take a temporary job until she turned twenty-one, when she would then apply for a flight attendant position: "In those days, you couldn't do that until you were 21, anyway." She was offered a temporary job in the hospital her mother was already working at, to replace someone who was ill. In the end, she stayed in this job and abandoned the idea of becoming a flight attendant partly because of her mother's concerns: "In the end, I think partly for the sake of peace and knowing how she felt about me flying, I think was the start of me thinking, "Well perhaps I won't do the flying." Gina ended up having a career in the medical field, mostly as a secretary within the hospital's

Anaesthetic Department; later she worked in a similar position for an Orthopaedic Surgeon.

During those days, hospitals used to have open days or the nurses would have a day when they had a fayre. They would have events where they would run stalls on a piece of grass in the hospital to do some fundraising. There were also several social activities: “they used to have various things going on in the hospital anyway. They had tea parties, stalls on the grass so they were quite an active hospital in those days.” There were football and cricket matches at the weekends with “stalls and afternoon teas and this sort of thing when the cricket was playing and so forth.” Gina was asked if she would be interested to volunteer in those activities; she got interested with the helping to make “sandwiches and cut the cake and make the tea for the lads who came off the cricket pitch.” She first started to volunteer with the football team, but when she found out that there was a cricket team, she opted for the cricket team because of her preference for the sport. During her volunteering task, she met one of the players whom she became involved with for a while. He knew Gina’s mother from when he was singing in the choir at the Catholic Church which her mother attended. Gina however later declined his proposal for marriage since she felt Unprepared at that time: “I could have fallen for him but I told him I wasn’t getting married at a young age because I wanted to see the world a bit.”

With hindsight, Gina now feels that it was not a wise decision on her part: “when I looked back later on, I realised that it was not a good move...but there we are. These things happen, don’t they?” Gina never got married and of the few men she got involved with in her whole life, she felt that the cricket player was the nicest of all. Her mother had a lot of sympathy for the guy and she knew him personally from the church; when she asked Gina about the reason of her declining the proposal she said: “I was being truthful with him.”

Adult charity brand relationships

During her young adult life, Gina was very involved with the Air Cadets like most of the other members. The attachment and involvement with the charity brand was usually very strong, and the officials in the Air Cadets knew that such an exclusive relationship might not be healthy for their members. The young ladies were encouraged to be involved with other kinds of voluntary work in the local communities, so they could have a broader perspective of things and not stay in their Air Cadets bubble:

Those were the days when we were told to, as we say, look on both sides of the fence. In other words, you could get so thoroughly involved with doing Air Cadet things that you didn't think of the other people in groups, or for that matter, on their own, who are in the world with you, as it were.

Gina felt that was a great idea since that encouraged her to be involved in the local youth community centre and that experience really broadened her outlook of the society she was living in:

They came to the youth centre and that's where they got their activities. They could do all sorts of things there and that was an eye opener, as we say, because it was a totally different regime to what I was used to in the Air Cadets. But it certainly opened my eyes. We had problems and we had the occasional fight and bust-up and goodness knows what else. But that was an eye opener and that was good because the Air Cadets were of the opinion that we had to widen our horizons.

Gina did youth work for quite a long time, because she found it in a way very different from the Air Cadets. The volunteers were not wearing uniforms, the work approach was more casual – she could just go there once evening a week – and the crowd were wide and diverse. However, her main interest remained with the Air Cadets with whom she had a very strong attachment with. She would maintain her relationship with the charity brand for around twenty years, and then decided to resign after holding the office of Regional Commander for almost five years. The main reason for leaving the charity was that her mother was ill and she had to devote some time to take care of her. Gina had a strong attachment with the Air Cadets. The decision to part away was “quite a wrench” but she felt that she had done her time

and it was now time to move on: “I got a lot of enjoyment out of it. I’d done some marvellous things. I put an awful lot into it but I got an awful lot out of it and I enjoyed it.” She was more concerned with her mother’s illness and a few months after she was appointed as Regional Commander, she resigned:

I stood down. As I say, I said I’d five years and I did it all but four months. That was because of illness in the family. So I didn’t regret going because I had enjoyed myself so much doing it and I’m not the sort of person that will do anything under false pretences. If I’m not liking it and the dislike continues, then I’ll say, “Right, you’ve got to make a decision. Are you going to make something of this or are you going to admit that this is not for you any longer and perhaps you’d better do something about doing something else.”

During her last days within the Air Cadets, one of the doctors in the Anaesthetic Department where she first worked who knew she was in the Air Cadets, asked her if she should come and give a talk about the Air Cadets in a weekly meeting of her charity, which was the Soroptimist branch of Richmond. This is how she became aware of Soroptimist International and after her talk, she would shortly join the charity. Soroptimist International was founded in California in 1921 by Violet Richardson Ward. The name Soroptimist can be best interpreted from Latin as ‘the best for women.’ The aim of the founder was to create an organisation that would help broaden the social, business and civic affairs of working women. In Britain, many professional women joined the organisation with the aim of facilitating the exchange of ideas and share best practices; this was done with a view to enhance women’s efficiency at work, to encourage high ethics and standards in business and to broaden members’ awareness of social and civic issues. After a few years, Gina became the President of the Soroptimist branch of Richmond and the first major fundraising that she organised under her office, was to raise funds for the hospital she used to work for. They raised enough money to allow the children’s ward to order some medical equipment that they required. Gina felt that the organisational culture of the charity was heavily influenced by the business because of the profile of the people in charge: “basically, these were originally business and professional women and as such, you had a sort of business attitude to how things were done.” Gina is still a member of Soroptimist International and is a currently a member of the

Kingston club. She has noted that during the past five years, things have been changing a lot within the organisation:

I think a new wind of activity or whatever going on, I think it's very good. We must move on but what you don't want to lose is all the basics of what was there in the original idea of having something like Soroptimist International. I don't think you could sweep everything away because what would be the point of totally changing it. It could then be known as another name. Businesses certainly do change their names occasionally but you have to keep a part of what was there before but you don't necessarily have to keep it all because everybody's different and everybody changes. The years go by and situations change, don't they?

Through her local club or through the Soroptimist headquarters, Gina is frequently involved in supporting other charities or communities, since one of the main activities of Soroptimist International is to support other charities or grassroots communities in undertaking projects that are in line with the mission of Soroptimist International. For example four years ago, Gina's local club started to raise money for a Thai village to have a well dug and latrines put in. The project was successful in the first year and Gina's charity continued to support the village in subsequent years. Interestingly, another charity heard about what they were doing in that village and they also started to do the same thing:

This is just an as and when. This is not the charity for the year or anything like that. People have been donating things and four years later, they've now got something like twelve loos and I don't know whether it was our influence but our name was certainly mentioned – another business came along and said, "That's a good idea." And they've come in on that as well. They're doing it off their own bat but it means they've got somebody else fundraising for this particular, same village. That bit has been going on for two or three years now. The presidents that are in now are, obviously, they've got a different charity completely, anyway... We are still supporting the village but keeping a low profile: "we are still supporting them quietly."

Gina also joined the NHS Retirement Fellowship which was set up when she was still working at the hospital. There was a group of people who kept having meetings at her place of work, to decide whether they should form it or not. She has been with the charity for twelve years, and she was among the first committee members. It was not however a voluntary choice of hers to be actively involved as an office bearer:

It started way back about 11 or 12 years ago when I was still working at West Middlesex Hospital and they were looking for committee members to start this organisation up.

I thought, "I'm not going to offer because I've got enough on my plate." And then they started saying, "The only person we haven't really got is a treasurer."

Then there was a bit of a stony silence and in the end, after about 10 minutes of nothing being said, I was so disgusted, which was a fatal mistake. I said, "If there's nobody else to do it, I will."

"If you'd like to do it for a year and then after that, we should be reasonably organised and then we can find somebody else to replace you."

Gina actually held this position for five years and finally somebody came along and volunteered to take this role off her. She is now still a member of the fellowship, but does not hold any office.

Gina is currently a member of The Healthcare Charity which she joined a few years ago. She has a minor form of arthritis now, but at that time, she did not join because she had arthritis and was looking for support. She joined because one of her friends at Soroptimist was looking after the local The Healthcare Charity branch, but when her husband passed away, she was off for two years. Gina therefore decided to join the branch to help continue to run it. She went in as a treasurer and is currently the vice-chair of the charity. She felt that the branch needed her help and that was the main reason why she joined The Healthcare Charity. Gina says that just like her friend who was looking after her branch, she has an "army wife" mind-set which is about always being involved in helping and organising various things that went on, while the men were away. Gina says that she also likes to feel like she is wanted by the charity she is willing to help out:

I've been in a lot of organisations. I have to feel that I'm – what's the word? My brother and sister-in-law live in East Sussex and we were sitting and having a chat after lunch. We were talking about people and out of the blue, she said, "Michael likes to feel he's wanted." I said, "Don't we all."

Gina feels that the branch she is volunteering in needs her and hence she gets a lot of gratification out of it. She has always been a "people's person" and it is the human

relationship aspect of her work which appeals to her most. She acknowledges that members of the branch are different and have different personalities, and as a volunteer she has to be very tactful:

So you have got to try and be – what’s the word – you have got to be, not diplomatic, but you have got to try and please most of the people most of the time. You can’t please them all of the time.

Most of the time she has been involved with her local branch and had only visited a different branch once. About the relationship that her branch has with headquarters, Gina says that several years ago, communication was very good with the people at headquarters. Occasionally people from headquarters would ring them and query about how things were going. However during recent years she feels that that communication with head-office has deteriorated: “I would say that in the last two and a half to three years, we’ve been – I personally feel that we – and I’m talking the ‘we’ being our club – have suffered and had very little contact with headquarters.” At a branch level, she is quite satisfied with the communication she has with the members, and the members also seemed quite satisfied with the way things are being run:

I’m not trying to put a halo around my head or any of them, but I don’t think I’ve ever been at The Healthcare Charity when at least two, three, four, five of them have said, “We have enjoyed this evening.” Or it’s just, “Thank you Joan, than you Margaret for a lovely evening. We have enjoyed ourselves.”

Gina acknowledges that communicating and dealing with branch members who have varying levels of arthritis and who are mostly at an elderly age, is a task that demands a lot of tact and patience as well as showing empathy with them:

You’ve got to be a person who is not selfish...you’ve got to have a certain amount of patience, particularly with older people, but you don’t have to make it too obvious. They’ve got a bad leg or they’ve got arthritis of the spine and they’re practically bent over double and it’s hurting. Some of them do come out because they can’t stand being in four walls all day and all night.

Gina stresses the fact that some members come to branch meetings only because it allows them to get out of the house, and she feels that only allowing this to happen is

worth a lot. While most of the members are at an elderly age, Gina says that she would occasionally get younger members but they did not stay long:

We've had a lady recently who is unfortunately quite ill at the moment. She came to us at the beginning of this year, didn't stay for long, and I would say she was probably 38 or something like that. She hasn't come back to us. I mean we've left it open. Once in a blue moon, I will phone her mother and see how she is but she's not very well. I don't know what her problem is.

Gina is also involved with the Liberal Democrats. While not being a charity, she has been volunteering for the political party for more than a decade now. She is currently the vice-chair of the local branch and also one of the fundraisers. She joined the organisation because she knew a Liberal Democrat family who were involved and she joined through them. However, she gives priority to her charity work over the political party: "I'm afraid the Lib Dems gets put on the backburner when I'm busy elsewhere."

Gina has developed relationships with other charities over the years but only as a financial donor. She still donates to Guide Dogs for the Blind, a charity which she started to support when she was still a teenager. She first heard about the charity through one of her Air Cadets friends who was collecting silver foils to fundraise for the charity. Guide Dogs for the Blind has always been the dominant charity for Gina in terms of donations because it is something she started doing since her childhood. She also donates to the Mission For Seafarers, a charity she heard about through a friend, and she personally thinks that it is one of the nicest charities because of their mission of providing assistance to seamen who get into dire straits in foreign seaports.

Gina is currently 81 years old. She suffers from mild arthritis hence she is still very active in the different charities she is involved with. These days she is mostly involved with volunteering for Soroptimist International and The Healthcare Charity. With Soroptimist International, she is getting more and more involved in activities at a local level, because of a change of policy at national level: "It has just changed and

we are asked to help at local level. We certainly do it at national level. We do it at world level, as well, you see. But I think we are doing a bit more now with regard to people in the community.” Voluntary work keeps her busy however she also points out that “I don’t whole-heartedly, 100%, live, breathe and eat what I’m doing in a voluntary capacity because I like doing other things...often, I’ll go to something completely different. I’ll go to the museums or I’ll go and see a play with a friend. I do take time off.” But when she is not on time-off, Gina is intensely involved in her voluntary involvement with charities.

Gina’s relationship with charities throughout her life is an illustration of her own conception of charity. She personally makes a distinction with monetary charity and non-monetary charity. She feels that most people think of charity as giving away money which she thinks is an erroneous perception:

I think a lot of people tend to think, if you’re talking or asking about charity, you actually mean the passing over of money, but it doesn’t necessarily follow that. You can do kindness or a charitable thing by giving of yourself or helping somebody out who needs a hand.

She personally feels that the notion of charity is mostly about the “giving of your time, considering other people.” Gina has developed relationships with various charity brands and sometimes on a monetary basis like donating to the Guide Dogs for the Blind, but mostly on a non-monetary basis. Her strongest attachment has been with the Air Cadets which seems to have forged her personality and contributed to develop the person she is now. Gina seems to value truthfulness and faithfulness and this is revealed in her relationships with charity brands. She is loyal to the brand as long as she feels that the charity brand is staying true to its values. She accepts change, but does not feel very comfortable when a charity brand moves too far from its original ethos. She feels that tradition and rituals are important and forms part of the essence of a charity brand. She also feels that relating to charities is mostly about relating to people. For instance, she joined The Healthcare Charity because she felt that the people needed her and it was her duty to go and help them; in return, she also

gets a sense of gratification, hence it is a mutually beneficial relationship that has been going on for six years:

I think I am a people person [...] I personally think, as with a lot of things in this particular instance, not only have you got to give of your precious time but also of yourself. Emphasis needs to be put on anyone, particularly taking up responsibility of a being a committee member or for committee office. Helping and supporting arthritis members is firstly a people thing...

Discussion

The three life stories provided a detailed overview of the social context in which people engage with charities in the UK. The narratives were interpreted through the lens of charity brand relationships and each of these stories provide deep insights on the circumstances in which individuals initiate, develop and terminate relationships with charity brands in a British context. The notion of brand has been found to be relevant in assisting the decision-making process of the individual when choosing which charity brand would be most likely to suit its motivations, as illustrated by Jessica's observation:

You know, you might want to go with Shelter but not with Crisis or with Crisis but not with Broadway or with Broadway but not with Thames Reach. There are all those sorts of things like that. That's something that charities should consider, too.

This choice dilemma is present especially in countries like the UK, where there can be hundreds of charities supporting a similar cause hence the need for charities to not only better market their services (Bennett and Barkensjo 2004) but to also build and nurture relationships with beneficiaries. This reinforces the argument that charity brands need to have a clear point of differentiation but also a strong set of values manifested through their corporate expression. In a healthcare context, this is even more important - if not - as expressed by Jessica, it would be like "putting people with blue eyes together."

It was also observed through the narratives of the three women that people are also concerned about charities using branding techniques to promote a positive brand personality (e.g. caring) to its beneficiaries (e.g. caring) while not practising the same 'care' with its internal audiences (e.g. employees). This could be explained by the fact that while many charities tend to understand the role of brand at a promotional tactical level, many still do not understand its holistic role in the strategic operations of the organisation (Stride and Lee 2007) and many not be putting enough emphasis on internal branding which is even more important in a charity context (Laidler-Kylander and Simonin 2009). More recently, Kylander and Stone (2012) also emphasised on the notion of brand integrity referring to a brand structure that is unified in its construction and managed in a consistent way.

Purposeful relationships

The three case studies illustrated that those three women living with arthritis develop relationships with charity brands at different points in their lives because these charity brands are seen as facilitators to achieving their needs at that particular point in their lives. For instance Jessica would in her teenage years join several charities that allowed her to express her need for to explore different parts of her identity (Fournier 2009). During their teenage years both Gina and Jessica feel a strong need for affiliation to a group that is compatible to their personality and values. Charity brands seem to be more appealing to her are those that have values and personality traits she would usually find appealing in an individual: solidarity, compassion, love, fairness, justice, equality and independence. She relates to charity brands that have similar values that can be felt in the different elements of their corporate expression: visual identity, brand personality, brand communication and brand promise (Abratt and Kleyn 2010).

Relationship diversity

In the charity context, relationships that people develop with charity brands tend to be multiple, diverse and complex. In a charity context, there seems to be a difference between charity brand relationships that involve time versus relationships based on monetary exchange. All three women volunteered with charity brands by investing their time and there were also other charities they were just donating money. The relationship developed with charity brands where time is invested tends to be stronger than those where regular donations are giving. For instance both Jessica and Gina have various standing orders to several charity brands but the level of connection with these charity brands are not as strong as those where time is invested.

Therefore, it is important for charity brands to understand the types of relationship desired by individuals just like in a consumer-brand context where Aggarwal (2004, 2009) found that consumers could have both transactional and communal exchange relationships with brands. In a charity context, a transactional exchange with a charity brand will imply that the beneficiary will be expecting from the brand a benefit that matches the amount he/she has given and a communal exchange will imply that one party may give without expecting something in return since the concern is more about mutual support.

Dynamic relationships

The life-stories also show that some relationships are formed based on the particular life context in which the person is but some relationships are enduring and span over decades. For people living with arthritis, the medical condition also has an impact on the relationship that they have with healthcare charity brands. For instance, Jessica decides to initiate a relationship with The Health Care Charity when she feels that she needs help and support and when contact is initiated she identifies with the

charity personality and values. Heather decides to join a The Healthcare Charity at first only because she was looking for an activity where she could be useful and helpful to society and given her medical condition, she found that the online forum of The Health Care Charity was the most ideal option. In a charity context, relationships can also be initiated because of the felt need to solve a problem, support a cause or create awareness about an issue. In that case if the charity brand does not exist then the individual would participate in the creation of the charity brand as illustrated by Jessica's campaign group that she set up in several years ago and which becomes active every year to organise their annual march:

I think of it in terms of culture. I think each year, the campaign has, over the long term, developed a culture which is very important to us. It's non-hierarchical - the organising - so any woman involved - and men can get involved... So anyone who is involved in the organising group can take a lead on any activity because there's no hierarchy. All decisions are only made at the meetings when we get together and anyone can represent the group in the media because we decided altogether what the campaign is about... And then branding is each campaign - not just the visual but also the mood of the campaign. So branding is about looking outwards and talking to people. Culture is about is our sense of identity. It's an inner thing. Maybe that's one way to look at it.

This is a major point of differentiation between the consumer world and the nonprofit world. If the individual feels the need to create a charity brand to facilitate a felt need, then that person has the capability to do so and have control on how to manage the relationship in both the short and long term.

Brand relationshiping

Another salient insight that was uncovered through these life-stories was that people may have several years of a relationship with a charity, but they do not feel any emotional connection with the charity brand. For instance, Heather worked for Samaritans for almost a decade, but when she left, her connection with the charity remained through a former colleague she became close with; there was no sense of connection with the brand. These findings indicate that brand oriented charities

(Hankinson 2001, Ewing and Napoli 2005) also need to develop strategies to encourage the management of relationships through the initiation, development and termination stages. Drawing from the interpersonal relationship literature, Duck (1991) argued that relationship building is a skill and that “relationshiping” is “something that can be improved, refined and polished” (p.5). Charity brands therefore need to develop expertise in ‘brand relationshiping’ that involves a process of creating, improving and polishing the relationship between a beneficiary and the charity brand so that there is a sense of connection with the brand, as well as the cause or the persons representing the brand. This also concurs with the arguments put forward by Hassay and Pelozo (2009) who suggested that charities need to understand and apply the marketing communication tactics to build and nurture strong brand communities.

Conclusion

The notion of brand was found to be relevant in assisting the decision-making process of the individual when choosing to initiate a relationship with a charity brand. Findings from these three stories reinforce the argument that charities need to understand how to manage their brands at both a strategic and tactical level through the understanding of the salient elements of the corporate identities and corporate expressions (Abratt and Kleyn 2010) that could effect on people’s decision to connect and develop a relationship with a charity brand. It was also found that relationships with charities are purposeful, dynamic and diverse (Hinde 1997, Fournier 1998, 2009) and there is a need for charities to understand the various types of relationships that different beneficiaries may desire as well as developing tactics in brand relationshiping (Duck 1991).

Section II: Aspects effecting brand-beneficiary relationships

Introduction

The second objective of this research was to gain insights on aspects of the charity brand that could effect brand-beneficiary relationships in a healthcare context from the perspective of beneficiaries. There were six themes that emerged from the data analysis and have been labelled follows: brand clarity, brand personality, brand communication, brand presence, brand experience and brand ethics. These six themes are those that were interpreted as being salient from the perspectives of beneficiaries.

Brand clarity

Findings suggest that the clarity of a charity brand's mission and strategic choices (Abratt and Kleyn 2010) have an effect on brand-beneficiary relationship quality. In this particular case, the charity's brand mission and strategic choices did not seem to be very well distilled and understood by beneficiaries who tend to perceive their relationship with the charity as weak. Some beneficiaries had a broad idea of the mission of the charity brand as providing support and care to people living with arthritis on a day-to-day basis but they had a vague understanding of how this was translated in reality. This lack of clarity also seemed to create a conflicting situation between some beneficiaries at grassroots level and management at the charity's headquarters: "You don't seem to relate to what I'm doing and you don't understand what I'm doing." This seem to result in a situation where there is a divergence of views with regards to the organisation's mission itself. The fact that many beneficiaries at grassroots level do not feel connected to the mission of the charity brand and its purpose at a national level meant that they would get into conflicting relationship situations with head-office.

It was also felt that the charity needed to redefine its mission as well as having a clear point of differentiation. While beneficiaries acknowledged the importance of such a charity brand's *raison d'être*, they felt that there was a need to focus on specific services that would make the charity brand unique in that particular healthcare sector:

What would be really good is for them to focus because that, if you like, is their USP. They're doing something that the other arthritis charities are not doing. Or rather, they have the potential to do that better than they're doing it at the moment, I think, which is a bit of a shame.

Findings suggest that brand clarity in terms of clearly defined mission and strategic choices which can then be translated into a brand promise (Abratt and Kleyn 2010) does have an impact on how beneficiaries expect the brand to act as a relationship partner (Fournier 1998) as illustrated in the following statement from one beneficiary at grassroots level:

If their mission is to support – or whatever word you use – people with arthritis, I think they need to make absolutely sure that in all their dealings with everybody, that they do actually give the impression being there to actually support and provide support and advice and help for people [...] if they call themselves [*anonymised*] and then somebody reaches the switchboard and they end up with somebody who sounds – to be fair, this lady just sounded bored. I don't know who she was. And she didn't actually seem to understand what I was asking and what the charity did actually provide in terms of care and support and I think that's so important.

These expectations from beneficiaries concur with the assumptions of previous research in the for-profit sector (e.g. Fournier 1998, Bruhn et al. 2012) whereby brand partner quality is seen as affecting overall relationship satisfaction. A well-defined mission that is properly distilled through the corporate brand expression (Abratt and Kleyn 2010) will result in enhancing the role of the charity brand as a relationship partner and avoid misunderstandings and ambiguities about the role of the charity brand among its beneficiaries.

There is also a call from beneficiaries for the charity brand to improve its role as a relationship partner. For instance, it is generally acknowledged that the helpline is a crucial service that has been generally performing well and that it was a service that

was vital, especially for people who had just been diagnosed. However, there was also a felt need that this service could move from just providing counselling and signposting services to providing professional medical advice. Hence there is a felt need that the charity should explore the possibility of providing professional medical care or advice: “there have been times when I would have really valued the opportunity to talk to somebody who has more specialist knowledge but who was not my GP or my consultant.” This aspect is discussed in more detail in the following section on relationship roles.

There were also concerns raised about the visual identity of the charity brand. The visual identity construct usually comprises of the “corporate name, logotype and/or symbol, typography and colour” (Melewar and Saunders 1998, p.291). Some beneficiaries felt that the logo was too abstract, not memorable enough, old-fashioned, and did not convey clearly the mission of the charity brand. Moreover, the visual identity did not seem to be used in a consistent manner at regional level, and in some cases, the visual identity of the brand was totally inexistent:

Yes, there was nothing there. They used the local community centre – one of the rooms there – and there was absolutely nothing that would identify them as being a [*anonymised*] subgroup. Nothing at all [...] It was just these elderly ladies having a tea. So you wouldn't have known what it was about.

This is a striking observation that the researcher made in my visits to several branches. Another observation was that some branches were designing promotional materials (e.g. leaflets) without any support from the headquarters; as a result, the materials were not reflecting the brand visual identity of the brand impacting on the perception that potential target audiences might have had of the charity brand. A previous study among international nonprofits also concluded that even some leading global charities seem to struggle in managing their visual identities in a consistent manner causing lack of clarity to the brand among different audiences (Keller et al. 2010).

Brand personality

Previous studies have demonstrated that people do ascribe personality traits to charity brands (Sargeant et al. 2008, Stebbins and Hartman 2013) as well as corporate brands Keller and Richey (2006). In this present study, brand personality has been explored in the context of brand relationship since previous brand relationship studies have surmised that one of the reasons why consumers anthropomorphise brands is because of their desire for more relationships in their lives (Aggarwal and McGill 2007).

Figure 7. Example of anthropomorphised charity brand personality



Findings suggest that the charity brand under investigation could be perceived by beneficiaries as having affective, cognitive and conative traits (Keller and Richey 2006). The affective traits associated with the charity related to warmth, empathy and compassion; the cognitive traits identified were knowledgeable and experienced and conative traits were mature and old. One predominant character that emerged was that of an older sibling which was a reliable and more knowledgeable person, who was always there to provide help and support: “an auntie or somebody like that.

Somebody that you could just look up to a little bit and somebody that would probably want to look after you and help you with things.” However, there were also concerns about this person not being proactive enough or being too passive, as well as not having a loud enough voice.

There was always also a perception of the brand being “self-centred” and not making an effort to “look outside for other friends.” This was a sentiment that I also felt while visiting several branches and while participating in one fundraising activity in which the charity participated. The reality on the field is that most members of the charity are middle-aged (and elderly) white middle-class women which could also explain the reason why the brand is anthropomorphised as a mature female character. Several branches tend to be self-centered with activities geared towards this particular audience group. The charity also struggled to attract volunteers which is also an issue faced by the charity sector as a whole since Hankinson and Rochester (2006) even suggested that the “face and voice of volunteering” might need a rebranding and one of the reasons were the general perception that charity volunteering was “undertaken by a narrow segment of the population in terms of age, gender, class and ethnic origin.” (p. 94).

Brand relationship studies in the for-profit context have indicated that personality traits of the brand have an effect on the way the brand behaves as a relationship partner (Fournier 1998). Given the fact that the charity is being involved in providing healthcare, it was expected that those beneficiaries who managed to anthropomorphize the charity would tend to ascribe human personality traits associated with care, warmth, empathy, etc. However, there was a concern raised about the notion of ‘care’ itself. An unexpected finding from the discussions with the beneficiaries was that they thought the charity needed to reconsider the notion of ‘care’ because of the negative connotations associated to it nowadays. It was suggested that the word ‘care’ in current times evoked retirement house and care homes where old people who are in need are being housed and catered for. Hence, it was suggested that the charity should avoid using this term since it could confuse both volunteers and

beneficiaries alike on the real mission of the charity as illustrated by this comment from a participant: “For me, *The Healthcare Charity* hasn’t been about making me feel the need to be nursed, its making me feel positive about having arthritis rather than I need someone to look after me.”

Brand communication

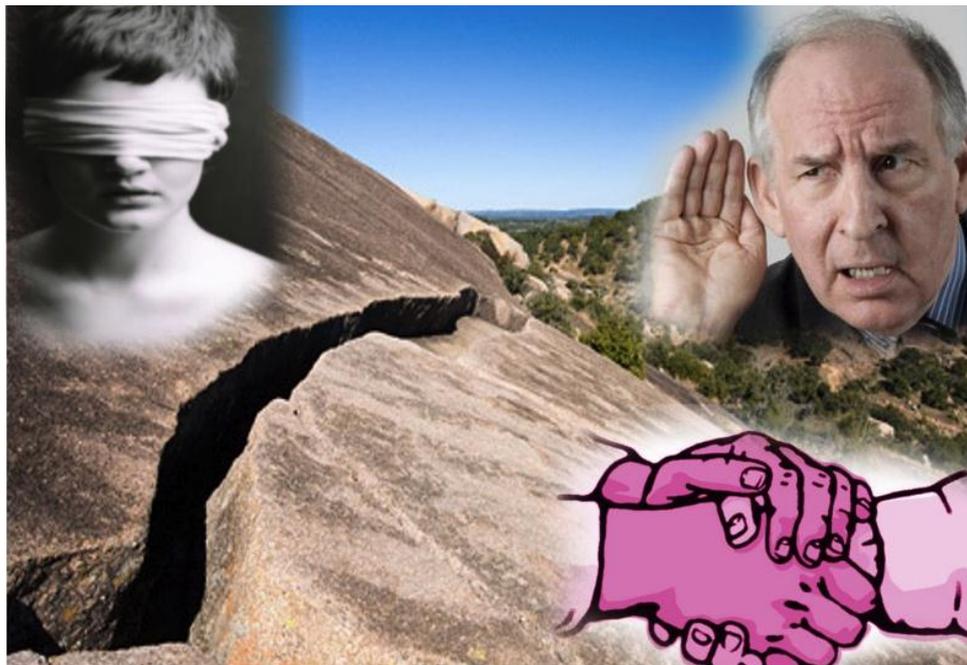
Brand communication is manifested through management communication, marketing communication and organisational communication (Abratt and Kleyn 2010). Management communication in this context is referred to as communication that managers working at headquarters have with current beneficiaries and volunteers. Marketing communication includes all communication actions toward potential audiences (e.g. advertising and brochures), whereas organisational communication are communication from the brand geared to specific stakeholders (e.g. member magazine and annual report).

Findings suggest that there are various actions that need to be taken to enhance the quality of communication with beneficiaries, as well as with the public in general. One of the major strengths of the charity is its network of branches and support groups all across the country. Central operations are carried out in its head-office in London, and managers working there have the responsibility to action strategies from there. This implies that the relationship that beneficiaries have with the brand at the grassroots level depends a lot on managerial communication.

Beneficiaries at the grassroots level feel that there is a lack of clear communication from management, which according to them, makes things worse in terms of relationship. One branch chairperson expressed her frustration in numerous dealings that she had had with head-office: “if someone doesn’t understand they get scared, angry and defensive.” She feels that many conflicting situations might have been avoided with clearer communication done in a way that espouses the values of the

charity brand: “once you put things in writing in can up the ante. It can make angry people more angry if the words aren’t correct. It can make you more formal and intractable.”

Figure 8. Perceived relationship with charity brand



The participant’s interpretation of the above image is that she felt that during recent years, there has been a crack in the relationship that the charity brand has with several users, members and supporters. The main reason for this relationship crack is mainly related to the way the charity behaves, mostly not ‘seeing’ and not ‘listening’ to its audiences. She felt that each time the charity fails to communicate properly, the crack becomes a little wider; however, she was optimistic about the relationship. She felt that the crack could be stopped and there could be a way for things to improve resulting in ultimately the crack disappearing. In her opinion, the charity brand needs to show more authenticity and warmth in its behaviour (see the shaking hands picture) and it is for the charity brand to now make a genuine effort to improve its communication behaviour.

There was also a felt need for more ‘humanised’ communication: “We need to meet somebody we know, next time we phone we know their name, we know their face and maybe we know what their beliefs are.” Management behaviour is perceived as cold and remote, as well as faceless: “I wouldn’t know who to approach if I wanted something. I suppose I’d look it up and find it but there doesn’t seem to be – and I could be quite wrong – there doesn’t seem to be anything that says if you are in trouble, come to us and we can help with certain things.” There were several examples of beneficiaries trying to get into a dialogue or receive feedback from management, but they were faced with behaviour that was not conducive to sound communication:

From my dealings with them, and I hope this doesn’t sound too awful, I would think of them of being a stroppy head teacher at school. On the basis of the fact you might be trying very hard to do something to help or to join in but any suggestions you make or even constructive criticism, it’s brushed off and, “Off you go, you don’t know what you’re talking about.” I think that’s probably the best way I could describe my feelings about the relationship with [*The Healthcare Charity*] as a whole. A stroppy headmaster at school who responds to you in a way of, “We know what we’re doing. You don’t know what you’re talking about,” and any suggestions and ideas are not necessarily taken seriously.

In terms of marketing communication, there was a general perception that the charity was not loud enough in comparison with other healthcare charities. Firstly, there was a general feeling that arthritis as a disease was not well-understood by the general public, but it was also felt that there was a need to better promote the services that the charity has to offer. It seems that management tends to rely on branch volunteers to prepare their own promotion materials and do their own marketing at their level, but there is no adequate support provided. For instance, several volunteers showed leaflets and posters they crafted themselves with their limited means without getting any support from head-office. There was a felt need for more support from headquarters in terms of marketing communication:

You don’t see – apart from the notices I put in about our information about our meetings, there is nothing in Leigh Hospital about HealthCare. Nothing. Apart from what Wrightington branch put in, there is very little in Wrightington hospital. The region and the national take it for granted that the branches will get into the doctors’ surgery, take it for granted that they will get into the hospitals

and old people's homes and stuff like that. But nobody trains these volunteers. There's not that much training goes on.

Brand communication (managerial communication, marketing communication, organisational communication) seem to be a major issue in this particular healthcare charity and seem to impact a lot of the relationship that the charity brand has with its beneficiaries.

Brand presence

Currently, most beneficiaries interact with the brand either through regional branches or the online forum; however there was a feeling that most branches and the forum were disconnected from the brand. Many beneficiaries did not even know that the online forum was managed by the charity brand and certain regional branches tend to be quite disconnected with the charity brand which in turn impacts on the relationship that members of these branches have with the brand. In this particular context, it can be observed that many beneficiaries at grassroots level would feel that they actually have a relationship with the brand through direct interaction with people from head-office. It was acknowledged that due to financial constraints, managers cannot visit branches as often as they would like to anymore, but there are many volunteers who would be willing to do so; these volunteers could be trained as 'brand champions' to reinforce the corporate expression of the brand at regional level and at the same time enhance the connection that beneficiaries have with the brand. Laidler-Kylander and Simonin (2009) also suggested a similar approach in their study of global non-profits, where they suggested that such organisations needed to encourage internal brand ambassadors to promote "an understanding of the brand, internally communicating the importance of the brand, and ensuring that the internal and external perceptions of the brand are in alignment" (p.67).

Brand experience

Hinde (1995) argued that the more activities the partners do together, the more opportunities for experiences to be shared. The notion of brand experience has been an area of growing interest in the non-profit sector, where strategies are geared towards enhancing the audience's experience with the brand. For instance, one of the participants mentioned her connection with a breast cancer charity based on the experience that she has with the brand:

Yes, you do know you're part of something. And Breast Cancer's the same because you do their walk or run and it's 5k and you are part of it. You get the T-shirt, you dress up stupid, you get all your friends to sponsor you and you do the walk. And they send you emails and they remind you the following year that it's coming up and what's going on in your area and what you could be doing. There's a lot more communication and that is via email.

This is an area where there was a felt need for improvement within the charity. In many regional branches, members felt that there was a need for more opportunities for them to have a common experience with the brand. They often mentioned the other healthcare charities that have acknowledged the importance of providing diverse opportunities for beneficiaries to interact with the brand, through activities that allow for more opportunities to experience the brand in different forms. McAlexander et al. (2002) observed that some commercial brands were successfully building brand communities through providing more opportunities for consumers to interact and share lived experiences with the brand through the organisation of a *brandfest*; that is, "a brand centred event that is strategically important to the cultivation of customer loyalty" (p.377) and which are meant to "provide for geo-temporal distillations of a brand community that afford normally dispersed member entities the opportunity for high-context interaction" (p.41). Hassay and Pelozo (2009) posited that charities needed to "leverage brandfests to facilitate and encourage member interaction" (p. 47) but they should also create opportunities for direct lived experience with the brand with a view to encouraging more favourable perceptions and connections with the brand. Given the fact that the charity brand is witnessing a gradual decline in supporters and members, brandfests could be an

opportunity to not only build and maintain brand communities, but to also to provide opportunities for more emotional connection with the brand (Miller et al. 2012). This would subsequently reinforce the relationship that beneficiaries and their supporters have with the charity brand.

Brand ethics

Brand ethics was a theme that emerged as salient from the perspective of beneficiaries which relates to the notion of brand values (Stride 2006, Stride and Lee 2007) and that of brand ethics defined as “the organization’s use of its brand in ways that convey its values” (Laidler-Kylander and Stone 2012). In a charity context, brand ethics would stem from the organisational values formulated at a strategic level and would then be distilled through the corporate expression of the brand. In this particular context, it was found that the charity brand ethics and values were not clearly understood by beneficiaries as illustrated in the following comment: “ I have no idea what their values are and I have no idea what their aims are and I had no idea – I didn’t really realise – it was a charity.” This finding illustrated that charities can also face difficulties in articulating their core values as noted by corporate branding researchers such as Urde (2003) who argued that many organisations have articulated core brand values that are “bland, toothless, or just plain dishonest” (p. 619). Moreover, apart from a proper articulation of brand values, there is a need for these to be distilled in through its corporate expression in a way that it is clearly manifested to beneficiaries.

The notion of brand ethics also emerged from discussions about charity marketing communication practices. There was also a concern that due to financial pressures, management might be tempted to adopt certain fundraising practices perceived as being unethical from beneficiaries’ perspectives. For instance, there were several mentions of charities using aggressive fundraising techniques, fear advertising, or employees behaving in a manner that was not compatible with the values of the charity employing them. Another mention related to products and services

commercialised by charities, which did not seem compatible to the values of the organisation:

Now, with say with Age Concern...they also push alarms. Now I think that that could put people in fear of being attacked and all that sort of thing by the over-advertising of alarms.

Therefore, it seemed that beneficiaries tend to lay a lot of emphasis of brand ethics even though this notion seemed to be neglected by many charities as observed in previous studies (Stride 2006, Stride and Lee 2007). Recently, Laidler-Kylander and Stenzel (2014) also referred to ethical concerns raised on certain branding practices by international nonprofits that cause the brand to be perceived as being merely a promotional or PR instrument to the detriment of the real cause. Therefore, it is important for charity brand managers to realise that many beneficiaries do notice when the brand is being used for promotional and public relations purposes resulting in the development of unfavourable attitudes towards the charity brand and hence impacting on the relationship that they have with the charity brand.

Conclusion

Six components of the charity brand effecting on brand-beneficiary relationships have been identified in this particular healthcare context based on insights gathered among beneficiaries at grassroots level. There was a felt need that the charity needed to refocus and reposition itself, and at the same time, improve its personality and behaviour as a relationship partner namely in terms of communication and presence. There was also a growing concern about charity brands behaving in an ethical manner in its day-to-day actions. There is therefore a need for managers to probe more into these salient factors effecting brand-beneficiary relationships and take appropriations actions.

Section III: Brand relationship roles

Introduction

This section relates to the exploration of relationship forms that manifest between beneficiaries and the charity brand. While relationship forms using interpersonal metaphors have been explored in the consumer-brand domain (e.g. Fournier, 1998; Ji, 2002; Saledin, 2012), there has not been such exploration in a consumer-corporate brand domain, as well as in a beneficiary-charity brand domain. Suvatjis and de Chernatony (2009) have though acknowledged the relevance of such approach in furthering the understanding of dyadic relationships between consumers and corporate brands: “metaphorical anthropomorphization of the organisation emphasizes the conveyance not only of human qualities but of all intangible and tangible attributes intended to be shared in the relationship” (p.354). In this study therefore, a researcher metaphor approach has been used whereby metaphors are proposed as a heuristic to facilitate the understanding of the relationship dimensions identified (Avis et al. 2012). Relationship forms presented in this section are defined through the roles charity brands have in their relationship with beneficiaries, following a similar approach used by Saledin (2012) in his study of teenage-brand relationships. Four relationship roles were identified from the perspectives of beneficiaries, which are discussed in the subsequent sections: Mentor, Befriender, Entertainer and Enabler. A desired relationship role of Medical Expert was also identified.

Mentor

The Mentor metaphor is used to describe a relationship role where the brand is perceived as being a more knowledgeable mature person, who is always there in times of trouble or anxiety: “somebody who you value their opinion [...] you don’t necessarily do it but you think about it.” For many beneficiaries, the brand plays a

mentor role in their lives, especially in the earlier days of diagnosis. The charity provides two main platforms (i.e. telephone and online forum) where a group of paid staff trained in counselling provide support to people needing an attentive ear to listen to them, and provide guidance in their anxious and stressful moments:

I rang the helpline and I think I probably cried for about half an hour before I could speak to them and then I rang them back again the next day and got a bit further forwards with them and got some actual advice about what to do.

All beneficiaries interviewed unanimously acknowledged the importance such a service, and felt that such a service was one of the points of differentiation of this charity from others. This service really espouses the values of the charity brand mostly because the staff members are specially trained in that respect. The confidant role is seen as mostly needed when someone has just been diagnosed. There is a need for such people to have someone who can understand their current state of mind, with whom they can anonymously share their emotions and anxieties, but also who can provide helpful advice on how to deal with this new condition. Beneficiaries also appreciated the fact that the people working on this service had arthritis themselves, so they could better empathize with the people calling. The Mentor relationship with the charity allowed people to behave in a way which would not be appropriate in a doctor-patient relationship, where “partners meet in a prescribed way in which the conversation is structured and directed towards a particular purpose” (Auhagen and von Salisch, 1996, p.301). However, while the Mentor role of the charity brand is generally appreciated by beneficiaries, especially in the early days of the relationship, there was also a desire for the charity brand to have a Medical Expert role as well. It seemed that after the initial stage where the beneficiary appreciates the Mentor role of the charity, they would also see the charity to have a more ‘medical expert’ role:

I would have really valued the opportunity to talk to somebody who has more specialist knowledge but who was not my GP or my consultant. And I know that that is something that comes up time and time again on the forum.

The charity does not currently provide any sort of medical service, but staff usually signpost people to relevant information because they do not have the expertise to do

so. For many beneficiaries, it seems that the charity could do no more than just provide emotional support and signposting, especially due to the fact that other smaller charities which are relatively new in the field, are playing such a role:

On the National Osteoporosis Society, I've spoken to them twice and both times, the phone has been answered by a specialist osteoporosis nurse. And on the British Lung Foundation helpline, the lady who answered was a counselling person but when I explained the position, she would have put me directly in touch with their specialist nurse, but what she actually did, because it was quite a straightforward question and she got the information from them for me and then said it back, so the result was about the same in both cases. It was really good helpful information. Not trying to replace what the doctor would say but it just gave me the information I needed about what questions to raise with the doctor and that's something that the charity isn't currently able to do.

Beneficiaries felt that the charity could consider adopting a Medical Expert role as well, since beneficiaries' needs change as the relationship grows. It was also interesting to note that while they could find such service from other related healthcare charities, there was a wish to maintain their relationship with the charity. Forum moderators also noted that many forum users would only use the charity's forum and if it was down for a day, some of them would be distressed. It is therefore important for managers to understand the kind of relationship that beneficiaries have formed with the charity brand, as well as the desires for changing roles.

Befriender

The 'Befriender' is used as a metaphor to describe someone whom one would seek to satisfy our social interaction needs. The primary motivation to have a befriender would be to just have a casual chat. Traditionally people have been joining branches in the regions for the opportunity to meet people in similar condition, so they could share similar experiences:

[...] so maybe I've joined for different reasons that other people might have joined. I have all the medical information I need from the hospital and the doctor. I don't need to go for information in that respect. I just go to socialise. It's not just socialising with any old body. It's socialising with people with the same condition that can perhaps talk about it and make it easier for each other.

However, there are more and more people joining the online forum, viewing it as a very important service provided by the charity:

I keep saying they saved my life because they were so good and I met so many people and I talked and I thought, “I’m not the only person dealing with this.” It’s brought me back to me.

In its befriender role, the charity brand is seen as providing platforms for people with a similar medical condition to share views related to it, but it also allows them to get out of their isolation. It is also important to realise that for many older people living with a chronic condition that may hamper their mobility, the online forum maybe their only window to the social world:

Well I would say it is apart from the gathering of friends. It is friendship as well you see with HealthCare. Apart from that it is being able, people arranging visits for us that we wouldn’t be able to undertake ourselves. So to get out and about is nice. It’s helpful. You can forget your troubles really for a while.

This social buddy role of the charity is felt to be important not only for retired old aged women living on their own, but also for anyone who has had his/her lifestyle changed, because of the deteriorating condition putting them into an isolating condition:

[...] it can be a very isolating condition. And like myself, you have work friends and colleagues and a busy day that’s structured and then suddenly, you get this condition that makes you very tired and quite exhausted. Suddenly, you feel different from all the people that you’ve spent your days with, so you need to know there’s somewhere where you can contact people that are either in the same condition or have the same sort of problem or can just cheer you up a bit.

The social buddy role enables the charity to fulfil its emotional support role through the different means provided to beneficiaries. However several concerns were raised that could impact upon the charity’s brand image in that respect. Firstly, many branches consist of elderly women who tend to operate as an exclusive social club; hence newcomers might find it hard to connect or in other cases might just not feel attracted to join in: “They were too old. It sounds awful, doesn’t it but they were too old.” In some regions, there are groups that have been formed for people under 45

years old, but there is still a felt need for people between 45 and 55 years old, whom might have different needs:

[...] I took somebody once, where I lived before and she's about the same age as me, and she said, "I'm never going there again. I don't want to sit with these old people with crutches." There aren't many old people with crutches but that's how she saw it.

There were also issues raised about including other ethnic groups in the various support groups at regional level. One branch chairperson who has been with the organisation for decades argued that many regional branches are still reticent towards recruiting ethnic minorities:

I don't think they are as inclusive as they think they are. Very little have I seen done by the organization to recruit, for example, ethnic minorities into branches. If you have older people on committees from a generation where ethnic minorities would seem suspicious and not as leaders, as models as they are today and hopefully in an educated community. I don't want all white branches to be perpetuated. I want it to reflect the community it is in.

There were also concerns raised about the online forum where there were frequently people posting racist and xenophobic views, which could have a negative impact on attracting ethnic minorities to the organisation, but also could have a negative impact on the brand perception in general:

[...] if you're somebody of mixed race or black or an immigrant to this country or not working or whatever, you would feel wary of posting on the forum. I think it's very, very difficult."

There is a call for better moderation from various forum users and moderators who feel that HealthCare is not acknowledging the growing importance of this medium. The online forum is perceived as being neglected by management, though several forum users that were interviewed believe that such platforms are the way forward.

Entertainer

The 'Entertainer' metaphor is used to describe a relationship form where the beneficiary interacts with the charity only for entertainment purposes. It was noted

that many branches at regional level only function as a social club, with activities only geared towards entertaining their guests:

I go along to the meetings out of loyalty and for a bit of social activity, but I'm disappointed every time. Play bingo – I can do that. Why can't there be something different.

The quote from the above beneficiary indicates that branch meetings in her region consist of bingo parties and she would expect something else from going to a meeting under the charity's brand. Therefore one perspective that emerged from the beneficiaries interviewed is that the charity's meetings cannot just be mere entertainment for its members:

In fact, there is one in my hometown here but when I went along, it was just very, very elderly ladies and I just thought it was so sad and they were playing bingo. They met every month and they played bingo. I thought, "I can't be involved in that," so I haven't been back. So I've not been in touch with any other branches other than that local one.

However another perspective from consultations with people at grassroots level was that beneficiaries do not want to have activities related in any way to arthritis:

If people just wanted treatment for arthritis, they go to the hospital. They wouldn't go to a club in the evening. It's just a brand name to stop them feeling lonely and whatever [...] If you said this is a club for lonely people, then they wouldn't come. You have to put a brand on it of some sort. "I've got arthritis. It's not because I'm lonely and cold." I'm sure the same people also go to lunch clubs and dinner clubs and lots of them do go to a number of things. I only go because I drove the minibus once a month and I've got other social events like church and meetings to go to so it's just another meeting for me. I'm sure it's the same for them. It's not their only meeting in the month. It's just another convenient peg.

It seemed that many branches are operating as social clubs, and that The Healthcare Charity is just a brand name that provides them an excuse to meet and play bingo or other activities that are only fun-based without any reference to arthritis. This is a major point of contention among beneficiaries at grassroots levels. On one hand, some beneficiaries believe that the charity should have an entertainer role and on the other hand some believe that this is not a role that a healthcare charity needs to play.

Enabler

The Enabler role of the charity brand refers to the function of allowing people to achieve things that they would not normally be able to do so in their current situation. The 'Enabler' metaphor is used to describe a relationship type where the beneficiary joins the charity because the charity allows him/her to feel useful and empowered. In many cases, people diagnosed with arthritis have to quit their job and through the charity, they have the possibility to be involved in new things and feel they that are making a contribution in society:

[...] from the point of view of someone like me who has had arthritis for quite a long time and is still relatively young, if I could go onto the forum for example and feel that something I am saying to somebody else is actually helping them, that is actually helping me in a sense [...] and helping people to deal with their arthritis. I can't work at the moment but it makes me feel useful and as if I've got a purpose and that something good has come out of a very difficult situation. So I think that benefits not only the individuals who are being helped, but also those doing the volunteering, as well.

The enabler role also involves building more confidence in its beneficiaries, so they can deal with all the different pressures that they could face as people living with arthritis:

[...] that's what I have felt they have done for me. They made me say to a doctor "Well actually, I don't believe in what you're saying is good for me," and they've allowed me to challenge that. Challenging your condition is a really good thing.

The organisation has also been traditionally leading the way in terms of empowering people, but there seems to be a perception that the charity is neither as innovative as it used to be in the past, nor that it is performing its enabler role as it used to do previously:

[...] they have become a signposting organisation, which they didn't used to be. They used to be more of a helpline and then signpost you as well which, I think they're now frightened to get it wrong and that's the world we live in unfortunately.

There is a feeling that the charity brand should have a more active role as an Enabler, in line with the campaigning work that it used to do several years ago about patient

empowerment or user engagement. As suggested by one participant, this could be manifested through a network of support groups that are being given the necessary support from the charity's management and from individual beneficiaries, to provide information, advice and support on a range of issues specific to people living with arthritis:

In the ideal world, if I was phoning the helpline about a work-related matter or a benefits related matter, in an ideal world, they would say to me, "There is a support group in Coatbridge. It meets the first Thursday of every month and they have all the information that you need in terms of benefits and advice and on-going support." I think there could be better use made, if the support groups were there, to cascade that information or to send someone to follow it up so that they get the on-going support that perhaps they need.

Conclusion

Findings suggest that beneficiaries' relationships with brands can be better understood by gaining insights on the different roles that the charity brand play at different stages in their lives. The four main relationship roles identified (Mentor, Befriender, Entertainer, Enabler) are not mutually exclusive and different beneficiaries could have expectations at different time periods. For instance, a beneficiary might wish a Mentor relationship role from the charity at the start of the relationship but then when she has been with the charity for a long-time, she might just want the charity to have an Entertainer role and she would expect the relationship to be along these lines. It was also found that there is a growing voice for the charity brand to play a Medical Expert role similar to that of a doctor-patient relationship.

5. Conclusion and recommendations

The general aim of this study was to explore the brand relationship dimensions in a healthcare charity context with specific reference to the host charity co-financing this study. Specific research objectives were formulated and refined as research progressed in the field and through timely consultations with senior management. In this section, a summary of the major findings is presented along with recommendations to the host charity's management. The original contribution of this study to academic knowledge is also discussed as well as general implications for brand practice in a charity context. This research project's limitations are also summarised and suggestions for future research are provided. The chapter ends with the researcher's own final personal reflections on this inductive qualitative approach into exploring charity brand relationships in a British healthcare charity context.

Summary of major findings

The first research objective of this study was to explore why and how people living with arthritis relate to charities in the UK and understand the socio-cultural context in which these relationships take place. Through an analysis of three life-story narratives, it was observed that at different points in their lives, people develop different types of relationships with charities to satisfy different types of relationship needs. People also tend to relate with charity brands that have personalities and values that are congruent to their own or because the charity can provide support for a felt need specially in a healthcare context. It was also observed that individuals' needs evolve with time and they tend to develop relationships with charities that would best satisfy their needs. This relationship could be motivated by the need to benefit from the service provided by the charity, or by becoming a charity donor or volunteer. The role of brand was found to be relevant in assisting individuals in connecting with charities and subsequently develop relationships with them. This

reinforces the idea that charities need to have brand orientation strategies that allow for better differentiation and clearer positioning (Hankinson 2001).

The second objective was to probe further into understanding the components of the charity brand that effect brand-beneficiary relationships in a healthcare charity context through the perspectives of beneficiaries. Six themes emerged from the findings which were labelled as follows for the purposed of discussion: brand clarity, brand values, brand personality, brand communication, brand presence, and brand experience. The table below summarises the main insights from each of these themes.

Table 9. Charity brand aspects effecting brand-beneficiary relationships

Themes	Summary of insights
Brand clarity	There is a perceived lack of clarity in the charity brand's mission, purpose and visual identity resulting in beneficiaries feeling that the charity brand is not focussed and not in-tune with the realities on the field.
Brand personality	The charity brand's personality is having both positive and negative influences on brand-beneficiary relationships. While warm and caring personality is generally seen as positive for beneficiaries, there is a desire for the charity to have a louder voice in terms of activism.
Brand communication	Brand communication through the actions of managers and employees towards stakeholders is having a direct impact on brand-beneficiary relationships. Several issues related to managerial, organisational and marketing communication were identified.
Brand presence	There is a felt need for the brand to be more present on different meeting platforms such as branch meetings or the online forum. There was also a need for the charity to enhance its presence through appointed 'brand ambassadors' as well as through better visual identity communication.
Brand experience	There is a need to enhance the experiences with the brand such as the organisation of brandfests and brand events. These could also lead to the creation of stronger brand communities and enhance emotional connection with the brand.
Brand ethics	There is a growing concern on brand ethics and beneficiaries would like the charity brand to clearly articulate its brand values as well as translating these into actions.

These six brand elements identified from a beneficiary perspective are likely to assist management to analyse the charity’s brand relationship with its beneficiaries. There is a real need for the charity to work on its corporate identity and its corporate expression so that it stays ‘fit for purpose’ and relevant to people living with arthritis. Addressing these issues will likely to result in a stronger brand with stronger relationships with its beneficiaries. Stronger emotional connections with the brand will also reduce the likelihood of beneficiaries shifting brands in a context where new entrants in the sector are providing similar services.

The third objective was to investigate charity brand relationship types from the perspectives of beneficiaries through the interpersonal relationship metaphor. There were four main relationship roles identified from the perspective of beneficiaries: Mentor, Befriender, Entertainer, and Enabler. There was a growing voice for the brand to play a Medical Expert role where some beneficiaries have expressed the wish for the charity to also play a relationship role which could be similar to that of a doctor-patient relationship.

Table 10. Charity brand relationship roles

Role of brand as relationship partner	Perceived relationship role
Mentor	The beneficiary perceives the charity brand as a mentor to whom advice is sought when needed. The mentor is perceived as someone more mature and knowledgeable.
Befriender	The beneficiary perceives the charity brand as a befriender with whom he/she can have a casual social interaction to satisfy needs arising from loneliness.
Entertainer	The beneficiary perceives the charity brand as an entertainer whose role is to entertain him/her and nothing more.

Enabler	The beneficiary perceives as someone who allows him/her to feel useful to society and to feel empowered.
Medical Expert	<i>This is a desired role</i> - some beneficiaries have expressed the wish for the charity to also play a Medical Expert role which could be similar to the relationship that they have with their GPs.

The use of relationship metaphors allow for a better understanding of beneficiaries' expectations of the relationship they want to have with the charity brand. As Keller and Lehmann (2006) pointed out in their seminal paper about future priorities in brand research, there is a need for managers to understand how a customer's desired relationship be determined and whether a customer segmentation could be carried out in terms of desired relationship roles. This study provides a new perspective to this particular charity's management to understanding desired relationship roles, which could lead to better relationship role alignment and customer relationship segmentation in the future.

Managerial recommendations

Findings of this study provided a series of managerial implications for the host charity which could also apply to other charities facing similar issues. First of all, it is worth mentioning that a selection of preliminary findings were sent to the newly-appointed CEO upon her request while she was hosting a series of strategic meetings in view of preparing the charity's next five-year strategic plan. At this stage, given the several issued identified from a corporate brand lens, the researcher believes that the best approach would be to address these issues would be through a three-step brand orientation strategy as elaborated below.

Phase 1: Brand strategy formulation

Findings suggested a lack of clarity in the mission and values of the organisation resulting in beneficiaries not clearly understanding what exactly the charity's brand promise was. Therefore, the first step is for management to work on the important constructs of the charity brand identity such as the vision, mission, values, and the strategic orientation for the next five years. This is a process that has already been initiated by the new CEO whereby a series of consultations have been made with senior managers on formulating the organisation's values. However, there is a need to involve other stakeholders as well to ensure a participatory and organisation-wide approach to the charity's brand building process (Ind and Bjerke 2007). It is imperative that the charity does not fall into the trap of having brand values formulated by only a group of senior managers working at head-office which could lead to values to which volunteers and beneficiaries at grassroots level would not recognise or relate. There is also a need to make sure that values articulated are inspiring, realistic and truthful to the organisation (Urde 2003). Given the complex nature of the healthcare charity brand and the environment in which it is operating, the underlying principle in this brand building process will be to ensure brand clarity. The notion of brand clarity which emerged from this study reinforces the concept of brand integrity which Laidler-Kylander and Stone (2012) introduced in their study among American charity brands.

Phase 2: Brand strategy application

The second step recommended is therefore to work on the corporate expression of the brand (Abratt and Kleyn 2010) since this study revealed various issues in terms of visual identity, brand personality, brand promise and brand communication. Staff and volunteer involvement is crucial at this stage since they personify the brand through their day-to-day interactions with their audiences. Beneficiaries identifying with the charity brand are also the face and voice of the charity and hence their involvement is of paramount importance. While a policy in terms of a brand

blueprint is recommended, that does not imply ‘brand policing’ where managers would impose on volunteers and members on how the brand needs to be expressed. Brand democracy is suggested as opposed to brand dictatorship which has been proved to be successful among charities embracing a participative approach to brand building (Ind and Bjerke 2007, Laidler-Kylander and Stone 2012, Laidler-Kylander and Stenzel 2014).

Phase 3: Brand relationship management

Tactics need to be developed to allow for more connections with the ‘brand’, such as the frequent organisation of brandfests and the appointment of volunteers as brand champions. Beneficiaries need to feel an improvement in brand behaviour through the different constructs of the corporate expression for the rebrand to be successful. As Keller and Lehman (2006) suggested, managers need to analyse how their customers’ desired relationships be cultivated through appropriate marketing activities. There is also a need to improve brand communication at all levels since this was a major issue identified in this study.

Moreover, five main relationship roles were identified from the perspectives of the beneficiaries which providing a new perspective of looking at brand-beneficiary relationships. Different beneficiaries want the charity brand to have different relationship roles and therefore, given the current financial constraints of the charity, management will need to redefine and align relationship types with the brand mission of the organisation, and focus on relationship roles that are most needed. Management should also ensure that there are no ambiguities in the relationship roles that are formed with beneficiaries. Management also needs to consider the Medical Expert role that has been identified as a desired role from a beneficiary perspective.

This three-stage brand development strategy will be likely to make the charity more brand-oriented (Hanksinson 2001) and hence most likely to increase organisational

performance (Napoli 2006) if implemented in the proper way. Obviously, a rebranding process in a charity context will likely give rise to tensions among various stakeholders (Lee 2013) thus the importance of emphasising a participatory approach (Ind and Bjerke 2007, Laidler-Kylander and Stone 2012, Laidler-Kylander and Stenzel 2014). The framework proposed provides an initial roadmap for a brand orientation and brand development strategy in the medium term.

Original contribution to academic knowledge

During the past decade, the brand relationship paradigm (Heding et al. 2009) has been applied extensively in the for-profit context (Brezale and Fournier 2012) but there has been scant attention to corporate brand relationships (Abratt and Kleyn 2010) as well as in the study of charity branding from this perspective. This study is the first of its kind to apply such an approach in a healthcare charity context and contributes to the growing academic research in the fields of corporate branding, brand relationship and more specifically charity branding by providing new insights on issues related to a healthcare charity brand from the perspective of its beneficiaries.

Firstly, the social context in which these beneficiary-brand relationships take place in have been explored in-depth through three life-stories. The thick description should allow academics in the field to make their own judgments with regards to transferability and should also provide new insights to researchers not familiar with the UK context on the hows and whys of charity brand relationships in the UK from the perspectives of beneficiaries. Moreover, the analysis and interpretation of findings from an interpersonal relationship perspective (Duck 1991, Hinde 1997, Fournier 1998, Aggarwal 2004) allowed for new insights that contribute to furthering research in the field of charity brand relationships.

Secondly, six aspects of charity brand that could effect brand-beneficiary relationships in a healthcare context have been identified from the perspectives of beneficiaries and were labelled as follows: brand clarity, brand personality, brand communication, brand presence, brand experience, and brand ethics. This study therefore contributes to providing new insights on brand-beneficiary relationships as well as important brand aspects of a healthcare charity brand that need to be taken into consideration in charity brand orientation. This study provides new insights and perspectives in a healthcare charity context whereby some of these insights concur with previous studies in charity branding (e.g. Hankinson 2000, Stride and Lee 2007, Laidler Kylander and Stone 2012)

Thirdly, this study investigated the existence of brand relationship types from a researcher and consumer metaphor perspective (Avis et al. 2012). Such an approach had so far been used in a commercial context (consumer-brand relationships) and has not yet been used in a corporate brand and/or charity context. Four relationship roles (Mentor, Befriender, Entertainer, Enabler) and one desired relationship role (Medical Expert) were identified from the perspectives of beneficiaries. Despite the criticisms of such an approach in the academic literature, it is argued that using an interpersonal relationship metaphors allow for a different perspective that allows a deeper understanding of charity brand-beneficiary relationships.

Limitations and future research directions

This study was exploratory in nature with the main aim of understanding phenomena through a brand relationship metaphoric lens. This study therefore carries the usual limitations of inductive qualitative research as well as the issues involved with the use of metaphor in marketing research (Avis et al. 2012). Moreover, as in other previous research in brand relationships using such approach, data analysis and findings produced were based on a subjective interpretation of the researcher (Saledin 2012). Despite these limitations, this study is an innovative contribution to the charity branding literature which could inspire further research in that specific area

and encourage more applications of corporate branding and brand relationship theory in a charity context.

Future research could explore in a more comprehensive way the relationship types that exist between other groups of stakeholders and charity brands. Moreover, as stated previously, there is also a need to explore the possibility of relationship segmentation within the charity, and its implications on day-to-day operations (Keller and Lehmann, 2006). Recently, Breazale and Fournier (2012) also pointed out that while the strategy of using the interpersonal relationship metaphor to commercial brand research has over the past ten years contributed in providing new perspectives on branding, there is also a need to go beyond micro-level analysis. The same applies to brand research in the charity context where there is a need to go beyond individual case studies to sector-wide and macro-analysis.

Concluding reflections

Through my consultations with people relating to charities at grassroots level, I can conclude that today the role of brand in the charity sector is increasingly being widely accepted as a strategic tool that charities need to use, to further their objectives in society. This confirms what Olins (2003) noted almost a decade ago about how brands have become “so significant a phenomenon of our time that it is almost impossible to express any ideas, or even delineate personalities, without branding them” (p. 23). I personally feel that despite the harsh economic conditions in which the charity is operating, the time is ripe for a rebranding of the organisation specially with the appointment of a new CEO. At grassroots level, in many cases, I had to explain what I meant by branding to members and volunteers but after I gave an explanation of the notion of charity branding, most people acknowledged that the charity needed to work on its brand, as illustrated by this quote from a branch chairperson:

As a long-standing member of *The Healthcare Charity*, I have to say that I feel they don't really, truly have a brand. Not a brand that others would recognise. Without trying to be critical, I think they could do more to develop a sort of proper, well recognised brand to help them in their cause and I don't think they've got that at the moment.

Therefore, I do not feel that management will encounter a lot of resistance in a rebranding exercise. However, it is important that people at grassroots level feel that they are part of the process; hence a participative approach to charity branding is imperative (Ind and Bell 1999, Hankinson 2001, Stride 2006). I already noted through my interaction with participants that some of them were using this as an opportunity to "feedback up" to management since they hardly ever have the opportunity to have such face-to-face consultations with management.

Consultations with the new CEO led me to conclude that she also feels that the charity needs to invest in brand research and strategy with a view to reach a wider target audience. She felt that there was a need to raise awareness about the charity externally but also internally among staff members. She seemed to have a more strategic understanding of branding and the need to embark on a brand orientation strategy. In the case of this particular charity, the greatest challenge would be a change of mindset from top to bottom so that all stakeholders acknowledge the importance of brand orientation and that those charities having a high level of brand orientation are indeed performing better (Hankinson 2001, Napoli 2006).

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APPENDIX A

Brief accounts of ZMET interviews

ZMET Interview 1

I decided to be very flexible in my approach due to the specific profile of participants and I felt that the first interview would be crucial in determining the extent the extent to which I would need to adapt the procedure. For the first interview, I met the participant in one of the charity's branch meetings and explained to her the interview approach. The participant was asked to collect pictures that expressed her thoughts and feelings about her relationship with the charity and was also briefed that pictures could be collected from magazines, newspapers, posters, online sources, or she could use their own digital camera / smartphone to take pictures. However on the day of the interview, she told me that she did not have time to look for the pictures:

Tauheed: No. I was thinking, remember I told you about finding pictures that would...

Interviewee: Yea. I wasn't able to. I didn't have any time. Time.

Since I had already traveled for several hours to come to her place, I thought that I should nevertheless conduct the interview and find a way to adapt the interview procedure. I look around her house and noticed that there was a lot of pictures, souvenirs, plates, paintings, and other decorative objects so I told her to take some time and walk around her own house and identify artefacts that would represent her thoughts and feelings about the topic. I told her that I would then take pictures with my smartphone of the objects identified. I briefed her again about what I meant by metaphorical analogies. That exercise proved very fruitful and she managed to find two representations in her house: one was a painting and the other was a series of plates. I used these to probe further into the metaphor elicitation process and manage to capture some interesting insights. However, given the medical condition of the patient, I had to stop the interview after approximately an hour upon her own request. However, the one-hour spent with her was very rewarding since the artefacts allowed me to probe deeper into some important issues related to the topic. After this first interview, I realised that the whole ZMET procedure would have to be adapted according to the profile and mood of each respondent.

ZMET Interview 2

For the second interview, I called the respondent two days before to know whether she has been able to collect any pictures. She told me that she had found around six pictures but could not find any more pictures and was not sure whether they were appropriate or not. I told her not to worry and that we will still be able to work with whatever she had gathered. When I went to her place for the interview, I found that the pictures were more related to the charity's activities and pictures of her participating in those charities. I used each of these pictures as a point of departure and managed to probe into deeper thoughts and feelings using some of the storytelling, art therapy, and Kelly repertory grid techniques. I also realised that I could not follow the typical linear ZMET procedure and had to adapt the steps according to the responsiveness of the audience. I also found out that the sensory images and movie vignette exercises might be challenging for some participants and had to find ways and means to get direct them in that line of thinking. For example, in that case, the respondent was finding it hard to work on step 7: imagine a short movie that describes their thoughts and feelings about the topic. So I had to use other probes to get her to think in that direction. First I asked her if she enjoyed movies, then to tell me about the movies that have been memorable to her, then about movie characters that she really liked and then about a movie or a movie character that could best represent her thoughts and feelings about the topic. These different variations in probes allowed me to capture some interesting insights from the respondent – for example, she mentioned 'Calamity Jane' as one of her favourite characters as 'Seven Brother for Seven Sisters' as a movie that best describes her relationship with the charity. I used these elements of information as a starting point to probe further into her thoughts and feelings about the topic. The session proved challenging and the respondent also felt quite tired after the whole process and hence I could not proceed to the digital image creation exercise. I had to come again two days later to spend around 30 minutes just to devote to the digital image creation. A few days later, I called one of the respondent's friends who initially also accepted to be interviewed but she told me that she changed her mind and that her friend had told her about the interview experience and she felt she would not have enough time and resources to do such an interview.

ZMET Interview 3

The respondent in this case was presented with the interview method in detail through a PowerPoint presentation where I also showed examples from OlsonZaltman's website so as

to give a better overview of the interview process and how the data is analysed. I felt that participants needed to be more aware of the interview method and what was expected from them. The respondent expressed her willingness to be interviewed in her house and an appointment was scheduled. I called her a few days later to make sure that she understood the importance of collecting pictures but when I said around 12-15 pictures needed to be collected from various sources, the respondent said that she would find this task challenging and that she would find it hard to find time to do this exercise properly. She told me that she had some cartoon visuals at home and that she would like to browse through them but she would not go and find pictures from other sources. Again I had to adapt to the situation and told her that it was fine for me and in any case we talk about the missing visuals when I meet her for the interview and that the cartoons would serve as the starting point for the interview. During the interview I managed to use a few projective techniques but not necessarily following the ZMET process. In that particular circumstance, I felt that I needed to let the conversation flow at times since some valuable insights were being uncovered through the conversation itself. I also asked the respondent to express certain thoughts visually and we together browsed through the Internet to find images that would best express her thoughts. This exercise proved to be a useful experience and we concluded the session by creating a digital image together. The respondent also gave me a one-page typed document containing her thoughts and feelings about her relationship with the charity. She told me that as she was thinking about the topic to be discussed she felt that she needs to write them down.

ZMET Interview 4

This session was conducted in my office since the respondent expressed the wish to come to the university for the interview. I welcomed her at the reception and walked her to my office while making a micro-guided tour of the university. She brought 20 pictures which we sorted and I felt that to be able to stay within the 2 hours allotted time we would have to work with 9 pictures. The interview session actually lasted 2 hours 11 minutes and ended with the co-creation of a digital image. Several projective techniques were used and again since the respondent could not find a few pictures that represented her feelings, we searched for these pictures online and the respondent seemed to enjoy this process. In that particular case, I was able to follow to a large extent the ZMET procedure and I after the interview I felt that the success of a ZMET interview also depends a lot on the mood of the respondent as well as her willingness to engage with the different projective techniques.

ZMET Interview 5

This session was conducted at the respondent's house and the latter did engage with the process quite well. The session was conducted in her living room and there were photo albums scattered around indicating that she really took some time to look for pictures and spent some time thinking about the themes to be discussed. However some of the pictures were about how she perceived arthritis as a condition which were nevertheless used to probe further into how she perceived the condition and how her relationship with the charity allowed her to deal with that condition. Several projective techniques were used and the session ended with the co-creation of a digital image that summarised her thoughts and feelings about the topic. After the session I felt that the respondent was tired and even though there were some more themes I wanted to discuss I had to resume the interview. I also felt that the time spent in co-creating the digital image could have been used to probe further into certain core themes that were specific to this study.

APPENDIX B

Interview transcript sample

Respondent V (76:14)

TB:

Where are you located in Scotland?

Respondent V:

In North Lanarkshire in a town called Coatbridge. It's about 15 miles east of Glasgow.

TB:

Okay. I haven't been to Scotland yet.

Respondent V:

It's very central.

TB:

Maybe we can start by you telling me a little bit about yourself. If you wish, you can start with 'Once upon a time, there was a little girl called Iris.' You can start back as far as you want, just for me to get a better idea of you as a person.

Respondent V:

I'm Iris and I'm 61 years old. I was a social work manager for children's services and took early retirement two years ago and that was really due to the effects of arthritis and upcoming operations that I was about to have. I became involved with The Healthcare Charity in November 2009 when I joined as a member but I had been looking in for a few weeks prior to that, just to get a feel of the discussion forum. I'd also looked at quite a number of their publications.

I have a family of five. They're all grown up now and I live alone, although my second youngest son is studying at university just now so he's returned home to live with me part time. I don't know what more you want to know.

TB:

So you've always lived in Scotland and worked in Scotland?

Respondent V:

Yes. I haven't always lived here. This is actually the house I was born in. This is my parents' house. I've lived in Glasgow, I moved to the Outer Hebrides and worked there for 8 years, which is about as far north and west as you can go. That was a great experience. I then

moved back to Kilmarnock and was based there for a time and I moved back here to Coatbridge when my father was very unwell. He was terminally ill so I came here to help look after him. So I've gone full circle.

TB:

So when did you first learn about your arthritis condition?

Respondent V:

I didn't realise what it was to begin with and I put the symptoms down to any number of things. Tennis elbow was one of them. My GP referred me in 1997 to rheumatologists because I could no longer straighten the arm. That was what took me to the doctor, was the fact that I couldn't straighten the arm anymore and I attended – I still am – rheumatology. It took a year for them to diagnose which form of arthritis it was but they were quite sure that it was arthritis right from the first consultation that I had. That's 15 years ago, now. I've been living with the condition for that time.

TB:

What made you start to look for information about -

Respondent V:

I think the first information that I actually received about The Health Care Charity was through the hospital rheumatology department. They actually gave me leaflets on arthritis and wellbeing and various pieces. I knew about them and I went online, I think when I was due to have an operation. They had suggested I have a wrist fusion and I wanted to know more about the operation. I put it on Google and then followed various links and looked at various websites and eventually settled on The Health Care Charity as one that I might be happy to be involved with.

TB:

So you went on the website and that was your first point of contact. And how did the relationship develop with The Health Care Charity? What made you decide to become a member?

Respondent V:

My first question on the discussion board was to the helpline and also more broadly to the forum members themselves to find out if anyone had had the same operation and could tell me about their experience of it. When I went on the helpline, my question to them was far too medically detailed so they just signposted me to more information leaflets but the discussion forum itself, the members took up the question. I became involved with just chatting with people online through the forum and it really developed from there.

It was a forum that I fairly quickly got involved with and found that it was very helpful because I was able to share how this disease was affecting me without having the burden or feeling that I was burdening someone else with it. Because of course, people have the same condition and the shared emotions that happen so I found it very helpful.

TB:

When you called the helpline and then they signposted you, is it something that you expected or were you expecting more from the helpline?

Respondent V:

I think I expected more because I didn't realise that the people on the helpline weren't medically trained. So it was my expectation that was too great for what the helpline actually does. It's only through understanding that that you realise the limitations that there have to be. I wasn't disappointed because they did give me information and I wasn't disappointed because I didn't feel as if they had just said, "No, we can't help you." What they had said was, "This is too complex for us to deal with and we will signpost you to other publications and other websites," so I did feel that I had been helped.

TB:

How do you communicate with the organisation?

Respondent V:

My first contact with the helpline was actually on the forum so it wasn't by telephone. It was by posting a question. I later did phone the helpline – and when I say later, I mean probably 9 months later, not an immediate contact. I was under a lot of pressure with my job and the arthritis was affecting – not affecting my performance. It was more that I was carrying the burden of it without really telling people how ill I felt or how sore I was. And then I'd gone off to have this operation and realised that there might be difficulties in maintaining my job. The type of job I had took me travelling around Central Scotland – quite a large area – and driving was a difficulty for me.

I phoned the helpline for advice, but really just to have a chat with someone that may be able to understand what I was going through and they were very helpful and very supportive. So that was my contact with them by phone. Just that one call.

I then became further involved on the forum. I was quite active on the forum as a member and then, it was about a year later, I was asked if I would consider being a volunteer moderator. I'm still doing that. I do that on Monday and Thursday and sometimes if cover is needed, I step in. I suppose - it's good to be involved and to be active in doing something but I suppose the drawback of being a volunteer moderator when you're actually a forum member is that you are carrying two different identities. As a moderator, you don't declare who you are so forum members don't know the identity of their moderators so in actual fact, I very rarely post now as a member. I feel that I've graduated to doing more moderating and that's where I'm at just now.

TB:

Are you a member of any branch?

Respondent V:

No and this is to my shame and I did look to see if there is a group near to me. In fact, there is one in my hometown here but when I went along, it was just very very elderly ladies and I just thought it was so sad and they were playing bingo. They met every month and they

played bingo. I thought, "I can't be involved in that," so I haven't been back. So I've not been in touch with any other branches other than that local one.

TB:

When you say elderly, they're like -

Respondent V:

In their 80s and one lady was in her 90s. They had been friends for many years and my understanding was – I don't know what the membership of the branch had been but it had declined into just this monthly meeting to have tea and cake and playing bingo. There wasn't really anything about arthritis or The Health Care Charity involved in it. It may change.

TB:

What would you have expected?

Respondent V:

Probably they were active in promoting the charity locally to perhaps GP services and being involved in meetings to put forward the support that the charity offers and to promote their publications, as well as to raise awareness of arthritis. It's not every GP that really has an in-depth understanding of it and the complexities of the types of disease that you can suffer from. So I suppose I was looking for something that was quite proactive and of course, it wasn't that at all, so I didn't go back.

TB:

How did you feel when you were there?

Respondent V:

I just felt it was very sad. I thought it was sad that these ladies didn't seem to have any contact with any other branches and it had just become a monthly meeting for three elderly ladies. Perhaps I'm wrong and if I'd gone back, it might have been different.

TB:

No, it's interesting to get your impression. Your feeling. You felt that they were disconnected from the whole organisationç

Respondent V:

Yes, there was nothing there. They used the local community centre – one of the rooms there – and there was absolutely nothing that would identify them as being [anonymised] subgroup. Nothing at all. No information leaflets, nothing. It was just these elderly ladies having a tea. So you wouldn't have known what it was about.

TB:

Why do you think they use [anonymised] then? Is it just an excuse to -

Respondent V:

I think possibly – we didn't get into that because there wasn't a lot of conversation because they were playing bingo. I didn't get to know them very well but my understanding was that there had been a group there for quite some time and I didn't know whether people had stopped going or if they were very elderly and unable to go. So I didn't find very much out about it at all.

TB:

Do you feel the need of having a support group? I'm not talking about this but you know – how do you think the charity can help? Do you think the future is in physical groups or is it online?

Respondent V:

I think there's potential for both avenues, really. I think online, your relationship with people is quite anonymous. People choose an avatar, they choose an ID for themselves. And they don't need to – it's not encouraged that they give their full names online. People will normally give their first name perhaps. It's a very anonymous thing. You do get to know people and in fact I've developed friendships from the discussion forum. I've had people come and stay with me here who live in Cornwall that I've come to know through the The Health Care Charity. So there are possibilities of making friendships but in general, it's quite an anonymous place to be, by your choosing.

I think a support group, I suppose for me it would be helpful to physically meet with people. It's not about sharing or having a moan about how you are. It's really about helping each other, about support and about raising awareness. I think that's really important because there are a lot of people who struggle with arthritis and are perhaps not getting advice and support and help that really they're entitled to.

I'm quite fortunate. I've got a very good rheumatology team. When I was first referred, I lived in the Western Isles so my nearest rheumatology team was in Glasgow and I've just stayed with them all this time even though I've moved house four or five times to different places. I've stayed with the one rheumatology team because they are very supportive. But I know from other people's experiences online, you read all the time what other people are going through and not everyone has that degree of support. I know from speaking to people locally that the rheumatology team that's nearest to me isn't actually seen as a very supportive team.

So the degrees of support vary hugely, depending on where you live. Access to treatments vary hugely according to where you live and the team that you are under. So I think there is a message to be given about access to treatments and what is possibly available rather than people having to struggle to find out the information. I suppose it's about having a one-stop shop to provide information about The Health Care Charity locally. That, I think would be very helpful.

TB:

A one-stop shop.

Respondent V:

Because arthritis isn't just a physical and emotional condition. It brings with it pressures on individuals and families, financially. Access to benefits, just now there are huge difficulties for people applying for employment and support allowance for example, where they have to go through medical assessments in order to qualify for that type of benefit. It's a minefield. I went through part of it myself and I think that when you read other people's questions online and it's a "Help!" They've been diagnosed with arthritis, they've reached the stage where they can no longer work and they have no understanding of the benefit system. It's so complex, anyway.

In terms of one-stop shop, it's not just about information about the different types of arthritis and the treatments that are available. Support groups, where they exist, the types of discussion forums where you can get support and advice but also things like how does it affect families. How do you cope not only with your condition but the impact it has on others. How do you support your family? And then, where you are working age, how do you deal with the situation where the condition has reached the stage where you can no longer keep the job. Physically, you are unable to do that. What are your rights and how do you access financial support?

That's what I mean by a one-stop shop.

TB:

Do you think The Health Care Charity is doing it right, now?

Respondent V:

I can't really say because I'm not involved locally.

TB:

But I mean from the relationship that you have. From the booklets that they put online, from the helpline?

Respondent V:

I think there's limitations on it and they're understandable limitations. They're very good at information with regard to the types of condition and how it affects you and they're very good with the publications. And they do have work-related information too for people that are struggling and need to know how to go about dealing with the management. But it's still limited. It's limited in the sense that, at different points in time, if not face to face, you need contact. You need individuals. Not just the broad brush information leaflets.

I know the helpline is there but it's there as an emotional support and for signposting and it's very good for both of that. But when it comes down to it, there a lot of work that needs to be done on the ground that perhaps isn't being done and I don't know what the answer to that is. Maybe the support groups – I've no experience of support groups in other areas but perhaps support groups in other areas offer that.

I know from my own experience, when it came to it, I had to do a lot of the work myself and it was a very stressful time. I did have emotional support from the helpline when I phoned but

when it still came down to it, I had to do a lot of the searching myself to know what my rights were and also what my employer's duties and responsibilities were. So that part of it is huge and perhaps it would be helpful if there was something that was available. Maybe a benefit support line or maybe it's too costly? The Health Care Charity, like any other charity is facing its own financial difficulties. But I think it's an area that perhaps could be looked at if, at some time in the future, there are finances available for that.

TB:

Like having people that are more technically – right now, the people on the helpline are trained counsellors but they can also help you to find, from what I understand, the right information and they can also give you some advice about work issues or whatever. But from what you are saying, they can provide the basis information and you would expect something more substantial.

Respondent V:

Yes, I think you're right. They're providing basic information but when it goes – it becomes quite personal I suppose because everyone's experience is different depending on their workplace and their employers. But yes, they can't offer that type of ongoing and in-depth counselling and support in terms of the workplace environment and dealing with employers. I don't think they have the capacity for that financially as well as the type of counselling support that is available.

TB:

But let's assume that they do have the financial ability, you would expect that they would give more support. If I tell you – can you give me examples of other charities that you know are doing a good job in healthcare?

Respondent V:

The only other ones I've got experience of are the NRAS and the Psoriasis and Psoriatic Arthritis Alliance – the PAPAA - and also the National Osteoporosis Society because I've got osteoporosis as well. So I've been on their websites. NRAS have got a really slick website and it cascades down into signposting you to other websites. I'm not savvy when it comes to systems. I just know what it's like as a user and they're very good at cascading you down to other support networks. If you've got more than one condition then you can be signposted to that so it's quite good from that point of view. I've never tested them as far as any helpline is concerned.

Similarly, the National Osteoporosis Society, I did have cause to phone them and they were very helpful and sent out a lot of leaflets but again, it's the same limitations. They can signpost you, they can send you publications and leaflets but you can't expect to get everything from one place.

I think that's really what it comes down to. You've got to search out things for yourself but it can be very difficult if you're on your own. It can be quite a hard task. I think possibly, that's where support groups locally would be good. I suppose I'm at a disadvantage because I've not been to a support group that's up and running that's active because if I had, then I would be better placed to say that's available locally and that's what people should be signposted to.

In the ideal world, if I was phoning the helpline about a work-related matter or a benefits related matter, in an ideal world, they would say to me, "There is a support group in Coatbridge. It meets the first Thursday of every month and they have all the information that you need in terms of benefits and advice and ongoing support." I think there could be better use made, if the support groups were there, to cascade that information or to send someone to follow it up so that they get the ongoing support that perhaps they need.

I don't know if I'm making sense.

TB:

Yes. How long have you been interacting with The Health Care Charity?

Respondent V:

Since 2009.

TB:

How do you feel the relationship has evolved. Just to understand and help us discuss this, if you had to think of The Health Care Charity as a person, as a relationship the you have with a person, how would you qualify this relationship?

Respondent V:

I would say it's like a mother figure. It's there to offer you support but you still have responsibility for yourself. So you can't hand all responsibility to The Health Care Charity. They're there and they will offer support and advice and information but you then have to move on from that. I think, from my own experience anyway, it develops. The relationship develops and it probably develops for individual people.

Some people have stayed on the forum and they're not moderators so their relationship is quite different. Mine has grown into becoming part of the organisation – in a way – as a volunteer. So my relationship has changed and I don't use the forum now as a discussion forum with other members but as moderators, we support one another. We have our own forum online and we've formed quite a tight knit group now of moderators so we tend to support one another within the moderator network.

So yes, it's developed and I think it develops differently, depending on what your needs are. And possibly also what your background is. I've always been very active. I've always been involved in supporting people, whether it was social work or housing. Years ago, I used to be a homeless officer and I also worked in the volunteer sector, working with children and young people. So I've always – it's never been enough for me just to have information for myself. I've always wanted to be able to help other people through my own knowledge and experience.

So I think yes, it largely depends on you as an individual.

TB:

Do you have anything to draw with near you? I'm interested to explore certain ideas so if you don't mind, I'll ask you to draw something.

Respondent V:

Okay I have pen and paper.

TB:

Take your time. I'd like you to – you told me you think of The Health Care Charity as a mother figure. I'd like you to visually describe what you mean by this mother figure. I'll give you a few minute to think about it and then we'll talk.

Respondent V:

I tend to be verbal rather than pictorial.

TB:

Take some time to think about it while you are drawing and then we'll discuss about it verbally.

Respondent V:

It'll be stick people. It won't be good drawing.

Really, from my point of view, The Health Care Charity is here as the mother figure. The head. They have access to helplines, publications and to the discussion forums. And from that, they offer support. These are all the members down here. They can offer support to the forum members and other people who are looking in. they offer support but they also give them access to these things here which are a help.

TB:

So for you, a mother figure – can you give me an example of a mother figure?

Respondent V:

I can't think of anything other than what I would see as being a mother figure. It's to offer support. It's not all-encompassing. It's about providing love and support. Not so much love with The Healthcare Charity but support and access to information to guide you on your journey with arthritis so that you mature with your condition and you also mature with The Health Care Charity in the way that you use it. I suppose that's probably what I mean by mother figure.

I don't think mother is the best mother that takes you and completely owns or advises you or takes control. They don't. a mother figure is one that offers nurturing and support and advice and that's really what I mean by saying it's like a mother figure.

TB:

Why a mother figure and not a father figure?

Respondent V:

I suppose that comes from my own background. It has to, doesn't it? I grew up where my mother was at home, didn't work and looked after the family. There were 5 of us and my father went to work and he was a workaholic. He loved his work but tended to be a bit removed from us. It was all girls. No brothers. So there was always a distance involved in the relationship with my dad, whereas my mum, she was always there. So yes, that's probably why I chose a mother figure rather than a father figure.

TB:

Speaking about distance, how close do you feel to The Health Care Charity as a mother figure? Do you feel it's a close relationship or it's distant?

Respondent V:

For me, that's quite a loaded question because of what I do for them as a volunteer.

TB:

Even as a volunteer, do you feel close to the organisation? To the people working in the organisation.

Respondent V:

Some people, yes, but not management. I'm quite an outspoken person so even within the moderating team, I've been quite outspoken with the changes that came about over the last year when The Healthcare Charity has been through a difficult time financially and they were looking to slimline the organisation. That meant the loss of the web manager and also there were difficulties then with the oversight of the discussion forum. I'm not making this very clear. It's quite a complex issue.

Basically, I felt that as moderators, we have lost a lot of the support that we used to have and now the moderator team, we are tending to support one another, rather than be supported by the organisation. I know that at one point, I was quite outspoken in saying that I felt The Health Care Charity should value us more than they actually do because in taking away the web manager, they gave us someone part time. Lovely person but didn't come with experience and knowledge of the forum and so was learning the job. She inherited a lot of difficulties from the previous web manager so we went through quite a difficult time and we've come through it but I still think that The Health Care Charity as an organisation doesn't show that they value their moderators, even though we are volunteers and it can take up 3-4 nights a week.

There is a distance there that's not been bridged. That's probably the best way to put it. There are individuals within the organisation – and you have to realise I've not met anyone. I've not been able to go down to London to meet anyone so my impressions are only through the forum and through the moderator forum. There are individuals who are very supportive when they are able to offer support but in general, I don't think The Health Care Charity management has actually taken into account the needs of the moderators.

TB:

Would you say, in that case, the mother figure was not present enough? Was distant?

Respondent V:

Yes, I would say so. I think while we had a stable moderating team – they're all volunteers and then a supervisor and then a web manager – you had a matrix of support there. That all changed when The Health Care Charity went through the financial difficulties. The web manager left and the forum supervisor hasn't been present so we were left just to get on with it. There were a lot of difficulties on the forum with certain individual forum members who were actually bullying a lot of people and so we went through a very difficult time. It did reach a point where I had said if something isn't done, I wouldn't be staying on as a moderator. We did lose a lot in terms of the tears from us as moderators up to management. They're absent as far as I'm concerned. They're not there.

TB:

Do you think that in that case, they minimised the importance of the forum?

Respondent V:

Yes, I think so. Over all, in looking at the financial pressures they were under and what they could continue to provide or should be providing, perhaps the forum took – it was lower down on the priority list than I think it should have been. But that's a very personal view.

TB:

Do you think it is because they are not aware about how important it is and what is happening?

Respondent V:

I don't know. I can't answer that. I don't know if, in management terms, if they only look at it if an issue arises. If perhaps a member is banned because of behaviour and the that member complains, they go to the higher management. For me, that only seems to be the time when management actually get involved. And even then, it's not direct with us as moderators. It's filtered down to us. I'm probably not explaining it very well because it's spanned quite a period if time.

TB:

That's all right. In general, what I understand is that you used to be satisfied with the support when there was a fulltime web manager but then, with the cost cutting exercise, you felt that the forum was let down and maybe they are not realising the importance of the forum enough.

Respondent V:

I think the stability that existed with the web manager and the forum supervisor and the forum moderators, we had that as a mini organisation within the organisation, if you like and when the changes happened, we lost the web manager. I'm not saying that the web manager was all that was wonderful. I'm not contrasting one web manager with the new part

time one in terms of character or personality. I'm looking at it purely in terms of the tear management system.

We had an easily recognisable and an easily accessible tear so if there were difficulties, we could easily approach the forum supervisor either by pm or email or phone. Similarly the web manager was around and able to be accessed most days. And when those changes happened and we lost the web manager post and the forum supervisor hasn't been on for the best part of a year, we've lost that access. So there's a huge gulf between the moderators at ground level and management.

Other people – good people – have tried to plug the gap. We had help from the helpline manager who was very helpful in supporting the moderators but it's unfair to expect someone to expand their role to encompass us as moderators. She did, for a time, while the new web manager was off ill, because she has her own physical difficulties with arthritis, but there's been no stability. And the only stability we have now is the moderators as a very small group of people. We help each other and I don't think it should be that way.

We should be valued and the management team should see that – we're actually doing a piece of work about preventing – you know more than me about forums – you have to watch all the time about what's being posted to keep the forum a safe place to post some very delicate issues. I think moderators should be valued and supported and we've had to fight for the support since the changes came about.

TB:

Do you use other online communication, too, like Facebook?

Respondent V:

Yes, I have a Facebook page.

TB:

And do you go on the website of The Health Care Charity as well?

Respondent V:

Yes.

TB:

How do you find it?

Respondent V:

Compared to some other websites, it's needing to be updated. I think it's slightly dated in its approach, but again that's a very personal thing and I'm limited to the other websites that I use.

TB:

Do you feel that The Health Care Charity – I'm interested in your case because you are using new technology but many people might not be using technology, especially those who are older. Do you think the future is with using new technology to empower you? One of the missions of The Health Care Charity is to empower people. Do you feel empowered with the use of these new technologies?

Respondent V:

Yes, I would say so.

TB:

So what would you say to those people who say they don't need computers in their life?

Respondent V:

I think they're missing out on a lot and you're right in what you say. Perhaps in trying to support and access older people, the internet isn't the answer of them but I think as time goes on, there are going to be less and less people who don't have access to the internet.

TB:

Do you think that the future, your generation, even when you go 70-80, you will still be using it because you are used to it?

Respondent V:

That's absolutely right. I use it for shopping. I use it for communication, keeping in touch with friends and family and I can't see a time when that would change. I think that the generation who could only be supported through publications on site – you know, in hospital waiting rooms – that generation we're going to lose and we're in a generation now that are much more user friendly to the internet and who look for information. And who make comparisons, as well, so we're moving into a different stage, I think. But that's not to say that we don't need support groups of people that we can go to. I think we still need both. I do.

TB:

For example, I'm just sharing some ideas with you. What if The Health Care Charity would provide – there's no branch or support group in your place but they provide you the opportunity to interact with people online through forums and all that, and from time to time, every 3 months, or 6 months, they organise a little activity in the region for people who are not – It's open to people who are in branches or not in branches but they provide the support to also facilitate face to face -

Respondent V:

Well, it's interesting that you're saying that because I got an email from The Health Care Charity saying that they were trying to organise meetings in Glasgow and Edinburgh for people who are interested to meet together and it's never happened. Whether it's lack of response from people wanting to meet, I'm not sure but the last contact I had was that they were still trying to pull together enough people to make that happen. So it's quite difficult to know how they would take that forward.

T

B:

How do you feel about, for example, just like The Health Care Charity is providing self help booklets about arthritis, what if The Health Care Charity could also provide self help guides? For example, how online shopping can help you, how forums can help you. You know, for people who don't even know what's available on the internet.

Respondent V:

That's quite difficult because people have to be motivated to want to use the internet so that's quite difficult to know how you would bridge that particular gap between people who are unaware of what's available.

TB:

Do you think that the mission of The Health Care Charity, one of the objectives should also be to motivate people living with arthritis to use -

Respondent V:

I'll tell you what might be more useful. If they would motivate GPs to provide more useful information to people who attend the surgeries who have got arthritis. Because when you think about it, there's a huge web of people who are ready, in prime positions, to offer people, not so much support but the advice first hand. Most people with arthritis, when it's reached a certain stage, they might be seeing a doctor or a nurse or the hospital, every four weeks or every fortnight. You can attend your GP's surgery for years and never see a leaflet in a surgery that tells you anything about The Health Care Charity.

This is me personally again. I've never been given any information – and I've moved around GPs' surgeries because I've moved house. I've been in the Western Isles, Kilmarnock, here in Coatbridge and in Airdrie, and not one surgery had any information to give me with regard to my condition or to say, "Here's a leaflet and there are the forums you might be interested in or websites that you might be interested in looking at that you might find of use." That to me is a huge loss. We're losing the potential there for – it's a horrible word – but marketing The Health Care Charity, because we're not using GPs' surgeries or our health visitors or district nursing services.

I look at my own situation. I go into hospital every four weeks for infusion. In between time, a fortnight later, I have a district nurse who comes out to take bloods and I attend my GP's surgery when the GP wants to discuss something about my blood results or one of the conditions, and then I've got the rheumatology team in hospital. I've got a huge number of people – and physiotherapy when I see her – a huge number of people involved in providing me with medical services but none of them signpost me to The Health Care Charity or any other arthritis website. They don't provide me with information and say, "Here is a list of various organisations that can offer you support and advice with regards to your arthritis, if you've got work-related issues, benefits." It's a lost avenue so I think that should be a route that perhaps The Health Care Charity need to look at in a bit more detail. I suppose there's financial constraints as well but there is education that is needing to be given to people who are in a position to help more people that I could as moderator with The Health Care Charity.

TB:

So you mean more education?

Respondent V:

I think GPs and nurses, the primary care services, they need to be educated more and not just – it's not been my experience so it's maybe wrong of me to say this but they need to take seriously when someone comes to them and is exhibiting signs and symptoms of arthritis. Whether that's osteoarthritis or rheumatoid arthritis. So many different types. When a diagnosis is made, it's important that what comes with that diagnosis is information, not just tablets, not just, "Here's your prescription to reduce your information."

TB:

I'm trying to understand your point. Do you feel GPs should say, "I'm prescribing you this but then there is The Healthcare Charity who can help you." Or should The Healthcare Charity lobby with GPs to make them take more concern about arthritis?

Respondent V:

I think both parts of that are relevant. I think that The Healthcare Charity could lobby primary care teams or the rheumatology departments in the hospitals who have all that access as well to GPs. Every patient comes with a GP. So that there is a freeflow of information and the patients at the end of it, have access to information that perhaps they didn't come in the door with. They should go out with information about where they can access help.

TB:

But there are also many smaller charities that are specifically looking at one type of arthritis. So maybe they're also doing this kind of work. How do you see The Healthcare Charity in relation with those smaller charities? How do you see its road?

Respondent V:

I think The Healthcare Charity has the benefit of actually acting as an umbrella for all types of arthritis whereas the smaller ones target particular types of arthritis. I've got psoriatic arthritis so the organisation Psoriasis and Psoriatic Arthritis Alliance, they deal purely with people who have that type of arthritis. The Healthcare Charity is an umbrella group. They don't say, "We are looking after people with osteoarthritis." They're an umbrella group so they are in a better position, if you like.

I suppose it goes back again to what their role is in providing information. It's this bit about signposting people to other organisations, yes, but not in such a way where they're saying, "We don't deal with that," it's more about, "We deal with this but there are other organisations, too, that can help you. I don't know if that answers your question or not.

TB:

Why did you say marketing is a horrible word?

Respondent V:

Because it's not very personal, is it? It's a business statement, isn't it, marketing? That's what happens today. Everyone as individuals, we're bombarded with marketing no matter where we go. So why not be marketing The Healthcare Charity ?

TB:

How do you feel about branding? Do you know this word?

Respondent V:

I don't know how that would relate to The Healthcare Charity .

TB:

But in general, have you heard about brand or branding before?

Respondent V:

Yes, I have.

TB:

What's your understanding of the term?

Respondent V:

I suppose it's identifying something specific. Again, that's about – I suppose it's people recognising a name or a statement. It implies certain traits so I suppose if you're looking at The Healthcare Charity as a brand, you're looking at what does that mean? What do people understand immediately when they hear the term, The Healthcare Charity ? That's my understanding.

TB:

And what do you think people understand when they hear the term, The Healthcare Charity, in your personal opinion?

Respondent V:

I can speak for myself. When I first came upon The Healthcare Charity , I wasn't sure if it was separate from Arthritis Research. It was similar to that organisation in terms of what it meant to me. It was only as I learned more about the site and more about the condition that I could differentiate between them. But you've probably found in your own research that people use more than one website.

TB:

What does the word 'care' mean to you?

Respondent V:

'Care' should – there's a benevolence about that word, isn't there? It implies that you are going to be looked after in some way or that the organisation are concerned about you as an individual. That word implies that someone other than you has got your interests at heart.

TB:

Do you think the word 'care', nowadays, might have certain negative associations?

Respondent V:

Like being placed in care. It can have a lot of negative associations because children are placed in care and where it's elderly, it can be residential care or social care. Yes it can have negative connotations. I don't think as an organisation, The Healthcare Charity would be viewed in those kind of negative terms. I don't think so, but that's my own view.

TB:

So as an organisation, what do you think the values of The Healthcare Charity should be?

Respondent V:

I think it needs to be respect for individuals and seeking to support a person's development through the journey of their condition. It's difficult to put into words.

TB:

Through the journey of their condition.

Respondent V:

Your needs differ as you journey through arthritis and it depends on your age, too, when you first have the condition. There are adults and parents who come onto the forum who have got very small children who have been diagnosed with arthritis and there's a desperate need there for support and information. I'm not sure what The Healthcare Charity does for that section of that community because that's quite a different situation from me as an adult coming on to the The Healthcare Charity website and looking for information for me as an individual.

I think it would be helpful if an understanding of the meaning The Healthcare Charity was that they understood and were able to support people at whatever stage they happen to be in that journey of having this condition. Because it's not a condition that goes away. You grow into the condition. You carry it with you. Some people do have spells where they have a remission in their condition and they don't need a lot of support but I suppose it's availability of information when you need it. It's a huge question.

TB:

So do you feel that the organisation, at different stages of this journey, the organisation should be here and make sure that they are aware of the needs of that person at that particular stage?

Respondent V:

Yes, but I don't have the answer to how they could do that.

TB:

But this is how you feel they should be?

Respondent V:

I think that would be very helpful but I don't know how they could deliver it because it's huge.

TB:

Do you feel part – are you a paid member?

Respondent V:

No, there's no subscription to be an actual member of the discussion forum but you can be paid member in terms of ongoing information and they have a magazine that they send out to the membership.

TB:

So you are not a paid member?

Respondent V:

I subscribe to the magazine and other than that, you're not asked to become a member to access information.

TB:

And are there any other charities that you support?

Respondent V:

Financially? I support MacMillan Care and also – I can't remember the name of it. There are that that I give to monthly.

TB:

Why MacMillan?

Respondent V:

Again because there was involvement with both my parents with MacMillan. Both my parents had cancer and both had support through MacMillan. And also, when I worked in the western Isles, my first job there was on a very small island and there were only 1,400 people on the island so I was heavily involved with the health providers there. That included MacMillan nurses on the island so I have experience and understanding of what they provide. My parents had firsthand experience of their support.

TB:

What does the word 'love' mean to you?

Respondent V:

That's quite a broad word. It depends on the subject of the love because love takes on different aspects, depending on whether it's a child. Your love is different towards a child than it is towards an adult. Some people love their animals so it really depends on the subject it actually entails. It's an unconditional caring for someone.

TB:

If I asked you, would you be able to say that you loved a charity?

Respondent V:

No, I would be able to say I loved a charity, no. Because the charity is disembodied. It's not something that I would invest emotions in where as love is an emotional – it's something you're giving.

TB:

So it's a strong word. You wouldn't use it for charity. You could say you like a charity.

Respondent V:

Yes, I can say I like that charity or I like what that charity does. It's the same as I wouldn't say that I love the forum because it's not – it's disembodied.

TB:

How about the word 'hate?' Would you say that you hate a charity?

Respondent V:

No, I don't think so. I might say I don't like the charity or I don't like what's happening or what they're doing. I don't think I've ever used the word 'hate' for anything that I can think of.

TB:

Is there a charity that you don't like?

Respondent V:

I can't think of any.

TB:

Or any situation where you've said, "This is a charity. They shouldn't have acted like this?"

Respondent V:

No, there's nothing springs to mind.

TB:

How do you feel about the relationship that The Healthcare Charity Scotland has with The Healthcare Charity head office?

Respondent V:

It's funny you mention that because I was thinking about that earlier today. They have a link but it doesn't feel like a strong link.

TB:

Why do you feel this way?

Respondent V:

I think because at one time, they were looking to start up an Arthritis Scotland discussion forum and it didn't really, it didn't seem to come to anything. I'm not involved with the Scottish arm of The Healthcare Charity so I'm possibly speaking out of turn.

TB:

I'm curious about your impression, your feeling, as someone living in Scotland.

Respondent V:

I don't have strong feelings about it either way. I've not had contact with them either way.

TB:

But do you feel that they are working together or do you feel that there is a tendency to -

Respondent V:

Oh, I think it's very separate from The Healthcare Charity in London. It's not – again it's about the website and the way the website is set up. You have to search for that for access to that. The information about regional groups, you have to look for that and be determined to find it, I think. I don't know that the website is all that user friendly.

TB:

So you feel that right on the homepage, there should be clear buttons like Scotland, Wales.

Respondent V:

Yes, I do. When you're looking for a local support group, you can go onto the map of Britain and you click on a certain area to find groups in your area but you have to be determined to do that. I think, at the very least, there should be a button that you click on to look at Scotland. You shouldn't have to search for that. Scotland, England, Ireland, Wales. Yes, I think that would help.

TB:

How do you see the future – it's a hypothetical question – of such organisations like The Healthcare Charity that they say they are nationwide. So the organisation is nationwide. Do you think it's still possible to maintain such kind of organisations?

Respondent V:

I think it is in relation to arthritis. I don't know if it is in relation to other situations. I haven't felt, in accessing The Healthcare Charity, although it's London-based, in somewhere other that I could be – not discriminated against. That's not going to happen – but feel as if I'm on the outer edge of it. I don't think I've ever felt that. So yes, I think it can still maintain its identity and its base but I think the access to other areas should be more clearly signposted.

TB:

Like for example, Amnesty International started in the UK, but now they have branches all around the world so the mission of the organisation is much stronger than national and cultural boundaries. Do you get my point? Do you feel The Healthcare Charity has a vision or a mission to transcend those national boundaries?

Respondent V:

I don't think it's strong enough to transcend the international.

TB:

What about national?

Respondent V:

I think nationally, yes, but I do think the website needs to be updated in some way and be more user friendly. I do.

TB:

Do you think that the mission is strong enough? If I tell you I'm a foreigner just landed in the UK and I want to know what is The Healthcare Charity, what do they do, what is their mission, what would you tell me?

Respondent V:

That's quite interesting because I wouldn't be able to say that in a sentence or two. So the statement needs to be more clearly defined so that anyone who is coming on to look at the website has an immediate understanding of what they do. I'm trying to think of another website that I went to and that was pretty obvious. I can't remember. There was a website I was looking at. I was looking particularly at terms and conditions and house rules for discussion forums to put forward the idea that we should tighten up our own terms and conditions and house rules, and there was one that was very clear in saying, right upfront, what their mission was. I can't remember which one it was.

TB:

Great. I think we've covered some of the essential topics.

Respondent V:

You're welcome and I wish you well in your research. I hope you get a good number of people responding.

TB:

Thank you and if you know anyone who would be interested to collaborate because I still want to have a few more people, especially from the outer regions. Not just London and England. I will still be running interviews till the end of October so if you can convince one or two people to collaborate. It can be by Skype or phone because it's important to get as many voices as possible.

Respondent V:

I'll put forward the idea that people should get in touch with you.

TB:

Great. Thank you very much. Take care.