Coping Research in the Broader Perspective: Emotions, Threats, Mindsets and More

DaHee Han

McGill University

Adam Duhachek

Indiana University

Nidhi Agrawal

University of Washington

Consumers face a wide variety of stressors everyday. Some stressors come from "daily hassles (Lazarus & Folkman, 1984, p.13)" such as making difficult purchase decisions or experiencing poor service and others originate from chronic illness such as obesity or breast cancer that require consumers to make health and consumption decisions. Consumers cope with these stressors in multiple ways to alleviate stress and enhance mental and physical well-being. For example, when consumers are exposed to health messages which warn of the risk of heart disease due to obesity, some consumers "cope" with this stressful situation by making a plan to cut their daily food intake, while others cope by stopping themselves from being upset by distracting themselves from unpleasant thoughts due to the threatening health message. Given the seeming prevalence of coping episodes in consumers' everyday life, consumer researchers have recently begun to explore how consumers cope with stress stemming from a variety of distinct consumer-oriented stressors, such as long waiting times in negative service environments (Miller, Kahn, & Luce, 2008), purchasing, using and disposing of products and services (Sujan, Sujan, Bettman, & Verhallen, 1999), adoption of new technology products (Cui, Bao, & Chan, 2009; Mick & Fournier, 1998), difficult decision making (Luce, Payne, & Bettman, 1999), or threatening health messages regarding the risk of disease (Lin, Lin, & Raghubir, 2003). Despite these recent developments in the consumer literature, the prospects for future research to build off these contributions loom larger than ever. The goal of the present chapter is to profile the existing coping research and to summarize the key findings and gaps in the literature. The chapter concludes with a discussion of fruitful future research questions for progress within the coping area.

In the present chapter, we organize our analysis around three objectives. First, we familiarize people with the general construct of coping and the antecedents and consequences of

coping in the historical context of the literature. This section provides any researchers new to the study of coping, or its effects, a core foundation from which to build. Second, we provide a review of recent coping research most directly related to consumer behavior over the last ten years. Our emphasis on the last ten years is not only in the spirit of this handbook, but is a reflection of coping's recent emergence in the study of consumer psychology and consumer behavior. Our broad perspective conceptualizes coping as an individual variable and understands how it is influenced by social and situational factors. Finally, we emphasize important and unanswered questions for consumer coping. In doing so, we hope to use this important point to foster a next generation of coping-related research in consumer behavior.

Coping: An Introduction

The Definition of Coping and the Transactional Model of Appraisal

Coping scholarship has a strong tradition within several disciplines, with a great deal of work covering both theoretical and applied topics of interest to scholars working in psychology, sociology, anthropology, public health, political science and business. A June 2014 Google Scholar search using the search term "coping" revealed nearly 2 million unique citations, with over 200,000 of those originating in the past five years. Thus, scholarship in this area is flourishing. Coping scholars define coping as the adaptive process involving cognitive or behavioral *efforts* to reduce stress stemming from stressful external and/or internal demands (Lazarus & Folkman, 1984). Stated more accurately, coping is defined as "cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as

taxing or exceeding the resources of the person (Lazarus & Folkman, 1984, p.141)". As Lazarus and Folkman suggested, a process approach to coping implies that coping has dynamic characteristics, which vary depending on the interactive relationship between a person and an environment. This approach posits that the person may have a personality or dispositional tendency to cope with stress in a specific way (e.g., using one form of coping), but his/her personality or dispositional tendency may change depending on the *particular context*. This definition takes an integrative view that characterizes coping as a function of personality-based factors *and* situational factors rather than a traditional view that describes coping as a trait (more will be said of this distinction subsequently).

Moreover, coping is a subset of adaptive processes to manage their relationships with the environment and excludes automatized adaptive responses which do not require effort (Lazarus & Folkman, 1984). Thus, a key assumption of coping research is that these processes are conscious and deliberate (as opposed to non-conscious). Freud (1946) termed these latter non-conscious behaviors defense mechanisms and these have traditionally been examined separately from coping. For example, when a person encounters a stressing environment for the first time, such as moving to a new town, a large amount of cognitive or behavioral effort is required to adapt to novel surroundings. However, as the person becomes experienced and has the opportunity to repeat key behaviors linked to stress (commuting, navigating a new city, etc.) these behaviors become automated. In other words, these actions no longer involve coping to the extent that they are not perceived as stressful and the individual does not devote resources in thinking about how to adapt to them. Although it is often hard to distinguish coping from automated adaptive thoughts or behaviors clearly, the definition based on Lazarus and Folkman (1984)'s view emphasizes distinct characteristics of coping which involves cognitive and/or

behavioral *efforts* to manage particular stressful situations which exceed the available resources of the person.

Since the term coping refers to 'efforts', it should also be distinguished from outcomes. In other words, efforts to manage stress should be considered as coping regardless of their impact on subsequent adaptational outcomes. If an individual deliberately enacts responses to reduce stress, these are coping processes regardless of whether stress is alleviated. Therefore, one form of coping shouldn't be regarded as inherently better or worse than another (Lazarus & Folkman, 1984). Finally, the term coping shouldn't be equated with mastery over the environment (Lazarus & Folkman, 1984), as we use the word 'reduce' instead of words such as 'eliminate', because coping enables the person to "tolerate, minimize, accept, or ignore what cannot be mastered (Lazarus & Folkman, 1984, p.140)". Coping is also distinct from key outcome variables such as self-efficacy (Bandura, 1982), positive emotions (Fredrickson, 2001; Fredrickson & Joiner, 2002; Tugade, Fredrickson, & Barrett, 2004), and subjective well-being (Burroughs & Rindfleisch, 2002; Diener, 1984; Kahneman, Diener, & Schwarz, 1999)

Using this process-based construct definition, Lazarus and Folkman (1984) proposed the transactional model of coping. It posits that an individual's engagement in one or more ways of coping is determined by two different kinds of cognitive appraisals, which are influenced by personality-based or situational factors. *Primary appraisals* entail judgments concerning whether a focal stimulus has motivational implications for an individual or is perceived as relevant to the individual's well-being (e.g., Does this situation influence me?). If the focal stimulus has negative implications for the individual, it is perceived as a 'stressor'. *Secondary appraisals* are an evaluative process of whether the individual has an ability to employ a particular strategy or a set of coping strategies effectively and of future expectations regarding the consequences of

using specific strategies. Note here that although the distinction between primary and secondary appraisals is meaningful, primary appraisals do not necessarily precede secondary appraisals. In other words, these two appraisals occur nearly simultaneously and co-determine the individual's emotional responses and coping (Lazarus & Folkman, 1984). Cognitive appraisal processes then elicit a broad range of emotions and, finally, those cognitive appraisals and emotional responses lead individuals to adopt specific coping strategies which in turn influence subsequent stress and emotions (Duhachek, 2005; Duhachek, 2008; Lazarus & Folkman, 1984; Yi & Baumgartner, 2004).[1]

Dimensional Structure of Coping: Problem-Focused Coping versus Emotion-Focused Coping

As long as scholars have taken an interest in coping, there has been a great deal of emphasis within the literature aimed at identifying the underlying structure of coping. These efforts at construct validation attempt to balance concerns of parsimony with nomothetic span. A key objective of this research has focused on identifying a core set of measures that captures a meaningful amount of variance in coping behavior. These efforts have produced several valid coping inventories, of which the Coping Strategies Indicator (CSI) (Amirkhan, 1990), the COPE inventory (Carver, Schieier, & Weintraub, 1989), the Coping Inventory for Stressful Situations (CISS) (Endler & Parker, 1990), the personal and contextual determinants inventory (Holohan &

---

[1] Although the transactional model of coping and previous research in the coping literature has emphasized the relationship between cognitive appraisals and emotions and the role of emotion in influencing coping tendencies and its outcomes, the current chapter will not discuss this link extensively. Please see Ellsworth and Smith (1988) for the relationship between cognitive appraisals and emotions as well as Duhachek (2005) and Yi and Baumgartner (2004) for the relationship between emotions and coping.

Moos, 1987), the Ways of Coping Questionnaire (WCQ) (Folkman & Lazarus, 1988), the

emotional approach coping inventory (Stanton, Kirk, Cameron, and Danoff-Burg. 2000) and

other situational inventories of coping (McCrae, 1984; Pearlin & Schooler, 1978; Stone & Neale,

1984; Sujan, Sujan, Bettman, & Verhallen, 1999) have been the most influential.

 With respect to the dimensional structure of coping, the most influential and widely known

perspective in consumer research is the two-dimensional framework proposed by Lazarus and

Folkman (1984) which suggests problem-focused coping and emotion-focused coping are

superordinate dimensions that each broadly describe a variety of more specific behaviors. Since a

complete review of previous research regarding the structure of coping is beyond the scope of

this chapter, the current chapter will not discuss this issue in detail (see Duhachek & Oakley,

2007 and Skinner, Edge, Altman, & Sherwood, 2003 for comprehensive reviews).

 Within Lazarus and Folkman's (1984) coping model, problem-focused coping manifests in

efforts to change a perceived cause of stress directly. For example, when a consumer reads a

relevant health message that emphasizes their specific risk factors for heart disease, she may

cope with the subsequent stress stemming from the threatening message by making a plan to

work out regularly or by searching the information related to a certain disease, or by purchasing

medicines or other products that she believes will lower their risk. In contrast, emotion-focused

coping involves their efforts to regulate their emotional responses to the source of stress. For

instance, a consumer may try not to think about unpleasant thoughts related to potential heart

disease, or he/she may vent their emotions in order to manage their anxiety by confiding in

others capable of offering emotional support. Although both problem-focused coping and

emotion-focused coping involves several different (lower-order) strategies, the most obvious

distinction between two types of coping is that the former is directed at managing or solving the

sources of stress while the latter is aimed at regulating emotional responses to the stress through cognitive processes so that "they can construe the cause of stress in different, less psychologically distressing terms (Duhachek & Iacobucci, 2005, p.53)."

Another perspective that has received attention has produced an alternative superordinate distinction based on approach versus avoidance coping (Duhachek & Oakley, 2007). This classification (sometimes referred to as engagement versus disengagement coping) distinguishes between coping efforts directed toward the source of stress from efforts directed away from the source. Specifically, approach coping implies that consumers direct their coping efforts toward the source of stress. For example, when a consumer feels stressed because of being overweight, they may cope with stress by reviewing what they ate last week, calculating calories, and making a list of food to be avoided in order to reduce the source of increasing weight. In contrast, avoidance coping means that consumers make an effort to be away from the source of stress. For example, when a consumer feels stressed due to being overweight, they may cope with stress by distracting themselves and refusing to think about it too much.

Antecedents of Particular Coping Strategies: Dispositional Coping and Situation-induced Coping

As noted above, the transactional model of coping accounts for dispositional factors and situational factors that impact the employment of different coping strategies. Regarding the effects of personality-based factors on coping, previous research, which assumes that an individual copes with various stressful episodes in a highly invariant way over time (Duhachek, 2008), has examined how the "big five" personality factors of openness, conscientiousness,

extraversion, agreeableness and neuroticism have linked with specific forms of coping (Bolger & Zuckman, 1995). This literature has shown that extraversion and conscientiousness are associated with increased problem-focused coping and better adaptive outcomes, whereas neuroticism is associated with increased emotion-focused coping and less adaptive outcomes (see Carver & Connor-Smith [2010] for a review). Other literature in this domain has examined how other factors, such as trait-based anxiety (Raffety, Smith, & Ptacek, 1997), depression-related personality types (Keller, Lipkus, & Rimer, 2002), optimism (Brissette, Sheier, & Carver, 2002), and core self-evaluation (Kammeyer-Mueller, Judge, & Scott, 2009) affect the use of specific coping strategies (see Connor-Smith & Flachsbart [2007] for a recent meta-analysis). This stream of research shows that trait anxiety and depression are related to emotion-focused coping and negatively related to long-term adaption and psychological well-being while optimism and core self-evaluation are positively related to problem-focused coping and long-term adaption.

Other Personality-based factors. In line with the coping literature in psychology, consumer researchers have begun to document the effects of personality-based factors on coping strategies and outcomes or the effects of consumers' dispositional tendencies toward specific coping strategies on well-being. For example, Duhachek and Iacobucci (2005) found that consumer assertiveness (i.e., "a tendency for consumers to stand up for their legitimate rights without violating the rights of others [Richins, 1983, p. 74]"), marketing mavenism ("individuals who have information about many kinds of products, places to shop, and other facets of markets, and initiate discussions with consumers and respond to requests from consumers for market information [Feick & Price, 1987, p. 85]"), and extraversion (a tendency for consumers to "like

people and prefer large groups and gatherings …[extroverts] like excitement and stimulation and tend to be cheerful in disposition [Costa & McCrae, 1993, pp. 14–16]") were positively associated with using active coping which is a form of problem-focused coping strategies. In addition, Miller, Kahn, and Luce (2008, study 4) examined how consumers' predispositions toward particular coping strategies affected the level of consumers' stress in the context of waits in negative service environments. Specifically, they found that participants who had a dispositional tendency to engage in avoidance-oriented coping, which is a form of emotion-focused coping, felt greater stress when they watched an aversive film and were then informed that they would be watching another aversive film as compared to those who had a dispositional tendency to use approach-oriented coping, which is a form of problem-focused coping. Duhachek and Kelting (2009) identified another unique coping trait factor, coping repertoire, defined as the number of different strategies consumers employ. Consumers with broader repertoires were found to have greater confidence in adjusting with stress episodes as they had a broader array of strategies to bring to bear as compared to consumers with a narrower band of coping behaviors in their repertoire.

Prior research has not only shown the effects of preexisting personality-based factors on coping and outcomes (e.g., psychological well-being) but also demonstrated the effects of individual's dispositional propensities to choose specific coping strategies on health outcomes (Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990). For example, Aldwin and Revenson (1987) suggest that individuals who have predispositions toward problem-focused coping strategies become stressed less frequently than those who use different coping strategies while those tend to use emotion-focused coping are often observed to have a hard time promoting healthful adaptation (Raffety, Smith, & Ptacek, 1997; see Baker & Berenbaum [2007]

for the discussion). Carver and Connor-Smith (2010) emphasize that it is important to investigate how consumers' different dispositional coping tendencies might interact with environmental or stress-related factors to affect subsequent adaptation.

However, much of coping research has examined either disposition or situational factors independently, rather than examining these factors jointly. Extant research has demonstrated that coping and outcomes are influenced by a variety of situational factors (e.g., Carver, Scheier, & Weintraub, 1989). Previous consumer research has explored the effects of situational factors on coping in a particular episode by following an assumption that an individual's propensity to cope in a specific manner is highly unstable (Carver & Scheier, 1994) and is largely influenced by the immediate situational factors that influence coping via the appraisal process (Duhachek, 2008; Schaubroeck & Merritt, 1997). For example, if consumers perceive a stressful situation as highly controllable, research has shown that they are more likely to use proactive coping, which is a form of problem-focused coping (Parkes, 1984; Schaubroeck & Merritt, 1997). In addition, Sujan et al. (1999) showed that if individuals' perceived self-efficacy was high, they were more likely to employ problem-focused coping whereas if individuals' perceived self-efficacy was low, they were more likely to use emotion-focused coping. These findings demonstrate that the way that individuals cope with stress in a particular manner is determined by both dispositional factors and situational appraisals.

Other Situation-induced factors. Consumer researchers have also begun to investigate how situation-based factors influence the way consumers cope with stress. Duhachek (2005) investigated the effect of perceive self-efficacy on the adoption of specific coping strategies. In particular, participants were asked to imagine stressful encounters with a service company (e.g.,

"distressing event related to the bank, phone/cellular service, hotel, airlines, car/appliance repair, medical care provider, etc. [p. 44]") and were then asked to report their level of self-efficacy. The findings indicated that participants were likely to engage in problem-focused coping in scenarios when perceived self-efficacy or controllability of the situation is high. In addition, Luce, Payne, and Bettman (1999) found that consumers had a tendency to engage in avoidant coping strategies when they encountered difficult decision making due to emotionally-taxing attributes trade-off (i.e., "the level of subjective threat a decision maker associates with making an explicit trade-off between two attributes [p. 144]"). These findings thus suggest that efficacy and control are two important situational variables that drive coping processes.

Consequences of the Use of the Particular Coping Strategies

Previous coping research in psychology has focused on examining how the use of specific coping strategies determines clinical health outcomes (e.g., Florian, Mikulincer, & Taubman, 1995) such as cardiac failure (Penley, Tomaka, & Wiebe, 2002) or stress reduction (Gunthert, Cohen, & Armeli, 1999). In the consumer literature, Miller, Kahn and Luce (2008) examined how different coping strategies affected stress levels as a function of the wait of duration for a negative service encounter. For those using approach (avoidance) coping strategies, longer (shorter) waiting times were found to increase stress levels. Duhachek, Agrawal and Han (2012) found that problem-focused (emotion-focused) coping resulted from guilt (shame) appeals and lead to increased persuasion of health messaging via a processing fluency mechanism. Despite these notable exceptions, there has been little research that investigates how the use of specific coping strategies results in different coping outcomes. Therefore, increased research attention is

needed in this area to identify additional linkages between specific coping strategies and outcomes.

Recent Consumer Coping Research

Having provided an introduction to the construct of coping and how researchers have investigated the antecedents and consequences of the use of specific coping strategies, we now focus on our discussion of more recent consumer coping research.

Antecedents of the Use of the Particular Coping Strategies

More recently, coping theory has been extended to consider how consumers respond to a variety of factors, including a variety of psychological threats, motivational states, information processing states and health research contexts. We briefly summarize this corpus of research.

Psychological Threats. Psychological threats (i.e., a discrepancy between where one wants to be and where one believes oneself to be on a dimension; such as perceiving oneself to be less intelligent than one desires) to one's sense of self are recognized to have transformative effects on consumer behavior (e.g., Cutright, 2012; Gao, Wheeler, & Shiv, 2009; Kim & Rucker, 2012; Mead, Baumeister, Stillman, Rawn, & Vohs, 2011; Rucker & Galinsky, 2008, 2009). It is our contention that investigations of these phenomena could be enhanced by considering a coping theoretical framework. If psychological threats are understood to be aversive episodes that cause consumers to feel stressed, coping theory suggests the experience of distinct

psychological threats activates a need for coping. As threats vary in their scope, nature and implications for the consumer, a host of distinct coping processes may be implicated. Thus far, the growing interest in how individuals "compensate" for these threats has only begun to identify threat-specific factors (e.g., Chae & Zhu, 2014; Cutright, 2012; Gao, Wheeler, & Shiv, 2009; Kim & Rucker, 2012; Mandel & Heine, 1999; Mead, Baumeister, Stillman, Rawn, & Vohs, 2011; Sharma & Alter, 2012; Rucker & Galinsky, 2008, 2009) and has not examined these phenomena from the framework of coping theory.

For example, when consumers' sense of their own existential security is threatened, they respond more favorably to luxury brands (Mandel & Heine, 1999). When people's sense of power is threatened, they respond more favorably to advertising that associates products with status, a known correlate of power (French & Raven, 1959), over advertising that emphasizes non-status aspects of the product (Rucker & Galinsky, 2008, 2009). When consumers' intelligence is threatened they respond more favorably to a product associated with intelligence (Gao, Wheeler, & Shiv, 2009). And when consumers' perceived motivation is threatened, they consume more of a tea when the tea bag represented the tea as being associated with passion and excitement as opposed to calmness (Kim & Rucker, 2012). When feelings of personal control are threatened, consumers show a greater preference toward products with clear boundaries as a means of reasserting a sense of control (Cutright, 2012) and exhibit a greater tendency to display self-control failures (Chae & Zhu, 2014). In addition, consumers who feel rejected express a greater willingness to pay more for items that build social connections (Mead et al., 2011). Finally, when consumers' financial well-being is threatened, they prefer scarce products unavailable to other consumers to mitigate the sense of being deprived.

Although this research has contributed to enhancing our understanding of the range of

diverse specific consumer responses to a variety of discrete threats, this approach has seemed to lead researchers to stray away from examining commonalities across distinct threats. Rather, study of these threats has been conducted in silos and has lead to the emergence of specific literatures surrounding threats such as mortality salience (Mandel & Heine, 1999), lack of power (Rucker & Galinsky, 2008, 2009), social rejection (Mead et al. 2011), one's financial well-being (Sharma & Alter, 2012), and ego threat (Cutright, 2012; Gao, Wheeler, & Shiv, 2009; Kim & Rucker, 2012).

To fill this gap, Han, Duhachek, and Rucker (2014) propose that across psychologically distinct threats there rests a common underpinning of the coping strategies distinct threats provoke. Specifically, the authors argue that distinct threats can be linked to either approach motivations that tend to foster more problem-focused coping or avoidance motivations that tend to foster more emotion-focused coping. Consistent with these hypotheses, across a series of experiments, some threats (e.g., mortality salience, low intelligence) led participants to predominantly activate approach motivations and engage in problem-focused coping whereas other threats (e.g., social rejection, low personal control) led participants to predominantly provoke avoidance motivations and employ emotion-focused coping.

Emotion. Consumers feel negative emotions in daily life. For example, consumers may feel guilty if they overeat, feel angry when they experience terrible service in a fancy restaurant, or feel sad when products that they are looking for are no longer available. Since negative emotions threaten consumers' psychological well-being, consumers usually engage in particular coping strategies to manage negative emotions. For example, when consumers have to use technological products, they can feel a variety of negative emotions such as envy, foolishness,

frustration, cautiousness, defeat, and betrayal and tend to adopt different coping strategies depending on the stages of adoption of technological products (Mick & Fournier, 1998). When consumers feel conflicted or uncomfortable because they have to make judgments and choices involving difficult attribute trade-offs, they tend to cope with negative emotions associated with these judgments and choices by avoiding attribute trade-off making (Drolet & Luce, 2004) and by using effort- or conflict-reducing heuristics when the neutral option is not available (Nowlis, Kahn, & Dhar, 2002). In addition, when consumers feel anxious (sad), they tend to be risk-averse (reward-seeking) in a subsequent task, which is seemingly related but not directly related to the source or event which makes them feel anxious (sad), to address their negative emotional state (i.e., displaced coping; Raghunathan, Pham, & Corfman, 2006).

Consumers also engage in coping behavior (e.g., reframing a decision) when they feel regret because the utility from their purchase in a limited purchase opportunity context is low (Abendroth & Diehl, 2006). When consumers watch reality television programming, they engage in coping to reconcile the tensions between reality and fantasy (Rose & Wood, 2005). Consumers who feel ashamed due to their low literacy tend to restrict their choices to a safe and narrow set to cope with negative social evaluations (Adkins & Ozanne, 2005). When consumers feel fearful because of life-threatening illness, they cope with their negative emotional states and uncertainty via consumption (Pavia & Mason, 2004). Specifically, Pavia and Mason (2004) suggest that depending on the stage of coping with a severe illness, consumers engage in different consumption-oriented coping behaviors (e.g., consumers employ present-oriented consumption coping strategies in the earliest stage of coping with an illness and then engage in future-oriented consumption coping strategies to a greater extent after the medical treatments ended and they believe they are cured).

Furthermore, consumer researchers have examined how different negative emotions activate distinct coping strategies. For example, Yi and Baumgartner (2004) found that anger and disappointment led consumers to engage in problem-focused coping (e.g., confrontive coping) while regret resulted in the use of emotion-focused coping (e.g., acceptance, positive reinterpretation). They also found that individuals who felt worried employed either problem-focused coping when the danger is tangible or emotion-focused coping when the threat is intangible. Duhachek (2005) found that consumers who felt threat emotions and high (low) self-efficacy were more likely to use expressive support-seeking coping (avoidant coping) while those feeling angry and highly self-efficacious tended to employ active coping. Passyn and Sujan (2006) found that straight fear appeals which induce feelings of low self-accountability resulted in greater action-facilitating coping and behavioral compliance when they were paired with guilt or regret which evoke feelings of high self-accountability. Duhachek, Agrawal, and Han (2012) showed that anti-drinking ads which evoke feelings of guilt (shame) led consumers to engage in problem-focused coping (emotion-focused coping).

Mental depletion. Jia, Han, and Hirt (2014) examine the role that mental depletion plays in coping responses. Some may expect that when consumers are depleted, they may engage in more emotion-focused coping than problem-focused coping strategies because they lack the requisite resources to be able to cope (emotion-focused coping has been linked with low self-efficacy). Contrary to this intuition, the authors argue that depletion results in greater activation of problem-focused coping strategies. Recent research provides evidence which can support these hypotheses. That is, Schmeichel et al. (2010) found that depletion leads people to adopt a more approach- rather than avoidance-oriented motivation. In addition, Han, Duhachek, and

Rucker (2014) demonstrated that approach motivation results in problem-focused coping because people tend to adopt problem-focused coping strategy when they focus on positive outcomes or opportunities. Consistent with hypotheses, the findings indicate that depleted individuals prefer to engage in problem-focused coping.

Consequences of the Use of the Particular Coping Strategies

Stress reduction in negative service environments. Consumers encounter negative service environments every day. For example, they may feel stressed when they meet rude employees at the bank or when they are waiting for dental or medical appointments. Miller, Kahn, and Luce (2008) suggest that the valence of the event and consumers' coping orientation determine the effectiveness of different wait management strategies. That is, they propose that short waiting times are less effective for consumers who tend to use approach-oriented coping, which is a form of problem-focused coping, as compared to those who tend to use avoidance-oriented coping, a form of emotion-focused coping. As a result of the misappropriation of coping strategies, consumers consequently reported feeling greater stress. They reasoned that consumers engaging in approach-oriented coping (vs. avoidance-oriented coping) require a greater amount of time to implement their coping strategies (e.g., make a detailed plan to address stressful situation). Consistent with these hypotheses, they found that the use of problem-focused coping (vs. emotion-focused coping) resulted in greater stress reduction only when the waiting time was long.

Product beliefs. Due to rapid technological advance, consumers often feel stressed when

they have to decide whether they keep the current version of a product or upgrade to a new version. In this context, Cui, Bao, and Chan (2009) argue that consumers will enact coping strategies to reduce stress and uncertainty and those coping strategies will influence attitude toward adoption and buying intention. Specifically, they hypothesize that problem-focused coping strategies (i.e., confrontational coping strategies) result in a more positive attitude toward adoption and buying intention than emotion-focused coping (i.e., avoidance coping strategies) because problem-focused coping strategies lead to more positive product beliefs (e.g., usefulness, ease of use, and fun). As hypothesized, the findings indicated that problem-focused coping resulted in more positive product beliefs while emotion-focused coping led to negative product beliefs in the context of new product adoption. These findings show that the way that consumers cope with stress in a particular manner influences subsequent consumer attitude toward the products as well as their psychological well-being in negative consumption contexts. A related study of technological adoption stress conducted by Mick and Fournier (1998) showed that consumers engaged in different sets of coping strategies depending on the stages of adopting new technology (i.e., pre-acquisition avoidance/confrontive and consumption avoidance/confrontive, see Table 2 on p. 133 for detailed information).

Psychological Construal mindsets. Although previous research has enhanced our knowledge regarding the effects of consumers' specific coping strategies on related consumer outcomes, very little is still known about how the use of particular coping strategies will affect subsequent information processing . To fill this gap, Han, Duhachek, and Agrawal (2014a) propose unique consequences resulting from employment of either problem-focused or emotion-focused coping by building theory based on coping and Construal Level theories (Trope &

Liberman, 2003, 2010). The authors propose that problem-focused coping provokes thoughts about potential actions one can initiate in response to stress. They further hypothesize that these strategies results in thinking about their situation in concrete terms and processing information in a focused manner which is consistent with lower level construals. In contrast, emotion-focused coping relies on the emotional consequences of the situation and how one may manage the emotions that will result. These strategies lead individuals to think about the situation in a more abstract and outcome-focused manner which is more consistent with higher level construals. Thus, the authors posit that problem focused coping activates lower levels of construal mindsets than emotion focused coping.

To test these hypotheses, the authors manipulated consumer coping by asking participants to adopt either of two specific coping strategies (Miller, Kahn, & Luce, 2008) and measured their tendency to construe information at a high- vs. a low- level using the 25-item Behavioral Identification Form (BIF; Vallacher & Wegner, 1989). The results indicate that participants with problem-focused coping construed objects or actions in subsequent tasks at a more concrete, low-level while those with emotion-focused coping construed objects or actions in the subsequent task at a more abstract, high-level. These findings provide evidence that the way consumers cope with stress influences how they process subsequent information.

Effectiveness of health messaging. Coping is active when individuals feel negative emotions upon exposure to threatening health-relevant messaging. For example, when consumers are confronted with a message warning them about the dangers associated with risky drinking, they may feel negative emotions such as guilt or shame as they consider their past behavior and may engage in coping processes in order to manage their emotions and stress. Since guilt and

shame originate from harmful behaviors, marketers have tried to develop effective health advertisements such as anti-drinking ads or anti-smoking ads to enhance message compliance. In this context, previous health research has examined how different health message frames affect persuasion (Agrawal, Menon, & Aaker, 2006; Kees, Burton, & Tangari, 2010; Keller, Lipkus, & Rimer, 2003; Menon, Block, & Ramanathan, 2002).

Recently, Duhachek, Agrawal, and Han (2012) conjoined the coping literature and the health message framing literature to investigate the effectiveness of anti-drinking messages. Specifically, the authors propose that guilt appeals are more effective when they are paired with gain frames whereas shame appeals are more effective when they are paired with loss frames. This argument is based on three important premises. First, the authors suggest that guilt is associated with high efficacy that leads people to rely on problem-focused coping aimed at taking actions to alter the stressful environment. Conversely, shame is associated with low efficacy that activates tendencies to rely on emotion-focused coping strategies aimed at regulating one's emotional responses. Second, the authors argue that gain appeals promote the use of problem-focused coping strategies because gain frames lead people to focus on the positive benefits of proactively following the action suggested, closely related with problem-focused coping's emphasis on action and benefits. In contrast, loss frames facilitate the use of emotion-focused coping strategies because loss frames lead people to focus more on the negative outcomes of not following the suggested actions, thus leading them to regulate their emotional responses with respect to the situation. Finally, since there is a fit between coping strategies favored by emotions and coping strategies facilitated by the message frame, this results in greater fluency and persuasion. That is, when the message frame requires the same coping strategies favored by the emotion, it activates or intensifies that coping strategies and makes it easier for

individuals to understand the message and be persuaded by it.

Han, Duhachek, and Agrawal (2014a) examine another form of match-driven persuasion effects in the context of coping and construal level. Previous consumer research has demonstrated that when consumers' mental representations of the target objects triggered by consumers' psychological states match with the construal level of advertising messages, consumers are more persuaded by the advertising claims (e.g., regulatory focus [Lee, Keller, & Sternthal, 2010]; self-view [Spassova & Lee, 2013]). Based on their findings which show that problem-focused coping activates lower construal mindsets whereas emotion-focused coping provokes higher level construal mindsets, the authors hypothesize that individuals who use problem-focused coping will be more persuaded by the low construal level message than high construal level message because problem-focused coping provokes low construal level mindsets. In contrast, they posit that individuals who employ emotion-focused coping will be more persuaded by the high construal level message than low construal level message because emotion-focused coping activates high construal level mindsets.

In one experiment, the authors induced participants to feel health-related stress using an episodic recall task. Subsequently, participants were asked to view fitness club ads which manipulated coping strategies (i.e., problem-focused vs. emotion-focused coping) and construal level (i.e., high construal level vs. low construal level) and asked to report their intention to sign up for the fitness club. The results revealed that participants who were shown the problem-focused coping ad indicated greater intention to join the fitness club when they were exposed to the ad message construed at a low level than the ad message construed at a high level. In contrast, participants who were exposed to the emotion-focused coping ad reported greater intention to join the fitness club when they were shown the high construal level ad than the low

construal level ad.

Efficacy. As noted earlier in this chapter, previous research has shown that the degree of self-efficacy will influence the use of specific coping strategies (Sujan et al., 1999; Duhachek, 2005). That is, individuals who lack self-efficacy usually adopt emotion-focused coping whereas individuals who feel high self-efficacy usually employ problem-focused coping. While past work has investigated self-efficacy as the determinant of the use of particular coping strategies, recent work by Han, Duhachek, and Agrawal (2014a) examined the role of self-efficacy (i.e., "an individual's belief regarding his/her ability to perform the proposed actions [Bandura, 1982; Rogers, 1983]."), and response efficacy (i.e., "the degree to which an individual expects their response to the recommended actions to be effective [Bandura, 1982; Rogers, 1983].") Whereas most of the efficacy research in consumer behavior has examined self-efficacy, this research finds important differences between self and response-based efficacy.

In particular, the authors argue that that a match between problem-focused coping and the low construal level of the health message results in greater self-efficacy. The authors reasoned that problem-focused coping activates low construal level mindsets and the health message construed at a low level will increase self-efficacy because the low construal level of the health message describes how people can execute the proposed actions in the ad (Trope & Liberman, 2003, 2010). According to the self-efficacy literature, providing information regarding detailed means to achieve a desired end-state bolsters self-efficacy (Keller, 2006; Rogers, 1983).

In contrast, the authors argue that a match between emotion-focused coping and a high construal level message leads individuals to believe that the effectiveness of the actions suggested by the health program is greater (i.e., greater response efficacy). The authors reasoned

that emotion-focused coping activates high construal level mindsets and the health message

construed at a high level will enhance response-efficacy because the high construal level of the

health message describes the desired outcomes by performing the suggested actions in the ad

(Trope & Liberman, 2003, 2010). According to the response-efficacy literature, providing

information that the recommended actions lead to the desired outcomes increases response

efficacy (Keller, 2006; Rogers, 1975, 1983).

Consistent with these hypotheses, the authors found that the fit between problem-focused

coping and a low construal level ad message activated greater self-efficacy whereas the match

between emotion-focused coping and a high construal level ad message generated greater

response efficacy.

An Agenda for Future Research: Unanswered Questions

With the growing interest in consumer coping-related research, it is worthwhile to propose

an agenda for future research in this domain. In our final section, we propose several areas of

research that we believe to be important emerging themes for future research in consumer

coping.

Coping as a Causal Factor. Previous research in this domain has heavily relied on self-

reported retrospective accounts of coping (i.e., asking participants to answer coping

questionnaires about past stress episodes) because researchers have been interested in identifying

the antecedents of the use of specific coping strategies and thus measuring coping strategies as

dependent variables. However, these approaches suffer from some key limitations. Because they

rely on retrospection, they are especially prone to memory biases. Also, these designs are typically correlational, so it is impossible to impute causal significance to any of the linkages between coping and other factors under investigation. To overcome these limitations, a few researchers have developed the methods to manipulate different coping strategies (e.g., Han, Duhachek, & Agrawal, 2014a; Miller, Kahn, & Luce, 2008) and have examined the consequences of the use of specific coping strategies, as well as potential interactions with antecedent factors. For example, Miller, Kahn, and Luce (2008) manipulated approach coping, which is a form of problem-focused coping, and avoidance coping, which is a form of emotion-focused coping by asking participants to review coping materials. Specifically, participants were asked to read a story about retinitis pigmentosa (RP; blindness) and coping strategies related to RP. For example, the avoidance coping strategy material reads: "*Avoidance coping responses include distraction, passivity, positive reinterpretation, wishful thinking, and venting negative emotion. These kinds of avoidance responses can be helpful because they allow time to integrate information (pp. 641-642).*" After reading the coping materials, participants were asked to write how they would feel if they were diagnosed with RP and then to write in detail about either approach or avoidance coping depending their condition. They were further told to write about the benefits of this strategy in a manner that could motivate others to employ it. Han, Duhachek, and Agrawal (2014a, study 1) adopted this method to successfully manipulate problem-focused coping and emotion-focused coping, respectively.

Han, Duhachek, and Agrawal (2014a) demonstrated that consumer coping could also be manipulated within the presentation of an advertisement—a framing manipulation. Specifically, the authors developed and pretested different ad messages differed in terms of the coping strategies. Both coping ad messages started with the headline described the picture as "The

SPEED Fitness CLUB for a Great Workout!" For the problem-focused coping ad, the message tagline read: "Join the Speed Fitness club and solve your problems". The accompanying text underneath this tagline read: "The Speed Fitness club will help you lose pounds, provide detailed diet and training plans and become healthier!" For the emotion-focused coping ad, the message tagline read: "Join the Speed-Fitness club and Get Emotional Benefits!!" The accompanying text underneath the tagline read: "The Speed-Fitness club will help you become confident, happier, and healthier!"

Although past work has provided possible methods to manipulate distinct coping strategies, research is still needed to develop systematic methods to manipulate problem-focused versus emotion-focused coping strategies in consumer behavior contexts. For example, future research could develop advertisements designed to resonate with different coping strategies. In the context of service failure (e.g., when a bank website is not working properly), marketers can present two different coping messages (e.g., showing a message and a short clip which shows what the company is actually doing now to solve the problems or a list of actions that consumers can do to fix the problems vs. showing the following message and a short clip which facilitates consumers managing their negative emotional responses). Depending on consumers' psychological states (e.g., feeling powerless, feeling negative emotions, etc.), marketers can present one of two coping messages.

Such research would further fill the gap existing in the current consumer coping literature by facilitating future research which investigates the subsequent consumer outcomes of the use of specific coping strategies and would provide tools to marketing practitioners and public policy makers who are interested in developing effective coping materials to enhance consumers' psychological well-being.

Sequence of the use of specific coping strategies. Past work on consumer coping has examined what kinds of factors will lead consumers to adopt either problem-focused coping or emotion-focused coping as well as what will happen if consumers use problem-focused coping or emotion-focused coping. However, it is possible that consumers may engage in one coping strategy first and then use another coping strategy later. For example, when a student set on exercising more feels stressed because they failed to go to the gym, they may first engage in emotion-focused coping by letting their negative emotions out and then think about making a detailed plan to work out in the future. In contrast, another student who failed to pursue the same exercise goal may first make engage in problem-focused coping by formulating a concrete plan to go to the gym regularly and then go out to socialize with friends to feel better during the weekend.

In this scenario, researchers could examine the following questions: 1) which method (i.e., emotion-focused coping first, problem-focused coping second vs. problem-focused coping first, emotion-focused coping second) will be more effective to alleviate the health-related stress? 2) which method will be more effective to motivate individuals to engage in subsequent behavior such as going to the gym consistently on a regular basis, and 3) who will lose more weight? To our best knowledge, no research has examined how the sequence of the adoption of different coping strategies influences subsequent consumer related outcomes such as stress reduction, motivations and goal achievement. Understanding the effects of the sequence of the use of different coping strategies would greatly advance extant consumer coping theory.

Long-term effects of coping. Previous consumer coping research has enhanced our

understanding of the short-term consequences of the use of specific coping strategies. However, little is known about the long-term consequences of the use of particular coping strategies. For example, Han, Duhachek, and Agrawal (2014a) found that the match between coping and the construal level of the health message led participants to show a greater intention to sign up for the fitness club featured in the ad. However, less is known about how the fit between coping and the construal level of the ad message will shape individuals' long-term behavior such as going to a fitness club regularly, the degree of long term weight loss as well as long term stress levels. While collecting longitudinal data is challenging, examining long-term effects of coping would provide great implications to consumers and public policy makers who are interested in enhancing consumers' psychological well-being.

Goal failure and subsequent coping strategies. Consumers set multiple goals and pursue them. They may eat healthy food to achieve their health goal or study hard to do well academically or socialize actively with friends to accomplish their social goals. However, consumers often fail to achieve their goals. For example, some consumers who pursue a health goal cannot resist savory chocolate cakes or others who plan to achieve academic goals make sub-optimal choices rather than study. Given the prevalence of goal failure experiences, previous research has investigated the effect of initial goal failure on goal perseverance (Koo & Fishbach, 2008; Soman & Cheema, 2004; Wicklund & Gollwitzer, 1982). Past research demonstrates that goal failure can be represented in terms of lack of progress toward the end-state and in terms of lack of commitment to the end state (Koo & Fishbach, 2008; Soman & Cheema, 2004; Wicklund & Gollwitzer, 1982) and that the way individuals interpret goal failure (i.e., lack of progress vs. lack of commitment) determines goal perseverance. The findings suggest that when people

interpret failure experiences in terms of lack of progress toward a goal to which commitment remains intact, they are motivated to work harder toward the goal by perpetuating the goal-related behavior (Fishbach, Dhar, & Zhang, 2006) whereas when people represent goal failure in terms of lack of commitment to the goal, they are more likely to disengage from the goal (Soman & Cheema, 2004). Although previous research has enhanced our understanding of the effect of initial failure on goal perseverance, the existing research has not considered the process through which the different representations of goal failure influence the extent of goal perseverance.

To fill this gap, future research can rely on the coping literature. Specifically, goal failure experiences create stress because goal failure is an incident that is appraised as taxing and endangers individuals' well-being. Due to the taxing nature of goal failure experiences, consumers will engage in particular coping strategies (e.g., problem-focused coping or emotion-focused coping) to reduce stress related to goal pursuit failure. Therefore, it is possible that the different representations of goal failure will influence particular coping strategies that consumers will employ, which in turn determine the degree of goal perseverance. For example, individuals who represent goal failure as lack of progress will be more likely to engage in problem-focused coping because those individuals may activate approach motivations (Fishbach, Dhar, & Zhang, 2006) and approach motivations result in problem-focused coping (Han, Duhachek, & Rucker, 2014). In contrast, individuals who interpret goal failure as lack of commitment will be more likely to employ emotion-focused coping because those individuals may provoke avoidance motivations (Soman & Cheema, 2004) and avoidance motivations lead to emotion-focused coping (Han, Duhachek, & Rucker, 2014). Given that scant research has examined the role of coping in the context of goal failure and goal perseverance, it is worthwhile to investigate this area to integrate two different literatures.

Consumption as coping. Consumers sometimes buy products impulsively to alleviate stress. For example, a consumer who feels angry because they made a mistake at work may buy luxurious shoes or chocolates to feel better. Another consumer who feels angry because of the mistake they made at work may buy books to study. Likewise, consumption can be a consequence of different coping strategies. Future research could examine which products represent problem-focused coping or emotion-focused coping. One possibility is that products associated with problem-focused coping involve products that induce high levels of efficacy (e.g., do it yourself products and services). Emotion-focused coping-related products might include personal consultants, life coaches and other products and services where consumers turn over responsibility to achieve a goal to a product or service and exhibit greater response efficacy.

Additional appraisals. Previous research has suggested the role of different appraisals in determining the use of different coping strategies (Lazarus & Folkman, 1984; Skinner & Brewer, 2002). That is, challenge appraisals (i.e., perceptions of opportunity in the stressful situation) result in problem-focused coping while threat appraisals (i.e., perceptions of potential danger in the stressful situation) lead to emotion-focused coping. Yi and Baumgartner (2004) suggest that when consumers attribute negative outcomes to others (e.g., when they feel angry), they tend to engage in problem-focused coping (e.g., confrontive coping) whereas when consumers blame the self for the negative outcomes (e.g., when they feel regretful), they tend to employ emotion-focused coping (e.g., acceptance and positive reinterpretation).

In addition to these appraisal dimensions (i.e., challenge vs. threats; self vs. other blame), future research could identify additional appraisal dimensions which determine the employment

of specific coping strategies. For example, it is possible that consumers may employ different coping strategies depending on whether they feel certain or uncertain about what is happening in the negative situation. Also, it is probable that consumers may appraise negative outcomes to their specific behavior (e.g., I did a bad thing; local attribution) or to their global self (e.g., I'm a bad person; global attribution; Tangney & Dearing, 2002; Han, Duhachek, & Agrawal, 2014b). Consumers who focus on their specific behavior may employ problem-focused coping whereas those who focus on their global self may emotion-focused coping because fixing the specific behavior seems more changeable than changing the global self. Finally, the way consumers appraise stress can also influence the employment of different coping strategies. For example, Crum, Salovey, and Achor (2013) suggest that one's stress mindset (i.e., "the extent to which one holds the belief that stress has enhancing consequences for various stress-related outcomes [i.e., a "stress-is-enhancing mindset"] or holds the belief that stress has debilitating consequences for those outcomes [i.e., a "stress-is-debilitating mindset"]," p.716) affects individuals' coping responses. Although the authors propose that a stress-is-enhancing mindset will lead individuals to engage in actions to achieve enhancing consequences whereas a stress-is-debilitating mindset will lead individuals to avoid or manage the stress to reduce debilitating consequences, they did not examine the effects of different stress mindsets on the use of particular coping strategies directly. In addition, it is possible that individuals who hold a stress-is-debilitating mindset may actively avoid the stress by making plans to prevent debilitating outcomes (i.e., engage in problem-focused coping) or passively avoid the stress by doing nothing (i.e., emotion-focused coping). Future research could examine this relationship by measuring different coping strategies directly using existing coping scales (e.g., Duhachek, 2005 or Duhachek & Oakley, 2007).

Individual differences. Although past research has explored the effects of consumers' personality or dispositional tendency on the use of particular coping strategies and on adaption outcomes (e.g., reduction of stress), research is still needed to link with other important personality constructs in the consumer literature. That is, given the findings of past research which has shown and validated an individual's propensity to engage in specific coping strategies as predictive of coping behavior and adaptation outcomes in the psychology literature (Carver, Scheier, & Weintraub, 1989; Endler & Parker, 1990), investigating consumers' dispositional coping tendencies has great implications in determining how consumers' predispositions toward certain coping strategies affect responses in the face of stressful events. Research along this line of inquiry has the potential not only to inform theory, but could also become a strategic decision variable for managers to consider when they plan and execute segmentation strategies to manage consumers' experienced stress (Miller, Kahn, & Luce, 2008). For example, an online shopping website (e.g., ebay) manager can show different types of messages, while consumers are waiting for payment confirmation information, depending on consumers' tendency to employ specific coping strategies (e.g., problem-focused or emotion-focused coping). Therefore, future research could examine how consumers' dispositional tendencies toward particular coping strategies affect subsequent consumption behavior.

Cultural differences. Culture influences the way consumers behave. To date, a great deal of research has examined how coping is affected by the cultural variable of individualism/collectivism. However, other cultural variables have been shown to exert an influence over consumer behavior. Recently, research has examined how power distance beliefs (PDB; the belief over the extent which society should be organized hierarchically) affect

charitable giving (Winterich & Zhang, 2014). Perhaps individuals in low PDB contexts would rely on more problem-focused coping because they might perceive a greater ability to impact change whereas individuals in high PDB contexts might view such actions as less likely to produce change. Thus, individuals in these contexts may focus more on emotion-focused coping to change their reactions to environmental stressors.

Summary

The way consumers cope with stress influences a variety of consumer behaviors. Given the prevalence of consumer coping, researchers have investigated the antecedents and consequences of different types of consumer coping. In the current chapter we have provided a brief introduction of the construct, reviewed recent findings in the last ten years of consumer coping-related research, and identified important issues which would be promising avenues for future research.

References

Abendroth, L. J., & Diehl, K. (2006). Now or never: effects of limited purchase opportunities on patterns of regret over time. *Journal of Consumer Research*, 33(3), 342-351.

Adkins, N. R., & Ozanne, J. L. (2005). The low literate consumer. *Journal of Consumer Research, 32*(1), 93-105.

Aldwin, C. M., & Revenson, T. A. (1987). Does coping help? A reexamination of the relation between coping and mental health. *Journal of Personality and Social Psychology, 53*(2), 337-348.

Amirkhan, J. H. (1990). A factor analytically derived measure of coping: The Coping Strategy Indicator. *Journal of Personality and Social Psychology, 59*(5), 1066-1074.

Agrawal, N., Menon, G., & Aaker, J. L. (2007). Getting emotional about health. *Journal of Marketing Research, 44*(1), 100-113.

Baker, J. P., & Berenbaum, H. (2007). Emotional approach and problem-focused coping: A comparison of potentially adaptive strategies. *Cognition and Emotion*, 21(1), 95-118.

Bandura, A. (1982). Self-efficacy mechanism in human agency. *American Psychologist, 37*(2), 122–147.

Bolger, N., & Zuckerman, A. (1995). A framework for studying personality in the stress process. *Journal of Personality and Social Psychology, 69*(5), 890-902.

Brissette, I., Scheier, M. F., & Carver, C. S. (2002). The role of optimism in social network development, coping, and psychological adjustment during a life transition. *Journal of Personality and Social Psychology, 82*(1), 102-111.

Burroughs, J. E., & Rindfleisch, A. (2002). Materialism and well-being: A Conflicting values perspective. *Journal of Consumer research, 29*(3), 348-370.

Campbell, A. (1981). *The sense of well-being in America: Recent patterns and trends*, New York: McGraw-Hill.

Carver, C. S., & Connor-Smith, J. (2010). Personality and coping. *Annual Review of Psychology, 61*, 679-704.

Carver, C. S., & Scheier, M. F. (1994). Situational coping and coping dispositions in a stressful transaction. *Journal of Personality and Social Psychology*, *66*(1), 184-195.

Carver, C. S., Scheier, M. F., & Weintraub, J. K. (1989). Assessing coping strategies: a theoretically based approach. *Journal of Personality and Social Psychology, 56*(2), 267-283.

Chae, B. G., & Zhu, R. J. (2014). Environmental disorder leads to self-regulatory failure. *Journal of Consumer Research, 40*(6), 1203-1218.

Connor-Smith, J. K., & Flachsbart, C. (2007). Relations between personality and coping: a meta-analysis. *Journal of Personality and Social Psychology*, *93*(6), 1080-1107.

Costa Jr, P. T., & McCrae, R. R. (1992). Psychological research in the Baltimore longitudinal study of aging. *Zeitschrift Fur Gerontologie*, 26(3)*,* 138–141.

Crum, A. J., Salovey, P., & Achor, S. (2013). Rethinking stress: The role of mindsets in determining the stress response. *Journal of Personality and Social Psychology, 104*(4), 716-733.

Cui, G., Bao, W., & Chan, T. S. (2009). Consumers' adoption of new technology products: the role of coping strategies. *Journal of Consumer Marketing, 26*(2), 110-120.

Cutright, K. M. (2012). The beauty of boundaries: When and why we seek structure in consumption. *Journal of Consumer Research*, *38*(5), 775-790.

Diener, E.(1984). Subjective well-being. *Psychological Bulletin*, *95*(3), 542–575.

Diener, E. D., Emmons, R. A., Larsen, R. J., & Griffin, S. (1985). The satisfaction with life scale. *Journal of Personality Assessment*, *49*(1), 71–75.

Drolet, A., & Luce, M. F. (2004). The Rationalizing Effects of Cognitive Load on Emotion-Based Trade-off Avoidance. *Journal of Consumer Research, 31*(1), 63-77.

Duhachek, A. (2005). Coping: a multidimensional, hierarchical framework of responses to stressful consumption episodes. *Journal of Consumer Research, 32*(1), 41-53.

Duhachek, A. (2008). Summing up the state of coping research: Prescriptions and prospects for consumer research. In C. P. Haugtvedt, P. M. Herr, & F. R. Kardes (Eds.), *Handbook of consumer psychology* (pp. 1057-1077). New York, NY: Psychology Press.

Duhachek, A., & Iacobucci, D. (2005). Consumer personality and coping: Testing rival theories of process. *Journal of Consumer Psychology*, *15*(1), 52-63.

Duhachek, A., & Oakley, J. L. (2007). Mapping the hierarchical structure of coping: Unifying empirical and theoretical perspectives. *Journal of Consumer Psychology*, *17*(3), 218-233.

Duhachek, A., & Kelting, K. (2009). Coping repertoire: Integrating a new conceptualization of coping with transactional theory. *Journal of Consumer Psychology, 19*(3), 473-485.

Duhachek, A., Agrawal, N., & Han, D. (2012). Guilt versus shame: Coping, fluency, and framing in the effectiveness of responsible drinking messages. *Journal of Marketing Research*, *49*(6), 928-941.

Ellsworth, P. C., & Smith, C. A. (1988). Shades of joy: Patterns of appraisal differentiating pleasant emotions. *Cognition and Emotion, 2*(4), 301-331.

Endler, N. S., & Parker, J. D. (1990). Multidimensional assessment of coping: A critical evaluation. *Journal of Personality and Social Psychology*, *58*(5), 844-854.

Feick, L. F., & Price, L. L. (1987). The market maven: A diffuser of marketplace information.

Journal of Marketing, 51, 83–87.

Fishbach, A., Dhar, R., & Zhang, Y. (2006). Subgoals as substitutes or complements: the role of goal accessibility. *Journal of Personality and Social Psychology*, *91*(2), 232-242.

Florian, V., Mikulincer, M., & Taubman, O. (1995). Does hardiness contribute to mental health during a stressful real-life situation? The roles of appraisal and coping. *Journal of Personality and Social Psychology, 68*(4), 687-695.

Folkman, S. & Lazarus, R. S. (1989). *Ways of coping questionnaire*. Palo Alto, CA: Consulting Psychologists Press.

Fredrickson, B. L. (2001). The role of positive emotions in positive psychology: The broaden-and-build theory of positive emotions. *American Psychologist*, *56*(3), 218-226.

Fredrickson, B. L., & Joiner, T. (2002). Positive emotions trigger upward spirals toward emotional well-being. *Psychological Science*, *13*(2), 172-175.

French Jr, J. R., & Raven, B. (1959). The bases of social power. In D. Cartwright (Ed.), *Studies in Social Power* (pp. 150-167). Ann Arbor, MI: Institute for Social Research.

Freud, A. (1946). *The ego and mechanisms and defence*. New York: International University Press.

Gao, L., Wheeler, S. C., & Shiv, D. (2009). The "shaken self": Product choices as a means of restoring self-view confidence. *Journal of Consumer Research*, *36*(1), 29-38.

Gunthert, K. C., Cohen, L. H., & Armeli, S. (1999). The role of neuroticism in daily stress and coping. *Journal of Personality and Social Psychology, 77*(5), 1087-1100.

Han, D., Duhachek, A., & Agrawal, N. (2014a). Coping, construal and health messages: response efficacy and self efficacy-based persuasion. working paper.

Han, D., Duhachek, A., & Agrawal, N. (2014b). Emotions shape decisions through construal

level: The case of guilt and shame. *Journal of Consumer Research*, forthcoming.

Han, D., Duhachek, A., & Rucker, D. D. (2014). Distinct threats, common remedies: How consumers cope with psychological threat. working paper.

Holahan, C. J., & Moos, R. H. (1987). Personal and contextual determinants of coping strategies. *Journal of Personality and Social Psychology*, *52*(5), 946-955.

Jia, L., Han, D., & Hirt, E. R. (2014). Mental depletion and coping. working paper.

Kahneman, D., Diener, E., & Schwarz, N. (Eds). (1999). *Well-being: Foundations of hedonic psychology*. New York: Russell Sage Foundation.

Kammeyer-Mueller, J. D., Judge, T. A., & Scott, B. A. (2009). The role of core self-evaluations in the coping process. *Journal of Applied Psychology*, *94*(1), 177-195.

Kees, J., Burton, S., & Tangari, A. H. (2010). The impact of regulatory focus, temporal orientation, and fit on consumer responses to health-related advertising. *Journal of Advertising*, *39*(1), 19-34.

Keller, P. A. (2006). Regulatory focus and efficacy of health messages. *Journal of Consumer Research*, *33*(June), 109-114.

Keller, P. A., Lipkus, I. M., & Rimer, B. K. (2002). Depressive realism and health risk accuracy: The negative consequences of positive mood. *Journal of Consumer Research*, *29*(June), 57-69.

Keller, P. A., Lipkus, I. M., & Rimer, B. K. (2003). Affect, framing, and persuasion. *Journal of Marketing Research*, *40*(1), 54-64.

Kim, S., & Rucker, D. D. (2012). Bracing for the psychological storm: Proactive versus reactive compensatory consumption. *Journal of Consumer Research*, *39*(4), 815-830.

Koo, M., & Fishbach, A. (2008). Dynamics of self-regulation: How (un) accomplished goal

actions affect motivation. *Journal of Personality and Social Psychology, 94*(2), 183-195.

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing: New York.

Lee, A. Y., Keller, P. A., & Sternthal, B. (2010). Value from regulatory construal fit: The persuasive impact of fit between consumer goals and message concreteness. *Journal of Consumer Research*, *36*(5), 735-747.

Lin, Y. C., Lin, C. H., & Raghubir, P. (2003). Avoiding anxiety, being in denial, or simply stroking self-esteem: Why self-positivity?. *Journal of Consumer Psychology*, *13*(4), 464-477.

Luce, M. F., Payne, J. W., & Bettman, J. R. (1999). Emotional trade-off difficulty and choice. *Journal of Marketing Research*, *36*(2), 143-159.

Mandel, N., & Heine, S. J. (1999). Terror management and marketing: He who dies with the most toys wins. In E. J. Arnould & L. M. Scott (Eds.), *NA-Advances in Consumer Research* (pp 527-532), *26*, Provo, UT : Association for Consumer Research.

McCrae, R. R. (1984). Situational determinants of coping responses: Loss, threat, and challenge. *Journal of Personality and Social Psychology*, *46*(4), 919-928.

Mead, N. L., Baumeister, R. F., Stillman, T. F., Rawn, C. D., & Vohs, K. D. (2011). Social exclusion causes people to spend and consume strategically in the service of affiliation. *Journal of Consumer Research*, *37*(February), 902-919.

Menon, G., Block, L. G., & Ramanathan, S. (2002). We're at as much risk as we are led to believe: Effects of message cues on judgments of health risk. *Journal of Consumer Research*, *28*(March), 533-549.

Mick, D. G., & Fournier, S. (1998). Paradoxes of technology: consumer cognizance, emotions,

and coping strategies. *Journal of Consumer Research*, *25*(2), 123-143.

Miller, E. G., Kahn, B. E., & Luce, M. F. (2008). Consumer wait management strategies for negative service events: a coping approach. *Journal of Consumer Research*, *34*(February), 635-648.

Nowlis, S. M., Kahn, B. E., & Dhar, R. (2002). Coping with ambivalence: The effect of removing a neutral option on consumer attitude and preference judgments. *Journal of Consumer Research*, *29*(3), 319-334.

Parkes, K. R. (1984). Locus of control, cognitive appraisal, and coping in stressful episodes. *Journal of Personality and Social Psychology, 46*(3)*,* 655-668.

Passyn, Kirsten A. and Mita Sujan (2006), "Self-Accountability Emotions and Fear Appeals: Motivating Behavior," *Journal of Consumer Research*, 32 (4), 583-589.

Passyn, K., & Sujan, M. (2006). Self-Accountability Emotions and Fear Appeals: Motivating Behavior. *Journal of Consumer Research*, *31*(2), 441-454.

Pearlin, L. I., & Schooler, C. (1978). The structure of coping. *Journal of Health and Social Behavior*, *19*, 2-21.

Penley, J. A., Tomaka, J., & Wiebe, J. S. (2002). The association of coping to physical and psychological health outcomes: A meta-analytic review. *Journal of Behavioral Medicine, 25*(6), 551-603.

Raffety, B. D., Smith, R. E., & Ptacek, J. T. (1997). Facilitating and debilitating trait anxiety, situational anxiety, and coping with an anticipated stressor: a process analysis. *Journal of Personality and Social Psychology, 72*(4), 892-906.

Raghunathan, R., Pham, M. T., & Corfman, K. P. (2006). Informational properties of anxiety and sadness, and displaced coping. *Journal of Consumer Research, 32*(4), 596-601.

Richins, M. L. (1983). Negative word-of-mouth by dissatisfied consumers: a pilot study. *Journal of Marketing*, *47*, 68-78.

Rogers, R. W. (1975). A protection motivation theory of fear appeals and attitude change. *Journal of Psychology*, *91*(1), 93–114.

Rogers, R. W. (1983). Cognitive and physiological processes in fear appeals and attitude change: A revised theory of protection motivation. In J. T. Cacioppo & R. E. Petty (Eds.), *Social Psychophysiology* (pp. 153-176), New York: Guilford.

Rose, R. L., & Wood, S. L. (2005). Paradox and the consumption of authenticity through reality television. *Journal of Consumer Research*, *32*(2), 284-296.

Rucker, D. D., & Galinsky, A. D. (2008). Desire to acquire: Powerlessness and compensatory consumption. *Journal of Consumer Research*, *35*(August), 257-267.

Rucker, D. D., & Galinsky, A. D. (2009). Conspicuous consumption versus utilitarian ideals: How different levels of power shape consumer behavior. *Journal of Experimental Social Psychology*, *45*(3), 549-555.

Schaubroeck, J., & Merritt, D. E. (1997). Divergent effects of job control on coping with work stressors: The key role of self-efficacy. *The Academy of Management Journal*, *40*(3), 738-754.

Schmeichel, B. J., Vohs, K. D., & Duke, S. C. (2010). Self-control at high and low levels of mental construal. *Social Psychological and Personality Science*, 1948550610385955.

Sharma, E., & Alter, A. L. (2012). Financial deprivation prompts consumers to seek scarce goods. *Journal of Consumer Research*, *39*(3), 545-560.

Skinner, N., & Brewer, N. (2002). The dynamics of threat and challenge appraisals prior to stressful achievement events. *Journal of Personality and Social Psychology*, *83*(3), 678-692.

Skinner, E. A., Edge, K., Altman, J., & Sherwood, H. (2003). Searching for the structure of coping: a review and critique of category systems for classifying ways of coping. *Psychological Bulletin*, *129*(2), 216-269.

Soman, D., & Cheema, A. (2004). When goals are counterproductive: The effects of violation of a behavioral goal on subsequent performance. *Journal of Consumer Research*, *31*(June), 52-62.

Spassova, G., & Lee, A. Y. (2013). Looking into the Future: A Match between Self-View and Temporal Distance. *Journal of Consumer Research*, *40*(June), 157-171.

Stanton, A. L., Kirk, S. B., Cameron, C. L., & Danoff-Burg, S. (2000). Coping through emotional approach: scale construction and validation. *Journal of Personality and Social Psychology*, *78*(6), 1150-1169.

Stone, A. A., & Neale, J. M. (1984). New measure of daily coping: Development and preliminary results. *Journal of Personality and Social Psychology*, *46*(4), 892-906.

Sujan, M., Sujan, H., Bettman, J. R., & Verhallen, T. (1999). Sources of consumers' stress and their coping strategies," in Proceedings of *European Advances in Consumer Research*, *4*, 182-187.

Tangney, J. P. & Dearing, R. L. (2002). *Shame and guilt*. New York: Guilford Press

Trope, Y., & Liberman, N. (2003). Temporal construal. *Psychological Review*, *110*(3), 403–421.

Trope, Y., & Liberman, N. (2010). Construal-level theory of psychological distance. *Psychological Review*, *117*(2), 440-463.

Tugade, M. M., Fredrickson, B. L., & Feldman Barrett, L. (2004). Psychological resilience and

> positive emotional granularity: Examining the benefits of positive emotions on coping and

> health. *Journal of Personality*, *72*(6), 1161-1190.

Wicklund, R. A., & Gollwitzer, P. M. (1982). *Symbolic self-completion*. Hillsdale, NJ: Erlbaum.

Winterich, K. P., & Zhang, Y. (2014). Accepting Inequality Deters Responsibility: How Power

> Distance Decreases Charitable Behavior. *Journal of Consumer Research*, forthcoming.

Vallacher, R. R., & Wegner, D. M. (1989). Levels of personal agency: Individual variation in

> action identification. *Journal of Personality and Social Psychology*, *57*(4), 660–71.

Yi, S., & Baumgartner, H. (2004). Coping with negative emotions in purchase-related situations.

> *Journal of Consumer Psychology*, *14*(3), 303-317.

Table 1. Antecedents and Consequences of Different Coping Strategies

Antecedents	−	Different Coping Strategies	→	Consequences
Personality-related factors Extraversion[1]/Conscientiousness[1] Optimism[2]/Core self-evaluation[3] Consumer assertiveness/Marketing mavenism/Extraversion[4] **Situational factors** High controllability[5]/High self-efficacy[6] **Psychological Threats** Mortality salience/Threat to intelligence[7] **Emotions** Anger/Disappointment[8]/Guilt[9] **Mental depletion** High depletion[10] **Motivation** Approach motivation[7]		Problem-focused coping (i.e., Efforts to manage the source of stress)		Greater stress reduction when the waiting time is long[13] Positive product beliefs in the context of new product adoption [14] Low construal level mindset[15] Greater persuasion when shown the low construal level health message[15] Greater self-efficacy when shown the low construal level health message[15]
Personality-related factors Neuroticism[1]/Trait-based anxiety[11] Depression-related personality types[12] **Situational factors** Low controllability[5]/Low self-efficacy[6] **Psychological factors** Social rejection/ Threat to personal control[7] **Emotions** Regret[8]/Shame[9] **Mental depletion** Low mental depletion[10] **Motivation** Avoidance motivation[7]		Emotion-focused coping (i.e., Efforts to manage emotional responses toward the source of stress)		Greater stress reduction when the waiting times is short[10] Negative product beliefs in the context of new product adoption[11] High construal level mindsets[12] Greater persuasion when shown the high construal level health message[12] Greater response efficacy when shown the high construal level health message[13]

Note: : [1] Bolger & Zuckman, 1995;[2] Brissette, Sheier, & Carver, 2002;[3] Kammeyer-Mueller, Judge, & Scott, 2009;[4] Duhachek & Iacobucci, 2005;[5] Parkes, 1984;[6] Sujan et al., 1999;[7]Han, Duhachek, & Rucker, 2014;[8] Yi & Baumgartner, 2004;[9]Duhachek, Agrawal, & Han, 2012;[10] Jia, Han, & Hirt, 2014; [11] Raffety, Smith, & Ptacek, 1997; [12]Keller, Lipkus, & Rimer, 2002[13] Miller, Kahn, & Luce, 2008;[14]Cui, Bao, & Chan, 2009; [15] Han, Duhachek, & Agrawal, 2014a